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RESPONSE CATEGORIES
There were three types of response sets used in the Fragile Families Survey.

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

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

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

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

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

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

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

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

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

IF RESPONDENT HAD TWINS, ASK ABOUT THE OLDER ONE.

A1. NOT FOR PUBLIC RELEASE.

FA2A. NOT FOR PUBLIC RELEASE.

FA2B. NOT FOR PUBLIC RELEASE.

FA2C. NOT FOR PUBLIC RELEASE.

(RECORD HERE AND ON HELP SHEET)

All or most of the time, .................................. 1 ➔ GO TO A5
About half of the time, .................................. 2 ➔ GO TO A5
Some of the time, or .................................... 3 ➔ GO TO A4
None of the time? ........................................ 4
VOLUNTEERED-CHILD DECEASED ............ 5
VOLUNTEERED-CHILD ADOPTED .......... 6 ➔ GO TO A4
ONLY ON WEEKENDS .................................. 7 ➔ GO TO A4
REFUSED ................................................................-1 ➔ GO TO A5

A3B. Have you ever lived with (CHILD)?

YES .......................................................... 1 ➔ GO TO A4
NO .............................................................. 2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
A3C. Since (CHILD’s) birth, has (he/she) ever stayed overnight with you?

YES ................................................................. 1
NO ........................................................................ 2 ➔ GO TO A4A

(18 CITIES ONLY – 2 CITIES NOT ASKED)
A3D. How many nights altogether has (CHILD) spent with you since (he/she) was born?

_____ | NIGHTS ➔ GO TO A4A

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

PROBE: How many months ago?

_____ | MONTHS AGO

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

CODE WITHOUT ASKING IF KNOWN:
A4A. Who does (CHILD) (usually) live with?

BIOLOGICAL MOTHER .............................. 1
MATERNAL GRANDPARENT(S) ................. 2
PATERNAL GRANDPARENT(S) .................. 3
OTHER RELATIVE(S) ................................. 4
FRIEND ............................................. 5
FOSTER CARE ........................................... 6
ADOPTIVE PARENT ................................... 7 ➔ RECODE A3
CHILD DECEASED ..................................... 8 ➔ RECODE A3
OTHER (NOT SPECIFIED) ......................... 9
SPLIT BETWEEN BIRTH MOTHER AND BIRTH FATHER................................. 101

THANK FATHER AND END INTERVIEW.
A4B. About how long has (CHILD) been living there?

**PROBE:** How many months?

<table>
<thead>
<tr>
<th>MONTHS</th>
</tr>
</thead>
</table>
|LESS THAN ONE MONTH......................... 0

A4C. Do you expect (CHILD) to live with you (again) during the coming year?

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

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

|NUMBER OF DAYS|

A5. Next, I have a few questions about your current relationship with (CHILD’s) mother, (MOTHER).

RECORD ALL ANSWERS TO A5-A6A ON QUESTIONNAIRE AND HELP SHEET.

What was your relationship with (MOTHER) when (CHILD) was born? Were you . . .

Married, ....................................................... 1
Romantically involved, ......................... 2
Separated/Divorced, ............................... 3 => GO TO A6
Just friends, or ......................................... 4 => GO TO A6
Not in any kind of a relationship? ........... 5 => GO TO A6
REFUSED ................................................... -1
A5A. When (CHILD) was born, were you and (MOTHER) living together . . .

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

A6. What is your relationship with (MOTHER) now? Are you . . .

   Married, .................................................... 1
   Romantically involved, ............................. 2
   Separated/Divorced, ................................. 3  \( \Rightarrow \) GO TO A7A
   Just friends, or ....................................... 4  \( \Rightarrow \) GO TO A7A
   Not in any kind of a relationship? ............... 5  \( \Rightarrow \) GO TO A7A
   VOLUNTEERED, MOTHER DIED...................... -14  \( \Rightarrow \) GO TO A6B
   REFUSED .............................................. -1

**CODE WITHOUT ASKING IF KNOWN:**

A6A. Are you and (MOTHER) currently living together . . .

   All or most of the time, ........................... 1
   Some of the time, ................................. 2
   Rarely, or ........................................ 3
   Never? ............................................... 4
   Rarely or never ..................................... 203 (2 CITIES ONLY)
(CONSTRUCTED FOR 2 CITIES)
A6A1. **ARE MOTHER AND FATHER MARRIED AND LIVING TOGETHER ALL OR MOST OF THE TIME?**
(A6=1 AND A6A=1)

YES ............................................................. 1  ➔ GO TO A7A
NO ............................................................... 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
A6A2. **How many nights a week do you and (MOTHER) usually spend the night together?**

| ___ | NIGHTS |
|___|___|
NONE .......................................................... 0
REFUSED ................................................... -1

GO TO A7A

OFFER CONDOLENCES:
A6B. **When did (MOTHER) die?**

| ___ | / | ___ | ___ | ___ |
|___|___|___|___|___|
MONTH   YEAR
(A6B1) (A6B2)

CODE WITHOUT ASKING IF KNOWN:
A6C. **What was the cause of her death?**

WON'T DISCUSS................................. 1
ILLNESS (NOT SPECIFIED).................. 2
ACCIDENT (NOT SPECIFIED)............... 3
OTHER (NOT SPECIFIED).................... 4
A7A. WERE MOTHER AND FATHER EVER MARRIED TO EACH OTHER?  
(A5=1 OR 3, OR A6=1 OR 3)

YES ................................................................. 1  
NO ................................................................. 2 ➔ GO TO A7B

A7A1. When did you and (MOTHER) get married?  

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</thead>
</table>
MONTH          YEAR
(A7A1)         (A7A2)

NOT APPLICABLE--NEVER MARRIED...... 0

A7B. WERE MOTHER AND FATHER LIVING TOGETHER AT BIRTH OR AT FOLLOW-UP?  
(A5A=1 OR 2, OR A6A=1 OR 2)

YES ................................................................. 1  
NO ................................................................. 2 ➔ GO TO A7C

A7B1. When did you and (MOTHER) start living together?  

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</thead>
</table>
MONTH          YEAR
(A7B1A)         (A7B1B)
A7C.  ARE MOTHER AND FATHER DIVORCED OR SEPARATED FROM EACH OTHER?
(A5 OR A6=3)

YES ........................................................................... 1
NO ........................................................................... 2 ➔ GO TO A7D

A7C1.  When did you and (MOTHER) separate?

|   |   | / |   |   |   |   | ➔ GO TO A

MONTH YEAR
(A7C1A) (A7C1B)

A7D.  ARE MOTHER AND FATHER CURRENTLY ROMANTICALLY INVOLVED (NOT MARRIED)?
(A6=2)

YES ........................................................................... 1
NO ........................................................................... 2 ➔ GO TO A7E

A7D1.  What do you think the chances are that you will marry (MOTHER) in the future? Would you say there is . . .

No chance, .................................................. 1
A little chance, ............................................. 2
A 50-50 chance, .......................................... 3
A pretty good chance, or ............................. 4
An almost certain chance? ......................... 5

GO TO A9

A7E.  WERE MOTHER AND FATHER ROMANTICALLY INVOLVED (NOT MARRIED) AT BIRTH, BUT NOT IN A RELATIONSHIP NOW?
(A5=2 AND A6=3, 4, OR 5)

IF MOTHER DIED (A6=-14) CODE “-14” WITHOUT ASKING.

YES ........................................................................... 1
NO ........................................................................... 2 ➔ GO TO A9
MOTHER DIED ........................................... -14 ➔ GO TO A11
A7E1. When did your romantic relationship with (MOTHER) end?

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<tbody>
<tr>
<td>MONTH</td>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A7E1A)</td>
<td>(A7E1B)</td>
<td></td>
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</table>

A8. Please tell me why your (marriage/romantic relationship) ended.

RECORD VERBATIM THEN CIRCLE ALL THAT APPLY.

VERBATIM: ________________________________________________________________

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

FINANCIAL REASONS (DON'T HAVE WORK/MONEY) ........................................ 1
DISTANCE (DON'T LIVE IN SAME TOWN) ................................................... 2
MOTHER’S INCARCERATION ................................................................. 3
FATHER’S INCARCERATION ................................................................. 4
RELATIONSHIP REASONS (DON'T GET ALONG, TOO YOUNG, NOT IN LOVE, NOT MATURE ENOUGH, TOO DIFFERENT) .................................................. 5
DRUG OR ALCOHOL PROBLEM .......................................................... 6
VIOLENT/ABUSIVE .................................................................................. 7
OTHER (NOT SPECIFIED) ................................................................. 8
BECAUSE OF CHILD ................................................................. 101
SHE HAS PROBLEMS ................................................................. 102
AGE DIFFERENCE ................................................................. 103
FAMILY/FRIEND ................................................................. 104
OTHER ................................................................. 107
A9. **DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME, OR DO THEY SPEND 7 NIGHTS PER WEEK TOGETHER?**

(A6A=1 OR A6A2=7)

YES ............................................................. 1 ➔ GO TO A11

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

A10. **How often do you and (MOTHER) see or talk to each other? Is it . . .**

Nearly every day,................................. 1
A few times a week,............................... 2
A few times a month,......................... 3
Only a few times in the past year, or ....... 4
Hardly ever? ............................................. 5
NEVER.................................................. 0

A11. **Including (CHILD) how many biological children do you have with (MOTHER)?**

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

CHILDREN.............................................. |   |   |
ONLY CHILD......................................... 1
SECTION B: CHILD WELL-BEING AND FATHERING

B1. DOES CHILD LIVE WITH FATHER ALL OR MOST OF THE TIME?
   (A3=1)

   YES, LIVES WITH FATHER
   ALL OR MOST OF THE TIME ................. 1

   NO, LIVES MOSTLY WITH SOMEONE ELSE ........................................... 2 ➔ GO TO B32

B1A. DO MOTHER AND FATHER LIVE TOGETHER?
   (A6A=1 OR 2)

   LIVE TOGETHER ........................................ 1 ➔ GO TO B32

   DO NOT LIVE TOGETHER .............................. 2

QUESTIONS FOR A FATHER WHO HAS PRIMARY (SOLE) CUSTODY OF CHILD:

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

   Excellent ..................................................... 1

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

   Good ........................................................... 3

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

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

B3. Does (CHILD) have any physical disabilities?

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

   NO ............................................................. 2 ➔ GO TO B5A
B4. What type of physical disability does (he/she) have?

**PROBE:** Any other disabilities?

**CIRCLE ALL THAT APPLY**

- CEREBRAL PALSY ........................................... 1
- TOTAL BLINDNESS ........................................ 2
- PARTIAL BLINDNESS ..................................... 3
- TOTAL DEAFNESS ......................................... 4
- PARTIAL DEAFNESS ....................................... 5
- DOWN'S SYNDROME ...................................... 6
- PROBLEM WITH LIMBS (NOT SPECIFIED) ........ 7
- OTHER (NOT SPECIFIED) ............................... 8
- HEART DISEASE ........................................... 101
- DEVELOPMENTAL PROBLEM ....................... 104

B5A. When was (CHILD) last weighed at a doctor's office, clinic, or hospital?

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B5A1)</td>
<td>(B5A2)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

B5B. About how much did (he/she) weigh on that day?

**RECORD WEIGHT AS POUNDS OR KILOGRAMS.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>POUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>OUNCES (18 CITIES ONLY)</td>
</tr>
</tbody>
</table>

**DON'T KNOW** ............................................. -2
B6. Since (CHILD) was born, approximately how many times has (he/she) been seen by a doctor, nurse, or other health care professional for a regular checkup or “well-baby visit”? Would you say . . .

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

Never, .......................................................................... 0
1 - 3 times, or ............................................................... 1
4 or more times? .......................................................... 2

(2 CITIES ONLY)
FX2B7. Since (CHILD) was born, how many times has (he/she) been seen by a doctor, nurse, or other health care professional because of an illness or injury?

| ____ | TIMES
NEVER........................................................................... 0

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B7. Since (CHILD) was born, how many times has (he/she) been seen by a doctor, nurse, or other health care professional because of an illness?

| ____ | TIMES
NEVER........................................................................... 0
DON’T KNOW ................................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B7A. Since (CHILD) was born, how many times has (he/she) been seen by a doctor, nurse, or other health care professional because of an injury?

| ____ | TIMES
NEVER........................................................................... 0
DON’T KNOW ................................................. -2
B8. Since (CHILD) was born, how many times has (he/she) been taken to the emergency room?

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE .......................................................... 0 ➔ GO TO B9</td>
</tr>
<tr>
<td>DON’T KNOW .................................................... -2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TIMES FOR ACCIDENT/INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE .......................................................... 0</td>
</tr>
<tr>
<td>DON’T KNOW .................................................... -2</td>
</tr>
</tbody>
</table>

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

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

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

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

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

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
</table>

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

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

|   | DAYS |

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

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

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

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

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

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW ............................................. -2
REFUSED ................................................... -1
B12. Next, I'd like to ask you a few questions about (CHILD’s) growth and development. Did (MOTHER) ever breastfeed (CHILD)?

YES ................................................................................. 1
NO ................................................................................... 2 ➜ GO TO B13

B12A. How old was (CHILD) when (MOTHER) stopped breastfeeding (him/her)?

WEEKS OLD |  |  |
MONTHS OLD |  |  |
LESS THAN ONE MONTH ....................... 0
STILL BREASTFEEDING ...................... s
DON’T KNOW ............................................. -2

B13. Does (CHILD) walk or crawl yet?

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

B14. Since (CHILD) was born, how many times have you and (CHILD) been separated for a week or more?

TIMES ................................................................................. |  |  |
NEVER ................................................................................. 0 ➜ GO TO B16
B14A. Where did (CHILD) stay during (that/those) separation(s)?

**PROBE:** Any other places?

**CIRCLE ALL THAT APPLY**

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

- PROTECTIVE SERVICES ....................... 101

B15. Thinking about (the last/that) separation, why were you and (CHILD) separated?

**CIRCLE ONE**

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

- OUT OF TOWN .................................. 101
Now I am going to read some statements about childhood behavior. Using a scale from 1 to 5, where 1 means “not at all like your child,” 5 means “very much like your child,” and 2, 3, and 4 mean somewhere in between, tell me how well each statement describes (CHILD).

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

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>B16A. (He/She) tends to be shy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B16B. (He/She) often fusses and cries</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B16C. (He/She) is very sociable</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B16D. (He/She) gets upset easily</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B16E. (He/She) reacts strongly when upset</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B16F. (He/She) is very friendly with strangers</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
B17. Now I would like to ask you some questions about things you do with (CHILD). For each activity, please tell me how many days a week you do this in a typical week.

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

**RECORD “NEVER” AS “0”.

(B17D-B17H, 18 CITIES ONLY – 2 CITIES NOT ASKED)

<table>
<thead>
<tr>
<th>DAYS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>B17A. Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD) ....................... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17B. Sing songs or nursery rhymes to (CHILD) ........................................... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17C. Read stories to (CHILD) ................................................................. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17D. Tell stories to (CHILD) ................................................................. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17E. Play inside with toys such as blocks or legos with (CHILD) ................... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17F. Take (CHILD) to visit relatives .................................................. 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17G. Hug or show physical affection to (CHILD) ......................................... 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>B17H. Put (CHILD) to bed ................................................................. 0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

B17I. Sometimes children behave pretty well and sometimes they don’t. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

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

NO ................................................................. 2 ➔ GO TO B18

B17I1. Did you do this . . .

Every day or nearly every day, ............... 1
A few times a week,................................. 2
A few times this past month, or ............. 3
Only once or twice? ............................ 4
B18. Now I’m going to read some statements about raising (CHILD). Please tell me if you agree or disagree with each statement.

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B18A. Being a parent is harder than I thought it would be. Do you . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B18B. I feel trapped by my responsibilities as a parent. Do you . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B18C. I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B18D. I often feel tired, worn out, or exhausted from raising a family. Do you . . .

| Strongly agree, ............................................. 1 |
| Somewhat agree, ........................................ 2 |
| Somewhat disagree, or................................. 3 |
| Strongly disagree?....................................... 4 |
FX2B20A. (CHILD) seems harder to care for than most children. Do you . . .

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

FX2B20B. You often feel angry with (CHILD). Do you . . .

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

FX2B20C. You would be doing better in life without (CHILD). Do you . . .

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

B19. Is (CHILD) currently being cared for by someone other than you on a regular basis? By regular, I mean at least once a week for the past month.

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

NO ............................................................................. 2 ➔ GO TO SECTION C

B19A. How many hours a week is (CHILD) in care, including all the different arrangements that you use?

| | | HOURS
B19A1. IS CHILD IN CARE LESS THAN 10 HOURS A WEEK?

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

B20. How many different arrangements are you currently using?

| EHS | ARRANGEMENTS |

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B20A. How old was (CHILD) when (he/she) was first taken care of by someone else on a regular basis?

| EHS | YEARS | EHS | MONTHS |
B21A. What type(s) of arrangement(s) are you using now?

**PROBE:** Any others?

B21B. **IF MORE THAN ONE ARRANGEMENT:** Which is your primary arrangement? Is it (LIST ARRANGEMENTS CIRCLED IN COLUMN A)? By primary, I mean the arrangement where (CHILD) spends the most time.

<table>
<thead>
<tr>
<th>B21A CIRCLE ALL THAT APPLY</th>
<th>B21B CIRCLE PRIMARY ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD'S MOTHER (NOT LIVE-IN)</td>
<td></td>
</tr>
<tr>
<td>MOTHER'S PARTNER OR BOYFRIEND</td>
<td></td>
</tr>
<tr>
<td>CHILD'S SIBLING</td>
<td></td>
</tr>
<tr>
<td>CHILD'S MATERNAL GRANDPARENT</td>
<td></td>
</tr>
<tr>
<td>OTHER RELATIVE ON MOTHER'S SIDE</td>
<td></td>
</tr>
<tr>
<td>CHILD'S PATERNAL GRANDPARENT</td>
<td></td>
</tr>
<tr>
<td>OTHER RELATIVE ON FATHER'S SIDE</td>
<td></td>
</tr>
<tr>
<td>FATHER'S PARTNER</td>
<td></td>
</tr>
<tr>
<td>FATHER'S PARTNER'S RELATIVE</td>
<td></td>
</tr>
<tr>
<td>NON-RELATIVE/FAMILY CHILD CARE</td>
<td></td>
</tr>
<tr>
<td>DAY CARE CENTER</td>
<td></td>
</tr>
<tr>
<td>HEAD START/EARLY HEAD START</td>
<td></td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td></td>
</tr>
</tbody>
</table>

➡️ GO TO B23
B22. Where does (MAIN PROVIDER) usually take care of (CHILD)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN CHILD’S HOME</td>
<td>1</td>
</tr>
<tr>
<td>IN PROVIDER’S HOME</td>
<td>2</td>
</tr>
<tr>
<td>PROVIDER AND (CHILD) LIVE IN SAME HOME</td>
<td>3</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>4</td>
</tr>
<tr>
<td>CHILD’S AND PROVIDER’S HOME</td>
<td>102</td>
</tr>
</tbody>
</table>

B23. How old was (CHILD) when you first started using (PRIMARY ARRANGEMENT IN B21B)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN A MONTH OLD</td>
<td>0</td>
</tr>
</tbody>
</table>

B24. How many days each week does (PRIMARY ARRANGEMENT IN B21B) usually take care of (CHILD)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

B24A. How many hours each day does (PRIMARY ARRANGEMENT IN B21B) usually take care of (CHILD)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

B24B. How many times have you changed your child care arrangements since (CHILD) was born? By changes I mean, for example, that your child got a new babysitter, or started going to a new family child care program or day care center.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>0</td>
</tr>
</tbody>
</table>
B25. Does any person or any agency give you money, a voucher, or a scholarship to help pay for child care?

YES ........................................................................... 1
NO .......................................................................... 2 ➔ GO TO B28

NO CHARGE FOR CHILD CARE,
CARE BY RELATIVE ............................................. 3 ➔ GO TO B29C

B26. Who gives you money or the voucher or scholarship?

PROBE: Anyone or any place else?

CIRCLE ALL THAT APPLY

CHILD’S MOTHER (NOT LIVE-IN)........... 1
RELATIVE NOT LIVING WITH
FATHER ................................................................. 2
GOVERNMENT AGENCY............................. 3
EMPLOYER ......................................................... 4
CHILD CARE CENTER............................... 5
HEAD START OR
EARLY HEAD START ................................. 6
OTHER (NOT SPECIFIED) ......................... 7

COMMUNITY ORGANIZATION ............... 101
(18 CITIES ONLY – 2 CITIES NOT ASKED)

B27A. How much money does child’s mother (not live in) give you (or what is the value of the voucher or scholarship?)

$ | _____| |____| | ______ . |____| PER

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

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

B27B. How much money does relative (not living with you) give you (or what is the value of the voucher or scholarship?)

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

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

DON’T KNOW ............................................. -2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B27C. How much money does government agency give you (or what is the value of the voucher or scholarship?)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th>PER</th>
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</thead>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B27D. How much money does employer give you (or what is the value of the voucher or scholarship?)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th>PER</th>
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</thead>
<tbody>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

DON'T KNOW ............................................. -2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
B27E. How much money does child care center give you (or what is the value of the voucher or scholarship?)

<table>
<thead>
<tr>
<th>$</th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th>PER</th>
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<tbody>
<tr>
<td>WEEK</td>
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<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>MONTH</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B27F. How much money does head start/early head start give you (or what is the value of the voucher or scholarship?)

<table>
<thead>
<tr>
<th>$</th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>PER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>MONTH</td>
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<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>YEAR</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

DON'T KNOW ............................................. -2
B27G. How much money does other person/agency give you (or what is the value of the voucher or scholarship?)

$ |____|,|____| . |____| PER

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

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

B28. How much do you pay out-of-pocket for all the child care you currently use?

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

$ |____|,|____| . |____| PER

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

PAYS NOTHING ............................................. 0 ➔ GO TO B29B

CHILD CARE PROVIDED IN
EXCHANGE FOR OTHER SERVICES ...... -17 ➔ GO TO B29B

PER YEAR .................................................. 101
FOR DURATION ......................................... 102
B29. Is this amount for (CHILD's) care only, or does it cover other children from your household?

CHILD ONLY ............................................... 1 ➔ GO TO B29B
CHILD AND OTHERS ................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B29A. How many children, including (CHILD), are covered in this amount?

|   |   | CHILDREN

(CONSTRUCTED FOR 2 CITIES)
B29B. DID RESPONDENT RECEIVE ANY HELP FROM NON-FAMILY SOURCE? (B26=3-7)

YES ............................................................. 1 ➔ GO TO B30
NO ................................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B29C. Are you eligible for any subsidies or vouchers for child care?

YES ................................................................. 1
NO ................................................................. 2
DON'T KNOW .................................................. -2
B30. Approximately how many times in the past month did you have to make special arrangements because your usual child care arrangement fell through?

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

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE .......................................................... 0</td>
</tr>
<tr>
<td>DID NOT USE CHILD CARE IN PAST MONTH ....................... -10</td>
</tr>
</tbody>
</table>

B30A. How many times in the past month did you miss work or school because your child care arrangement fell through?

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE .......................................................... 0</td>
</tr>
</tbody>
</table>

B30B. At anytime since (CHILD) was born, have you had to quit a job, school, or training activity because you had problems arranging child care or keeping a child care arrangement?

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

B31. When (CHILD) is sick, can (any of) your provider(s) take care of (him/her), do you need to make other arrangements, or do you have to miss work or school to take care of (him/her)?

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

GO TO SECTION C
FOR FATHERS WHO DO NOT HAVE PRIMARY (SOLE) CUSTODY OF CHILD

B32. Now, I’d like to ask you some questions about (CHILD’s) health and development and how (he/she) is doing. In general, would you say (CHILD’s) health is . . .

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

B33. During the past year, did you ever talk to (CHILD’s) doctor about how (he/she) is doing? This could be as part of a visit or a separate call.

- YES ........................................................................ 1 → GO TO B33B
- NO ........................................................................ 2
- CHILD DOESN’T HAVE DOCTOR .................. -10 → GO TO B33B

B33A. Do you feel you could talk to (CHILD’s) doctor if you wanted to?

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

B33B. Is (CHILD) currently being cared for by someone other than (you or (MOTHER)/PERSON IN A4A) on a regular basis? By regular, I mean at least once a week for the past month.

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

- YES ........................................................................ 1
- NO ........................................................................ 2 → GO TO B35
- DON’T KNOW .................................................. -2 → GO TO B35
During the past year, did you ever talk to (CHILD’s) child care provider about how (he/she) was doing?

YES ............................................................. 1  ➔ GO TO B35
NO ............................................................................. 2
CHILD DOESN’T HAVE CHILD
CARE PROVIDER.............................................. -10  ➔ GO TO B35

Do you feel you could talk to (CHILD’s) child care provider if you wanted to?

YES ............................................................. 1
NO ............................................................................. 2
CHILD DOESN’T HAVE CHILD
CARE PROVIDER.............................................. -10

DID FATHER SEE CHILD IN PAST 30 DAYS?
(A3=1 OR 2, OR A4D GREATER THAN 0)

YES ............................................................. 1
NO ............................................................................. 2  ➔ GO TO B37
B36. Now I would like to ask you some questions about things you do with (CHILD). For each activity, please tell me how many days a week you do this in a typical week.

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

**RECORD “NEVER” AS “0”.

**(B36D-B36H, 18 CITIES ONLY – 2 CITIES NOT ASKED)**

<table>
<thead>
<tr>
<th><strong>DAYS PER WEEK</strong></th>
<th><strong>B36A.</strong> Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD)</th>
<th><strong>B36B.</strong> Sing songs or nursery rhymes to (CHILD)</th>
<th><strong>B36C.</strong> Read stories to (CHILD)</th>
<th><strong>B36D.</strong> Tell stories to (CHILD)</th>
<th><strong>B36E.</strong> Play inside with toys such as blocks or legos with (CHILD)</th>
<th><strong>B36F.</strong> Take (CHILD) to visit relatives</th>
<th><strong>B36G.</strong> Hug or show physical affection to (CHILD)</th>
<th><strong>B36H.</strong> Put (CHILD) to bed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

B36I. Sometimes children behave pretty well and sometimes they don’t. In the past month, have you spanked (CHILD) because (he/she) was misbehaving or acting up?

YES ........................................................................... 1
NO ........................................................................... 2  ➔ **GO TO B37**

B36I1. Did you do this . . .

   Every day or nearly every day, .................... 1
   A few times a week,................................. 2
   A few times this past month,....................... 3
   Only once or twice, or ............................. 4
   Not at all? ................................................. 5
(18 CITIES ONLY – 2 CITIES NOT ASKED)

B37. Now I am going to read some statements about childhood behavior. Using a scale from 1 to 5, where 1 means “not at all like your child,” 5 means “very much like your child,” and 2, 3, and 4 mean somewhere in between, tell me how well each statement describes (CHILD).

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

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

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL LIKE MY CHILD</th>
<th>VERY MUCH LIKE MY CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>B37A.</td>
<td>(He/She) tends to be shy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B37B.</td>
<td>(He/She) often fusses and cries</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B37C.</td>
<td>(He/She) is very sociable</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B37D.</td>
<td>(He/She) gets upset easily</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B37E.</td>
<td>(He/She) reacts strongly when upset</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>B37F.</td>
<td>(He/She) is very friendly with strangers</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Now I’m going to read some statements about being a parent. Please tell me how much you agree or disagree with each statement.

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B38A. Being a parent is harder than I thought it would be. Do you . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B38B. I feel trapped by my responsibilities as a parent. Do you . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B38C. I find that taking care of my child(ren) is much more work than pleasure. Do you . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
B38D. I often feel tired, worn out, or exhausted from raising a family. Do you . . .

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

C1A. IS MOTHER ALIVE?
(CHECK A6 OR A7E)

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

(CONSTRUCTED FOR 2 CITIES)
FC1B. DOES FATHER HAVE PRIMARY (SOLE) CUSTODY OF CHILD?
(B1=1 AND B1A=2)

YES ............................................................. 1
NO ............................................................. 2 ➔ GO TO C5

FOR A FATHER WHO HAS PRIMARY (SOLE) CUSTODY OF CHILD:

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

C2. Since (CHILD’s) birth, has (MOTHER) seen (him/her)?

YES ............................................................. 1
NO ............................................................. 2 ➔ GO TO C5
VOLUNTEERED, MOTHER DECEASED ................................................. -14 ➔ GO TO C2C

C2A. During the past 30 days, how many days has (MOTHER) seen (CHILD)?

ONCE THIS MONTH ........................................... 1 ➔ GO TO C2E
NUMBER OF DAYS . . . . . . . . . . . . . [_____] ➔ GO TO C2E
NONE ............................................................. 0
VOLUNTEERED, MOTHER DECEASED ................................................. -14 ➔ GO TO C2C
C2B. When did (MOTHER) last see (CHILD)?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>/</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
MONTH | YEAR |
(C2B1) | (C2B2) |

C2C. NOT FOR PUBLIC RELEASE.

C2D. NOT FOR PUBLIC RELEASE.

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C2E. Since (CHILD’S) birth, has (CHILD) ever stayed overnight with (MOTHER)?

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C2F. How many nights altogether has (CHILD) spent with (MOTHER)?

   |   | NIGHTS

(CONSTRUCTED FOR 2 CITIES)

C2G. DID (MOTHER) SEE (CHILD) MORE THAN ONCE DURING THE PAST MONTH?
(C2A GREATER THAN 1)

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO C5
Now I would like to ask you some questions about things (MOTHER) does with (CHILD).

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

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

**RECORD “NEVER” AS “0”**.

(C3A-C3B, C3D, C3F-C3G, C3I-C3J, 18 CITIES ONLY – 2 CITIES NOT ASKED)

<table>
<thead>
<tr>
<th>DAYS PER WEEK</th>
<th>C3A. Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD)</th>
<th>C3B. Sing songs or nursery rhymes to (him/her)</th>
<th>C3C. Read stories to (CHILD)</th>
<th>C3D. Tell stories to (him/her)</th>
<th>C3E. Play inside with toys such as blocks or legos with (him/her)</th>
<th>C3F. Take (CHILD) to visit relatives</th>
<th>C3G. Change (his/her) diaper</th>
<th>C3H. Feed or give a bottle to (him/her)</th>
<th>C3I. Hug or show physical affection to (CHILD)</th>
<th>C3J. Put (CHILD) to bed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
C3K. Sometimes children behave pretty well and sometimes they don’t. In the past month, has (MOTHER) spanked (CHILD) because (he/she) was misbehaving or acting up?

YES ................................................................. 1
NO ................................................................. 2 ➤ GO TO C4
DON’T KNOW .................................................. -2 ➤ GO TO C4

C3K1. Did she do this . . .

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

C4. In the past month, how often has (MOTHER) spent one or more hours a day with (CHILD)? Was it . . .

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

C5. WERE MOTHER AND FATHER MARRIED TO EACH OTHER WHEN CHILD WAS BORN? (A5=1)

YES, MARRIED ........................................... 1 ➤ GO TO C7
NO ............................................................... 2
My next questions are about the legal arrangements you and (MOTHER) have regarding (CHILD).

C6. Has your legal paternity been established? That is, did you sign any document that identifies you as the legal father of (CHILD)? Or, has the court ruled that you are the father?

YES, LEGAL PATERNITY ........................... 1  ➔ GO TO C6C
NO .................................................................. 2
DON'T KNOW ............................................. -2 ➔ GO TO C7
REFUSE...................................................... -1 ➔ GO TO C7

C6A. Did you or anyone else want you to establish legal paternity?

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO C7

C6B. Why wasn’t paternity established?

CIRCLE ONE

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

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

GO TO C7
C6C. Did you establish paternity at the hospital or through some other means?

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

THROUGH COURT........................................... 101
- CHILD SUPPORT/WELFARE AGENCY .... 102
- PATERNITY TEST ...................................... 103
- NOT ESTABLISHED ................................. 104
- CLINIC/HEALTH DEPARTMENT .............. 105

C6D. Who initiated the action to make you (CHILD’s) legal father? Was it you, (MOTHER), both of you, or was it required by some government agency?

- MOTHER..................................................... 1
- FATHER...................................................... 2
- BOTH MOTHER AND FATHER .............. 3
- REQUIRED BY GOVERNMENT
- AGENCY ..................................................... 4
- OTHER (NOT SPECIFIED)......................... 0

HOSPITAL................................................... 101

FC7. DOES FATHER HAVE PRIMARY (SOLE) CUSTODY OF CHILD?
(B1=1 AND B1A=2)

- YES ............................................................. 1 ➔ GO TO FC19
- NO (NON-CUSTODIAL OR SHARED)........ 2

NOTE: SKIP PATTERN CHANGE FOR 2 CITIES RESPONDENTS CURRENTLY LIVING TOGETHER; CASES ARE CODED AS NOT ASKED.

(CONSTRUCTED FOR 2 CITIES)

FC8. ARE MOTHER AND FATHER MARRIED AND LIVING TOGETHER?
(A6=1 AND A6A=1 OR 2)

- YES ............................................................. 1 ➔ GO TO FC20
- NO ............................................................... 2
C9. Next I have some questions about financial contributions you might make to help support (CHILD).

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

YES ............................................................. 1
NO ............................................................. 2 \( \Rightarrow \) GO TO C14

C9A. When was that legal agreement first reached?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>YEAR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(C9A1) (C9A2)

C9B. NOT FOR PUBLIC RELEASE

C10. DOES MOTHER HAVE ANY OTHER CHILDREN BY FATHER?
(A11=GREATER THAN ONE)

YES, MORE THAN ONE ......................... 1
NO, JUST FOCUS CHILD ..................... 2 \( \Rightarrow \) GO TO C11

C10A. Is your legal agreement just for (CHILD) or is it for (any) other child(ren) you have with (MOTHER)?

JUST FOR CHILD ................................. 1
FOR OTHER CHILDREN AS WELL .......... 2
C11. How much are the payments supposed to be per month?

\[
\begin{array}{c|c|c|c|c|c}
\hline
\text{PER} & \text{WEEK} & \text{EVERY 2 WEEKS} & \text{MONTH} & \text{OTHER (NOT SPECIFIED)} \\
\hline
\text{WEEK} & 1 & \text{EVERY 2 WEEKS} & 2 & \text{MONTH} & 3 & \text{OTHER (NOT SPECIFIED)} & 4 \\
\hline
\end{array}
\]

(CONSTRUCTED FOR 2 CITIES)

C11A. DO MOTHER AND FATHER LIVE TOGETHER?

\[(A6A=1 \text{ OR } 2)\]

YES ............................................................. 1 ➔ GO TO C13
NO ................................................................... 2

FC12. Who does the money go to?

\[
\begin{array}{c|c|c|c|c|c}
\hline
\text{CHILD'S MOTHER} & \text{CHILD'S GRANDPARENT} & \text{COURT} & \text{WELFARE OR CHILD SUPPORT AGENCY} & \text{OTHER (NOT SPECIFIED)} \\
\hline
1 & 2 & 3 & 4 & 5 \\
\hline
\end{array}
\]


\[
\begin{array}{c|c|c|c|c|c}
\hline
\text{ALL OF THE TIME} & \text{MORE THAN HALF THE TIME} & \text{ABOUT HALF THE TIME} & \text{LESS THAN HALF THE TIME} & \text{NEVER} \\
\hline
1 & 2 & 3 & 4 & 5 \\
\hline
\end{array}
\]
C13A. About how much of this legally agreed upon child support did you actually pay since (DATE IN C9A)?

$ | | | | | | | | $ \rightarrow \text{GO TO C13C}

PAID TOTAL AMOUNT

AGREED UPON ........................................... -15 \rightarrow \text{GO TO C13C3}
NONE ....................................................... 0 \rightarrow \text{GO TO C13C}

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

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

C13B. I just need to have a range. Can you tell me if it is . . .

Less than $500, ........................................... 1

$500 to $1,000, .......................................... 2

$1,001 to $2,000, ........................................ 3

$2,001 to $3,000, ........................................ 4

$3,001 to $4,000, ........................................ 5

$4,001 to $5,000, ........................................ 6

$5,001 to $10,000, or ................................... 7

More than $10,000? ....................................... 8

<$500 ....................................................... 201 (2 CITIES ONLY)

$500 to $1,000 .......................................... 202 (2 CITIES ONLY)

$1,001 to $5,000 .......................................... 203 (2 CITIES ONLY)

$5,001 to $10,000 .......................................... 204 (2 CITIES ONLY)

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

REFUSED .................................................. -1
(18 CITIES ONLY – 2 CITIES NOT ASKED)

C13C. Do you have any arrears on the child support that you are supposed to pay, or do you owe anything to the welfare department for unpaid monthly support or for reimbursing birthing costs?

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

YES ................................................................................... 1
NO ............................................................................... 2  ➔ GO TO C13C3

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C13C1. What is the amount of the arrears?

$ | | |$ | | | | ➔ GO TO C13C3

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C13C2. I just need to have a range. Can you tell me if it was . . .

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

(CONSTRUCTED FOR 2 CITIES)

C13C3. DO MOTHER AND FATHER LIVE TOGETHER (A6A=1 OR 2)?

YES ................................................................................... 1  ➔ GO TO FC20
NO ............................................................................... 2
C13D. Does the child support agreement specify anything about visits between (CHILD) and you?

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

C13E. How many days per month is (CHILD) supposed to spend with you?

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

GO TO C17

C14. DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME?
(A6A=1)

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

C14A. Do you have an informal agreement, or an understanding, not spelled out in a legal document that you will provide financial support for (CHILD)?

YES ............................................................. 1
NO ............................................................... 2 → GO TO C16
FOR FATHERS WITH NO LEGAL AGREEMENTS:

C15. How much did you agree to give each month?

| $ | ___|___|___|___|___|___|___|___|___|___| PER |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| WEEK .............................. | 1 |
| EVERY 2 WEEKS ...................... | 2 |
| MONTH .................................. | 3 |
| OTHER (SPECIFY) .......................... | 4 |

NO SPECIFIC AMOUNT/
GIVES WHAT HE CAN .......................... -10
DON'T KNOW .............................. -2
REFUSED .............................. -1

C15A. How often do you give this money when you are supposed to? Is it . . .

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

NO SPECIFIC SCHEDULE/
GIVES WHEN HE CAN .......................... -10

C15FB. About how much did you actually give in child support money since your informal agreement was reached?

| $ | ___|___|___|___|___|___|___|___|___|___| ➔ GO TO C17 |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PAID TOTAL AMOUNT .............................. | -15 ➔ GO TO C17 |
| AGREED UPON ...................... | 0 ➔ GO TO C17 |
| NONE ........................................ | 0 ➔ GO TO C17 |
| DON'T KNOW ...................... | -2 |
| REFUSED .............................. | -1 |
C15FB1. I just need to have a range. Can you tell me if it is . . .

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

GO TO C17

FOR UNMARRIED PARENTS WHO DO NOT HAVE A FORMAL OR INFORMAL AGREEMENT:

C16. Have you paid anything toward [(CHILD’s)/your children’s] support since (he/she/they) (was/were) born?

- YES ............................................................. 1
- NO ............................................................... 2  ➔ GO TO C17

C16A. How much have you given (MOTHER) for [(CHILD’s)/your children’s] support in the past year?

- $ | | | | | | | | | ➔ GO TO C17
- DON’T KNOW ............................................. -2
- REFUSED ................................................... -1
C16A1. I just need to have a range. Can you tell me if it was . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

C17. DO MOTHER AND FATHER LIVE TOGETHER ALL OR MOST OF THE TIME?
(A6A=1)

YES ............................................................. 1 ➔ GO TO FC20
NO ...................................................................... 2
ALL PARENTS WHO ARE NOT LIVING TOGETHER:

C18. I am going to read you a list of things that babies need. Please tell me how often you buy these for (CHILD).

How often do you buy (ITEM)? Is it often, sometimes, rarely or never?

<table>
<thead>
<tr>
<th>ITEM</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>C18A. Clothes for (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18B. Toys for (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18C. Medicine for (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18D. Child care items, such as diapers and baby wipes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18E. Food or formula for (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C18F. Anything else for (CHILD)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOR FATHER WHO HAS PRIMARY (SOLE) CUSTODY OF CHILD:

FC19. Does (MOTHER) give you any financial support to help you care for (CHILD)?

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO FC19C

FC19A. Do you have a legal agreement for this support or an informal agreement?

LEGAL ........................................................... 1
INFORMAL ....................................................... 2
FC19B. About how much does she give you each month?

$ |___|___|___|___|  

PER

WEEK .......................................................... 1  
EVERY 2 WEEKS ........................................... 2  
MONTH ....................................................... 3  
NO SPECIFIC AMOUNT/  
WHATEVER SHE CAN ..................................... -10  
OTHER (NOT SPECIFIED) ......................... 4  

NO PAYMENT REQUIRED ......................... 102  
DON’T KNOW .............................................. 2  
REFUSED ................................................... 1

FC19C. I am going to read you a list of things that babies need. Please tell me how often (MOTHER) buys these for [CHILD].

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>RARELY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC19C1 Clothes for (CHILD)? .......................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FC19C2 Toys for (CHILD)? ..........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FC19C3 Medicine for (CHILD)? ......................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FC19C4 Child care items, such as diapers and baby wipes? ..................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FC19C5 Food or formula for (CHILD)? ...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>FC19C6 Anything else for (CHILD)? ..................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
ALL FATHERS:

FC20. Do you have any other biological children who are not living with you now?

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

FC20A. How many other living children do you have who don’t live with you?

|___|___| CHILDREN

FC20B. How old (are those other (NUMBER IN “C20A”)/ is that other) child(ren)?

RECORD YEARS OLD. ROUND CHILDREN UNDER 6 MONTHS AS “00” AND CHILDREN 6 MONTHS TO 1 YEAR AS “01”.

|___|___|___|___|___| AGE
(FC20B1) (FC20B2) (FC20B3) (FC20B4) (FC20B5)

(18 CITIES ONLY – 2 CITIES NOT ASKED)

FC20C. Do you have a legal obligation to pay child support for (any of those other (NUMBER IN C20A)/that other) child(ren)?

YES ........................................................................... 1 ➔ GO TO FC21C
NO ........................................................................... 2

FC21. Do you pay support for (any of those other (NUMBER IN C20A)/that other) child(ren)?

PROBE: Do not include the child(ren) you had with (MOTHER).

|___|___| How many?
(FC21I)

|___|___|_

YES ........................................................................... 1 ➔
NO ........................................................................... 2 ➔ GO TO SECTION D
(CONSTRUCTED FOR 2 CITIES)

FC21A. DOES FATHER HAVE ONLY ONE OTHER CHILD THAT DOESN'T LIVE WITH HIM?
(C20A=1)

YES, ONLY ONE................................. 1 ➔ GO TO FC21C

NO, MORE THAN ONE............................ 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

FC21B. For how many of these other (NUMBER IN C20A) children do you pay child support?

| [___] ___ | CHILDREN

FC21C. About how much child support did you give (this child/these children) in the past 12 months?

$ [___] [___][___] [___] ➔ GO TO FC22

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

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

FC21C1. I just need to have a range. Can you tell me if it was . . .

Less than $500, .................................... 1
$500 to $1,000, .................................... 2
$1,001 to $2,000, .................................. 3
$2,001 to $3,000, .................................. 4
$3,001 to $4,000, .................................. 5
$4,001 to $5,000, .................................. 6
$5,001 to $10,000, or ............................. 7
More than $10,000? ............................. 8
$1,001 to $5,000 ................................. 203 (2 CITIES ONLY)

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

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

FC22. (Not including mother) to how many women do you pay child support?

| [___] [___] | WOMEN
SECTION D: FATHER’S RELATIONSHIP WITH MOTHER (FOR FATHERS WHO ARE OR WERE IN A RELATIONSHIP)

D1. WERE PARENTS IN ANY KIND OF RELATIONSHIP AT BASELINE OR AT FOLLOW-UP? 
(A5=1-4 OR A6=1-4)

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

(CONSTRUCTED FOR 2 CITIES)

D1A. DOES MOTHER HAVE ANY CONTACT WITH CHILD? 
(A4A=1, OR A6A=1 or 2, OR C2=1)

YES ..................................................................  1
NO .................................................................... 2 ➔ GO TO D3

(2 CITIES ONLY)

FX2D1. Since (CHILD) was born, would you say your relationship with (MOTHER) has gotten better, worse, or stayed the same?

BETTER ............................................................. 1
WORSE .............................................................. 2
SAME ................................................................. 3
NEVER IN RELATIONSHIP ................................. -10 ➔ GO TO D7
FOR FATHERS WITH PRIMARY (SOLE) CUSTODY OF CHILD:

(18 CITIES ONLY – 2 CITIES NOT ASKED)

D2. The following questions are about how parents work together in raising a child. Please tell me how often the following statements are true for you and (MOTHER).

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

<table>
<thead>
<tr>
<th>ALWAYS TRUE</th>
<th>SOMETIMES TRUE</th>
<th>RARELY TRUE</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D2A. When (MOTHER) is with (CHILD), she acts like the mother you want for (CHILD) ........................................ 1 2 3 4

D2B. You can trust (MOTHER) to take good care of (CHILD) ........................................ 1 2 3 4

D2C. She respects the schedules and rules you make for (CHILD) ........................................ 1 2 3 4

D2D. She supports you in the way you want to raise (CHILD) ........................................ 1 2 3 4

D2E. You and (MOTHER) talk about problems that come up with raising (CHILD) ............... 1 2 3 4

(18 CITIES ONLY – 2 CITIES NOT ASKED)

D3. Now I’d like to ask you some questions about your relationship with (MOTHER). In general, would you say that your relationship with her is excellent, very good, good, fair, or poor?

EXCELLENT ..................................................... 1

VERY GOOD .................................................... 2

GOOD ............................................................... 3

FAIR ................................................................. 4

POOR ............................................................... 5

NEVER IN RELATIONSHIP .............................. -10 ➔ GO TO SECTION E
D3A. No matter how well parents get along, they sometimes have arguments. How often do you and [MOTHER] argue about things that are important to you? Would you say . . .

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

D4. ARE PARENTS CURRENTLY MARRIED OR ROMANTICALLY INVOLVED?
(A6=1 OR 2)

YES ........................................................................ 1
NO ........................................................................... 2  ➔ GO TO D6
FOR PARENTS WHO ARE MARRIED OR ROMANTICALLY INVOLVED:

(D5H, D5I 18 CITIES ONLY – 2 CITIES NOT ASKED)

D5. Now, think about how (MOTHER) behaves towards you. For each statement I read, please tell me how often she behaves this way.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5A.</td>
<td>She is fair and willing to compromise when you have a disagreement............</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5B.</td>
<td>She expresses affection or love for you............................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5C.</td>
<td>She insults or criticizes you or your ideas......................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5D.</td>
<td>She encourages or helps you to do things that are important to you...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5E.</td>
<td>She tries to keep you from seeing or talking with your friends or family........</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5F.</td>
<td>She tries to prevent you from going to work or school................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5G.</td>
<td>She withholds money, makes you ask for money, or takes your money................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5H.</td>
<td>She listens to you when you need someone to talk to................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D5I.</td>
<td>She really understands your hurts and joys.........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

GO TO SECTION E
D6. WERE PARENTS MARRIED OR ROMANTICALLY INVOLVED WHEN CHILD WAS BORN?  
(A5=1 OR 2)  
YES ........................................................................ 1  
NO ......................................................................... 2 ➔ GO TO SECTION E

FOR PARENTS WHO ARE NO LONGER TOGETHER:  

(D7H, D7I 18 CITIES ONLY – 2 CITIES NOT ASKED)

D7. Now, think about how (MOTHER) behaved towards you during the last month of your relationship. For each statement I read, please tell me how often she behaved this way.

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

<table>
<thead>
<tr>
<th></th>
<th>OFTEN</th>
<th>SOMETIMES</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7A. She was fair and willing to compromise when you had a disagreement</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7B. She expressed affection or love for you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7C. She insulted or criticized you or your ideas</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7D. She encouraged or helped you to do things that were important to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7E. She tried to keep you from seeing or talking with your friends or family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7F. She tried to prevent you from going to work or school</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7G. She withheld money, made you ask for money, or took your money</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7H. She listened to you when you needed someone to talk to</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D7I. She really understood your hurts and joys</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
SECTION E: CURRENT PARTNER

E1. ARE MOTHER AND FATHER CURRENTLY LIVING TOGETHER?  
(A6A = 1 OR 2)  
YES, LIVING TOGETHER............................... 1 \(\Rightarrow\) GO TO SECTION F  
SOMETIMES LIVING TOGETHER .................. 2  
NO .................................................................. 0

E2. Are you currently involved in a romantic relationship with someone other than (MOTHER)?  
YES ............................................................. 1  
NO ............................................................... 2 \(\Rightarrow\) GO TO SECTION F  
REFUSED ................................................... -1 \(\Rightarrow\) GO TO SECTION F

E2A. Please tell me your partner’s first name or initials.  
NAME OR INITIALS: ____________________________

E2A1. CODE WITHOUT ASKING: PARTNER IS . . .  
MALE .................................................................. 1  
FEMALE ............................................................ 2  
(CONSTRUCTED FOR 2 CITIES)

E2A2. ARE MOTHER AND FATHER MARRIED?  
(A6=1)  
YES ............................................................. 1 \(\Rightarrow\) GO TO E2C  
NO .................................................................. 2
E2B. Are you married to (CURRENT PARTNER)?

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

E2C. Do you and (CURRENT PARTNER) live together most of the time?

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

E2D. DOES CHILD LIVE AWAY FROM FATHER?

(A3=4)

YES ........................................................................................................ 1 ➔ GO TO SECTION F
NO ........................................................................................................ 2
E3. Now I would like to ask you some questions about things (CURRENT PARTNER) does with (CHILD).

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

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

**RECORD “NEVER” AS “0”**.

*(E3A-E3B, E3D, E3F-E3G, E3I-E3J 18 CITIES ONLY – 2 CITIES NOT ASKED)*

<table>
<thead>
<tr>
<th>DAYS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E3A.</strong> Play games like &quot;peek-a-boo&quot; or &quot;gotcha&quot; with (CHILD)..................</td>
</tr>
<tr>
<td><strong>E3B.</strong> Sing songs or nursery rhymes to (him/her)................</td>
</tr>
<tr>
<td><strong>E3C.</strong> Read stories to (CHILD)..........................</td>
</tr>
<tr>
<td><strong>E3D.</strong> Tell stories to (him/her)..............................</td>
</tr>
<tr>
<td><strong>E3E.</strong> Play inside with toys such as blocks or legos with (him/her)...............</td>
</tr>
<tr>
<td><strong>E3F.</strong> Take (CHILD) to visit relatives......................</td>
</tr>
<tr>
<td><strong>E3G.</strong> Change (his/her) diaper............................</td>
</tr>
<tr>
<td><strong>E3H.</strong> Feed or give a bottle to (him/her).........................</td>
</tr>
<tr>
<td><strong>E3I.</strong> Hug or show physical affection to (CHILD)...........</td>
</tr>
<tr>
<td><strong>E3J.</strong> Put (CHILD) to bed..................................</td>
</tr>
</tbody>
</table>
E4. Sometimes children behave pretty well and sometimes they don’t. In the past month, has (CURRENT PARTNER) spanked (CHILD) because (he/she) was misbehaving or acting up?

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

E4A. Did (CURRENT PARTNER) do this . . .

Every day or nearly every day, ..................... 1
A few times a week,................................. 2
A few times this past month,..................... 3
Only once or twice, or......................... 4
Not at all? .................................................... 0
**SECTION F: DEMOGRAPHICS**

F0. ARE MOTHER AND FATHER CURRENTLY LIVING TOGETHER? (A6A=1)

<table>
<thead>
<tr>
<th>YES</th>
<th>[ \rightarrow \text{GO TO WORD ASSOCIATIONS} ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>[ \rightarrow \text{GO TO WORD ASSOCIATIONS} ]</td>
</tr>
</tbody>
</table>

F1. Not including yourself, how many people are currently living with you? Please include people who sleep in your home most nights. (If you sometimes do not live with (MOTHER), please answer for your other home.)

<table>
<thead>
<tr>
<th>PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONDENT LIVES ALONE</td>
</tr>
<tr>
<td>RESPONDENT LIVES IN JAIL, SHELTER, ON THE STREET</td>
</tr>
</tbody>
</table>

**HOUSEHOLD GRID INSTRUCTIONS**

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

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

PUT THE NAMES IN COLUMN “NAME” IN THE GRID.
Please start by giving me the first name of the oldest person currently living in your household. Please do not include yourself.

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

What is the name of the next oldest person who usually lives here. CONTINUE UNTIL YOU HAVE FINISHED COLLECTING ALL NAMES.

IF NECESSARY, RECONCILE NUMBER OF PEOPLE IN HOUSEHOLD IN F1 WITH NUMBER OF PEOPLE LISTED: You told me there are (NUMBER) of people listed in the household, and you have given me (NUMBER) names. Please tell me which I should correct.

ASK F2B-F2E FOR EACH PERSON LISTED IN COLUMN “A”.
F2B. **CODE WITHOUT ASKING IF OBVIOUS:** Is (PERSON) male or female?

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

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

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

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

F2E. **IF PERSON IS 16 OR OLDER, ASK:** Is (PERSON) currently working?
<table>
<thead>
<tr>
<th>F2B. GENDER</th>
<th>F2C. AGE</th>
<th>F2D. RELATIONSHIP</th>
<th>F2E. EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>What is (his/her) relationship to you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SPOUSE...............1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PARTNER/(BOY/GIRLFRIEND) 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PARENT ..................3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PARENT IN-LAW...........4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BIO/ADOPTED CHILD .......5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STEPCHILD..............6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FOSTER CHILD...........7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SIBLING (BROTHER/SISTER)...8</td>
<td>IF AGE=16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GRANDPARENT...........9</td>
<td>OR OLDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AUNT/UNCLE.........10</td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td>FEMALE</td>
<td>AGE OR CODE</td>
<td>VERBATIM:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>1 2</td>
<td>YRS</td>
</tr>
<tr>
<td>1 2</td>
<td></td>
<td></td>
<td>1 2</td>
</tr>
</tbody>
</table>
Next, I have a few questions about your parents, your background, and the help you can get from other people.

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

_____________________________ COUNTRY/TERRITORY

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

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

_____________________________ COUNTRY/TERRITORY

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

(2 CITIES ONLY)
FX2G1. Which of your biological parents were born in the United States? Was it your . . .

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

YES ............................................................. 1 ➔ GO TO G1E  

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

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

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

G2. What is the highest grade of school that your biological mother completed?

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

GRADUATE OR PROFESSIONAL SCHOOL ................................... 11  
SOME COLLEGE ............................................... 12  
DON'T KNOW ............................................. -2  

GRADE COMPLETED:

| | |

(G2C)
**Fragile Families One-Year Father Restricted Questionnaire**

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

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

GRADE COMPLETED:

(G3C)

(CONSTRUCTED FOR 2 CITIES)

**G4.** WAS FATHER INTERVIEWED AT BASELINE?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ..................</td>
<td>1</td>
</tr>
<tr>
<td>NO ....................</td>
<td>2</td>
</tr>
</tbody>
</table>
(18 CITIES ONLY – 2 CITIES NOT ASKED)
G5. Which of the following best describes your race?

White ........................................................... 1  
Black, African American ................................. 2  
Asian, Pacific Islander .................................... 3 
Native American or Alaska Native .................. 4 
Other (NOT SPECIFIED) ................................ 5 

HISPANIC ................................................... 101 
DON’T KNOW ............................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
G5A. Are you of Hispanic or Latino origin or decent?

YES ............................................................. 1  
NO .............................................................. 2  → GO TO G6  
DON’T KNOW ............................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
G5B. Are you Mexican, Puerto Rican, Cuban or Other Hispanic?

MEXICAN, MEXICAN-AMERICAN ............ 1  
PUERTO RICAN ......................................... 2  
CUBAN ......................................................... 3  
OTH. HISPANIC/LATINO (NOT SPECIFIED) ...4  

CENTRAL AMERICAN/CARIBBEAN .......... 101  
SOUTH AMERICAN ................................. 102  
SPAIN/OTHER EUROPEAN COUNTRY .... 103  
DON’T KNOW ............................................. -2
G6. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements about your background.

G6A. I feel an attachment towards my own racial or ethnic heritage. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>SomeWHAT Agree</th>
<th>SomeWHAT Disagree</th>
<th>STRONGLY Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G6B. I participate in cultural practices of my own group, such as special food, music, or customs. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>SomeWHAT Agree</th>
<th>SomeWHAT Disagree</th>
<th>STRONGLY Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G6C. How often do you go to religious services? Is it . . .

<table>
<thead>
<tr>
<th>More than once a week</th>
<th>About once a week</th>
<th>A few times a month</th>
<th>A few times a year</th>
<th>Less often than that</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

About once a week . . .

201 (2 CITIES ONLY)

A few times a month . . .

202 (2 CITIES ONLY)

A few times a year . . .

203 (2 CITIES ONLY)

Less often than that . . .

204 (2 CITIES ONLY)

Never . . .

205 (2 CITIES ONLY)
G7. Since (CHILD) was born, have you received any financial help or money from anyone other than (MOTHER)? Please include your relatives and friends, and her relatives and friends, but, don’t include help from any government or private agency.

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

NO ........................................................................... 2 ➔ GO TO G8

G7A. Who gave you financial help or money?

PROBE: Anyone else?

CIRCLE ALL THAT APPLY

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

CHURCH/RELIGIOUS GROUP ................. 101
EMPLOYER ............................................. 102
GODPARENT .......................................... 103
OTHER .................................................... 106

G7B. About how much financial help or money were you given since (CHILD) was born?

$ | | | | | | | | | | | | | | | | | ➔ GO TO G8

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

REFUSED .................................................. -1
G7C. I just need to know a range. Can you tell me if it was . . .

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

G8 Next, I want to ask you about help you could get during this next year if you needed it.

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

G8A. Loan you $200?

YES ............................................................. 1
NO .............................................................. 2  ➔ GO TO G8B

G8A1. What about $1,000?

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

G8B. (Is there someone you could count on to) provide you with a place to live?

YES ............................................................. 1
NO .............................................................. 2
G8C. (Is there someone you could count on to) help you with emergency child care?

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

G8D. (Is there someone you could count on to) co-sign for a bank loan with you for $1,000?

YES ................................................................. 1
NO ................................................................. 2 \( \Rightarrow \) GO TO G9

G8D1. What about co-signing for $5,000?

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

G9. Now I’d like to ask you some questions about your biological father, and his involvement in your life while you were growing up. Would you say he was . . .

Very involved, .............................................. 1 \( \Rightarrow \) GO TO G12A
Somewhat involved, or ................................ 2 \( \Rightarrow \) GO TO G10
Not at all involved? ................................. 3

G9A. Did you know your biological father when you were growing up?

YES ................................................................. 1
NO ................................................................. 2
G10. Was there another man who was like a father to you when you were growing up?

YES ................................................................. 1
NO ........................................................................ 2 ➔ GO TO G11A

G10A. Who was this person?

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

CIRCLE ONE
ADOPTIVE FATHER................................. 1
STEPFATHER.............................................. 2
FOSTER FATHER......................................... 3
MOTHER’S PARTNER ............................... 4
UNCLE ....................................................... 5
GRANDFATHER ........................................ 6
BROTHER (INCLUDE STEP AND HALF BROTHERS) ....................... 7
Cousin ......................................................... 8
MINISTER/CLERGY MEMBER ............... 9
TEACHER .................................................... 10
NEIGHBOR .................................................. 11
OTHER (NOT SPECIFIED) ....................... 0

G11A. DID RESPONDENT KNOW HIS BIOLOGICAL FATHER?
(G9=1 OR 2, OR G9A=1)

YES ..................................................................... 1 ➔ GO TO G12A
NO ..................................................................... 2 ➔ GO TO G11B
G11B. DID RESPONDENT HAVE A FATHER-Figure? (G10=1)

YES ................................................................. 1  ➔ GO TO G12B
NO ................................................................. 2  ➔ GO TO G12C

G12A. How well do you get along with your father now? Would you say you get along with him . . .

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

GO TO G12C

G12B. How well do you get along with him now? Would you say you get along with him . . .

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)

G12C. How well do you get along with your mother? Would you say you get along with her . . .

Very well, ..................................................... 1
Pretty well, or ............................................... 2
Not very well? .............................................. 3
DECEASED .................................................. -10
G12D. ARE RESPONDENT’S PARENTS BOTH DECEASED OR UNKNOWN? 
(G12A=-10 AND G12C=-10) OR (G12C=-10 AND G9A=0 AND G10=0) 

YES ................................................................. 1  ➔ GO TO G14 
NO ................................................................. 2 

G13. How well does (MOTHER) get along with your parents? Would you say she gets along with them . . . 

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

Very well, ..................................................... 1 
Pretty well, or ............................................... 2 
Not very well? ............................................... 3 
GETS ALONG WITH ONE PARENT, BUT NOT THE OTHER ................. -14 
SHE NEVER MET THEM .................................... -11 

G14. How well do you get along with (MOTHER’s) parents? Would you say you get along with them . . . 

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

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

(CONSTRUCTED FOR 2 CITIES) 

G14A. ARE RESPONDENT’S PARENTS BOTH DECEASED? 
(G12D=1) 

YES ................................................................. 1  ➔ GO TO G15A 
NO ................................................................. 2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
G15. How often does (CHILD) see your parents? Would you say . . .

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

Once a week or more, ................................. 1
A few times a month, ............................... 2
A few times a year, ................................. 3
Less often than that, or ............................ 4
Never? ......................................................... 5
NOT APPLICABLE, BOTH PARENTS
DECEASED................................................. -10

(CONSTRUCTED FOR 2 CITIES)
G15A. ARE MOTHER’S PARENTS BOTH DECEASED? (G14=-10)

YES ............................................................. 1 \rightarrow GO TO H1
NO................................................................. 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
G16. How often does (CHILD) see (MOTHER's) parents? Would you say . . .

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

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

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

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

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

H1A. How many times?

   [   ] | MOVES

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

   CIRCLE ONE

   Rent your own apartment or house, ........ 1 ➔ GO TO H4
   Live with family or friends and contribute part of the rent, .................................................. 2 ➔ GO TO H4
   Live with family or friends and not pay rent, ................................................................. 3 ➔ GO TO H5
   Own your own home,............................... 4 ➔ GO TO H3
   Live in a house or condo owned by another family member, .................. 5 ➔ GO TO H3
   Live in temporary housing or a group shelter, or ......................................................... 6 ➔ GO TO H7
   Do you live in some other housing arrangement? (NOT SPECIFIED) ............ 7 ➔ GO TO H7
      MOBILE HOME ........................................... 101
      MILITARY BASE OR DORM ................. 102
      MOTEL ..................................................... 103
      HALFWAY HOUSE/TREATMENT .......... 8 ➔ GO TO H7
      FACILITY.................................................... 8 ➔ GO TO H7
      JAIL ........................................................... 9 ➔ GO TO H7
      ON THE STREET, HOMELESS............ 10 ➔ GO TO H7
H3. Approximately, how much do you think (you/they) could sell this home for today?

**PROBE FOR APPROXIMATE AMOUNT.**

$ | | | | | | | |

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

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

**PROBE FOR APPROXIMATE AMOUNT.**

$ | | | | | | | |

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

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

$ | | | | | | | |

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

H3C. **DOES RESPONDENT LIVE IN A HOUSE OR CONDO OWNED BY ANOTHER FAMILY MEMBER?**

(H2=5)

YES .................................................................. 1
NO .................................................................... 2 → GO TO H7

H4. How much rent do you pay each month?

$ | | | | | | | | PER MONTH

NONE .................................................................. 0
DON’T KNOW .............................................. -2
REFUSED ................................................... -1
CODE WITHOUT ASKING IF KNOWN:

H5. Is this home in a public housing project?

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

H5A. DOES RESPONDENT LIVE WITH FAMILY OR FRIENDS, BUT PAY NO RENT?
(H2=3, OR H2=5 AND H4=0)

YES ............................................................................... 1  ➔ GO TO H7
NO ............................................................................... 2

H6. Is the federal, state, or local government helping to pay for your rent?

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

YES ............................................................................... 1
NO ............................................................................... 2
H7. My next questions are about help you may have received from some agencies and government programs.

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

H7A. An employment Office (PROBE: Include welfare office and Welfare Job placement)? ................................................... 1 2

H7B. Any Fatherhood Programs? .................................................. 1 2

H7C. What other kinds of local, state or federal agencies have helped you since (CHILD) was born? Do not include help you may have received from welfare or TANF.

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

**SPECIFY:** ________________________________

________________________________________

MEDICAL ASSISTANCE ............................... 101
COMMUNITY AGENCIES ............................... 102
DISABILITY/SSI ........................................ 103
EDUCATIONAL ASSISTANCE
FOR MOTHER/CHILD ................................. 104
ENERGY ASSISTANCE ................................. 105
HOUSING ASSISTANCE ............................... 106
OTHER SERVICES ..................................... 107
OTHER SERVICES – UNSPECIFIED .......... 108
WIC – FATHER’S REPORT......................... 109
NONE....................................................... n
H8. In the past 12 months, have you received income from any of the following programs?

Have you received income from (ITEM)?

H8A. **FIRST, CODE “YES” OR “NO” FOR EACH PROGRAM. THEN, FOR EACH PROGRAM CODED “YES”, ASK:**

H8B. How many months did you receive help from (PROGRAM) in the last 12 months?

H8C. Approximately how much did you receive (last month/the last month you received [BENEFIT])?

<table>
<thead>
<tr>
<th></th>
<th>H8A</th>
<th>H8B</th>
<th>H8C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>MONTHS RECEIVED</td>
</tr>
</tbody>
</table>

1. Welfare or TANF

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

2. Food Stamps

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

3. Other Assistance such as Unemployment Insurance, or Worker’s Compensation (NOT SPECIFIED)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

(CONSTRUCTED FOR 2 CITIES)

H9. **DID FATHER RECEIVE WELFARE OR TANF IN THE LAST 12 MONTHS?**

(H8A1=1)

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

NO ........................................................................... 2 ➔ GO TO H9C
(18 CITIES ONLY – 2 CITIES NOT ASKED)
H9A. Are you currently receiving welfare or TANF?

YES ............................................................. 1
NO ............................................................. 2 ➔ GO TO H9D

(18 CITIES ONLY – 2 CITIES NOT ASKED)
H9B. For how long have you been receiving welfare or TANF?

PROBE: This time.

|   |   | YEARS |   |   | MONTHS

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

GO TO H10

(18 CITIES ONLY – 2 CITIES NOT ASKED)
H9C. Have you ever received welfare or TANF?

YES ............................................................. 1
NO ............................................................. 2 ➔ GO TO H10

(18 CITIES ONLY – 2 CITIES NOT ASKED)
H9D. When did you last receive welfare or TANF

|   |   | /   |   |   |   |

MONTH    YEAR
(H9D1) (H9D1)

H10. Do you or (CHILD) receive Supplemental Security Income (SSI)?

YES ............................................................. 1
NO ............................................................. 2 ➔ GO TO H11
H10A. Who receives SSI?

RESPONDENT................................. 1
CHILD................................................. 2
BOTH RESPONDENT AND CHILD .......... 3
OTHER (NOT SPECIFIED)..................... 4

H10B. How many months did (you/CHILD/OTHER) receive help from SSI in the last 12 months?

| | | MONTHS

H10C. Approximately how much did you receive each month?

$ | | | |

H11. WAS RESPONDENT ON WELFARE/TANF IN THE LAST 12 MONTHS? (H8A1=1)

YES ............................................................. 1
NO .............................................................. 2 ➔ GO TO H14

H12. Were you required to do anything, such as work, go to school, look for a job, or be named as (CHILD’s) father in return for your welfare benefits?

YES ............................................................. 1
NO .............................................................. 2 ➔ GO TO H15
H12A. What were you required to do?

**PROBE:** Anything else?

**CIRCLE ALL THAT APPLY**

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

---

- PARTICIPATE IN WORK PROGRAM........... 102
- OTHER.......................................................... 103

H13. Were your benefits reduced or cut at any time in the past 12 months because you did not fulfill these requirements?

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

**GO TO H15**

H14. Was there ever a time in the past 12 months that you thought you might be eligible for welfare?

**NYC**

- YES ............................................................. 1
- NO ............................................................... 2 ➔ **GO TO H15**
(18 CITIES ONLY – 2 CITIES NOT ASKED)
H14A. Did you apply for welfare in the past 12 months?

YES, APPLIED ............................................ 1
NO, DID NOT APPLY (OR DID
NOT FINISH).............................................. 2 ➔ GO TO H15

(2 CITIES ONLY)
FX2H14A. Did you ever apply for welfare?

YES, APPLIED ............................................ 1
NO, DID NOT APPLY (OR DID
NOT FINISH).............................................. 2 ➔ GO TO H15

H14C. What happened with the application? Was it turned down, did you get the
benefits, or are you still waiting to hear?

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

H15. HAS RESPONDENT RECEIVED FOOD STAMPS IN THE PAST 12
MONTHS? (H8A2=1)

YES ............................................................. 1 ➔ GO TO H16C
NO ............................................................ 2

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

YES ............................................................. 1
NO ............................................................ 2 ➔ GO TO H16C
(18 CITIES ONLY – 2 CITIES NOT ASKED)
H16A. Did you apply for food stamps in the past 12 months?

YES, APPLIED ............................................ 1
NO, DID NOT APPLY (OR DID NOT FINISH) ............................................... 2 ➔ GO TO H16C

(2 CITIES ONLY)
FX2H16A. Did you ever apply for food stamps?

YES, APPLIED ............................................ 1
NO, DID NOT APPLY (OR DID NOT FINISH) ............................................... 2 ➔ GO TO H16C

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

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

H16C. Did you fill out a federal tax return for (PREVIOUS FULL YEAR)?

GUP

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO H16D
NOT YET, BUT WILL ........................................ 3 ➔ GO TO H16D
H16C1. As part of filling out your federal tax return for (YEAR), did you fill out a special form to claim the Earned Income Credit, called Schedule EIC (Qualifying Child Information)?

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

- Yes ............................................................. 1
- No ............................................................... 2
- Don’t know ............................................. -2

H16D. **Are father and mother married or living together?** (A6=1 OR A6A=1)

- Yes ....................................................................... 1 ➔ Go to H18
- No ....................................................................... 2
H17. We are also interested in some of the problems that families face making ends meet. In the past 12 months, did you do any of the following because there wasn’t enough money?

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>H17A.</td>
<td>In the past 12 months, did you receive free food or meals?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17B.</td>
<td>(In the past 12 months), did your (child/children) go hungry?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17C.</td>
<td>(In the past 12 months), did you go hungry?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17D.</td>
<td>(In the past 12 months), did you not pay the full amount of rent or mortgage payments?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17E.</td>
<td>(In the past 12 months), were you evicted from your home or apartment for not paying the rent or mortgage?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17F.</td>
<td>(In the past 12 months), did you not pay the full amount of a gas, oil or electricity bill?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17G.</td>
<td>(In the past 12 months), was service turned off by the gas or electric company, or did the oil company not deliver oil?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17H.</td>
<td>(In the past 12 months), was service disconnected by the telephone company because payments were not made?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17I.</td>
<td>(In the past 12 months), did you borrow money from friends or family to help pay bills?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17J.</td>
<td>(In the past 12 months), did you move in with other people even for a little while because of financial problems?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17K.</td>
<td>(In the past 12 months), did you stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night?</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>H17L.</td>
<td>(In the past 12 months), was there anyone in your household who needed to see a doctor or go to the hospital but couldn’t go because of the cost?</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
My next questions are about some other experiences you may have had in your life.

H18. Not counting minor traffic violations, have you ever been stopped by the police, but not picked up or arrested?

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

H19. Not counting minor traffic violations, have you ever been booked or charged with breaking a law, either by the police or by someone connected with the courts?

PROBE: Include juvenile offenses.

YES ............................................................. 1
NO ............................................................... 2 ➤ GO TO SECTION J

H20. Do you have any charges pending against you?

YES ............................................................. 1
NO ............................................................... 2 ➤ GO TO FH21

FH20A. How many charges do you have pending?

|     | CHARGES PENDING
FH20B. What charges do you have pending?

(H20B17, H20B18 18 CITIES ONLY – 2 CITIES NOT ASKED)

<table>
<thead>
<tr>
<th>_charge_description</th>
<th><em>circled</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault (An attack on a person with a weapon or hands, e.g., battery, rape,</td>
<td>1</td>
</tr>
<tr>
<td>aggravated assault, manslaughter)</td>
<td></td>
</tr>
<tr>
<td>Robbery (Taking something from someone using a weapon or force, e.g., robbery,</td>
<td>2</td>
</tr>
<tr>
<td>mugging, &quot;hold ups&quot;)</td>
<td></td>
</tr>
<tr>
<td>Theft (Taking something without the use of force, e.g., burglary, larceny,</td>
<td>3</td>
</tr>
<tr>
<td>shoplifting, theft not coded elsewhere)</td>
<td></td>
</tr>
<tr>
<td>Theft by deception (Forgery, fraud, embezzlement, bad checks)</td>
<td>4</td>
</tr>
<tr>
<td>Crime related to stolen property (Fencing, receiving, possessing, or selling</td>
<td>5</td>
</tr>
<tr>
<td>stolen property)</td>
<td></td>
</tr>
<tr>
<td>Destruction of property (Vandalism, arson, malicious destruction, etc.)</td>
<td>6</td>
</tr>
<tr>
<td>Other property offense (Trespass, breaking and entering [other than burglary])</td>
<td>7</td>
</tr>
<tr>
<td>Gambling (Running numbers, bookmaking, other participation in illegal gambling</td>
<td>8</td>
</tr>
<tr>
<td>activities)</td>
<td></td>
</tr>
<tr>
<td>Possession or use of marijuana or hashish</td>
<td>10</td>
</tr>
<tr>
<td>Sale of marijuana or hashish</td>
<td>11</td>
</tr>
<tr>
<td>Possession of other illicit drugs</td>
<td>12</td>
</tr>
<tr>
<td>Sale or manufacture of other illicit drugs</td>
<td>13</td>
</tr>
<tr>
<td>Major traffic offense (Driving under the influence of alcohol or other drug [DWI],</td>
<td>14</td>
</tr>
<tr>
<td>reckless driving, driving without a license)</td>
<td></td>
</tr>
<tr>
<td>Underage drinking or purchasing alcohol</td>
<td>15</td>
</tr>
<tr>
<td>Status offense (Other offense which would not be illegal if the respondent were an</td>
<td>16</td>
</tr>
<tr>
<td>adult, e.g., run away from home, truancy, curfew violation, incorrigibility or</td>
<td></td>
</tr>
<tr>
<td>person in need of supervision)</td>
<td></td>
</tr>
<tr>
<td>Non payment of child support</td>
<td>17</td>
</tr>
<tr>
<td>Parole or probation violation</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
</tr>
<tr>
<td>Possession of a weapon</td>
<td>101</td>
</tr>
<tr>
<td>Minor infraction</td>
<td>102</td>
</tr>
<tr>
<td>Arrest-related infraction</td>
<td>103</td>
</tr>
<tr>
<td>Other</td>
<td>104</td>
</tr>
<tr>
<td>Other drug infraction</td>
<td>105</td>
</tr>
<tr>
<td>Don't know</td>
<td>-2</td>
</tr>
<tr>
<td>Refused</td>
<td>-1</td>
</tr>
</tbody>
</table>
FH21. And, have you ever been convicted of any charges?

**PROBE:** Not counting minor traffic violations.

YES ............................................................... 1
NO ............................................................... 2 ➔ GO TO H27

FH21A. How many times have you been convicted of something?

|   | TIMES
|---|---

FH21B. How old were you (the first time/when) this happened?

|   | YEARS OLD
|---|---

FH21C. When was your (most recent) conviction?

|   | YEAR
|---|---
|   | (FH21C2)
**FH21D.** Please tell me the charges you were convicted of.

(H21D17, H21D18 18 CITIES ONLY – 2 CITIES NOT ASKED)

<table>
<thead>
<tr>
<th>Charge</th>
<th>CIRCLE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSAULT (An attack on a person with a weapon or hands, e.g., battery, rape, aggravated assault, manslaughter)</td>
<td>1</td>
</tr>
<tr>
<td>ROBBERY (Taking something from someone using a weapon or force, e.g., robbery, mugging, &quot;hold ups&quot;)</td>
<td>2</td>
</tr>
<tr>
<td>THEFT (Taking something without the use of force, e.g., burglary, larceny, shoplifting, theft not coded elsewhere)</td>
<td>3</td>
</tr>
<tr>
<td>THEFT BY DECEPTION (Forgery, fraud, embezzlement, bad checks)</td>
<td>4</td>
</tr>
<tr>
<td>CRIME RELATED TO STOLEN PROPERTY (Fencing, receiving, possessing, or selling stolen property)</td>
<td>5</td>
</tr>
<tr>
<td>DESTRUCTION OF PROPERTY (Vandalism, arson, malicious destruction, etc.)</td>
<td>6</td>
</tr>
<tr>
<td>OTHER PROPERTY OFFENSE (Trespass, breaking and entering [other than burglary])</td>
<td>7</td>
</tr>
<tr>
<td>GAMBLING (Running numbers, bookmaking, other participation in illegal gambling activities)</td>
<td>8</td>
</tr>
<tr>
<td>COMMERCIAL VICE (prostitution, pimping, etc.)</td>
<td>9</td>
</tr>
<tr>
<td>POSSESSION OR USE OF MARIJUANA OR HASHISH</td>
<td>10</td>
</tr>
<tr>
<td>SALE OF MARIJUANA OR HASHISH</td>
<td>11</td>
</tr>
<tr>
<td>POSSESSION OF OTHER ILLICIT DRUGS</td>
<td>12</td>
</tr>
<tr>
<td>SALE OR MANUFACTURE OF OTHER ILLICIT DRUGS</td>
<td>13</td>
</tr>
<tr>
<td>MAJOR TRAFFIC OFFENSE (Driving under the influence of alcohol or other drug [DWI], reckless driving, driving without a license)</td>
<td>14</td>
</tr>
<tr>
<td>UNDER AGE DRINKING OR PURCHASING ALCOHOL</td>
<td>15</td>
</tr>
<tr>
<td>STATUS OFFENSE (Other offense which would not be illegal if the respondent were an adult, e.g., run away from home, truancy, curfew violation, incorrigibility or person in need of supervision)</td>
<td>16</td>
</tr>
<tr>
<td>NON PAYMENT OF CHILD SUPPORT</td>
<td>17</td>
</tr>
<tr>
<td>PAROLE OR PROBATION VIOLATION</td>
<td>18</td>
</tr>
<tr>
<td>OTHER</td>
<td>19</td>
</tr>
<tr>
<td>POSSESSION OF A WEAPON</td>
<td>101</td>
</tr>
<tr>
<td>MINOR INFRACTION</td>
<td>102</td>
</tr>
<tr>
<td>ARREST-RELATED INFRACTION</td>
<td>103</td>
</tr>
<tr>
<td>OTHER</td>
<td>104</td>
</tr>
<tr>
<td>OTHER DRUG INFRACTION</td>
<td>105</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-1</td>
</tr>
</tbody>
</table>
FH22. Have you ever spent time in a correctional institution, like a county jail, a state or federal prison, or a youth correctional institution like a training school or reform school?

- YES, JAIL .................................................... 1
- HOUSE ARREST ........................................ 3
- NO .................................................................. 2  ➔ GO TO H27

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

FH22A. Altogether, how many times were you incarcerated or sent to a correctional institute?

|   | TIMES

FH23. Was any of this time spent in a youth correctional institution like a training school or reform school? Include boot camps that are set up for youth offenders.

- YES, JAIL .................................................... 1
- HOUSE ARREST ........................................ 3
- NO .................................................................. 2  ➔ GO TO FH24

FH23A. Altogether, how much time did you serve?

**NOTE: IF ANSWER IS GIVEN IN YEARS, CONVERT TO MONTHS**

|   | MONTHS

FH24. Did you spend any time in an adult correctional institution like a county, state or federal jail or prison?

- YES, JAIL .................................................... 1
- HOUSE ARREST ........................................ 3
- NO .................................................................. 2  ➔ GO TO H25
FH24A. Altogether, how much time did you serve?

**NOTE: IF ANSWER IS GIVEN IN YEARS, CONVERT TO MONTHS.**

|   | MONTHS

FH25. How old were you (the first time/when) you were incarcerated?

|   | YEARS OLD

H25A. In what month and year were you (most recently) incarcerated?

|   | YEAR

(H25A2)

H26. When were you released (the most recent time)?

|   | YEAR

(H26B)

STILL IN PRISON........................................... -12

H27. Were you ever required to perform community service or have you ever been on probation?

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

NO ............................................................... 2
SECTION J: HEALTH AND HEALTH BEHAVIOR

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

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

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

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

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

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

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

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

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

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

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

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

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

PROBE: Any others?

CIRCLE ALL THAT APPLY

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

RELATIVE’S EMPLOYER ............................ 101
GOVERNMENT AGENCY ............................. 102
CHILD’S FATHER ................................. 103
OTHER .................................................... 104

J5. In the past month, did you smoke cigarettes?

YES ............................................................. 1
NO ..................................................................... 2 ➔ GO TO J6
J5A. How many packs per day do you usually smoke?

**NOTE: 20 CIGARETTES EQUALS ONE PACK.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half a pack a day or less</td>
<td>1</td>
</tr>
<tr>
<td>About a pack</td>
<td>2</td>
</tr>
<tr>
<td>A pack and a half</td>
<td>3</td>
</tr>
<tr>
<td>About 2 packs</td>
<td>4</td>
</tr>
<tr>
<td>More than two packs</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

J7A. In the past month, how often did you smoke marijuana or pot? Was it . . .

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>1</td>
</tr>
<tr>
<td>Almost every day</td>
<td>2</td>
</tr>
<tr>
<td>A few times in the past month</td>
<td>3</td>
</tr>
<tr>
<td>Or less often than that</td>
<td>4</td>
</tr>
</tbody>
</table>
J8. In the past month, did you use cocaine, crack, speed, LSD, or heroin or any other kind of hard drug?

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

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

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

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

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

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

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

J11. Since (CHILD) was born, have you sought help or been treated for drug or alcohol problems?

YES ............................................................. 1
NO ............................................................... 2
J12. During the past 12 months, has there ever been a time when you felt sad, blue, or depressed for two or more weeks in a row?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>GO TO J14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

NO, ON MEDICATION/ANTI-DEPRESSANTS ................................ m ➔ GO TO J14

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

<table>
<thead>
<tr>
<th>All day long</th>
<th>Most of the day</th>
<th>About half of the day</th>
<th>Less than half the day</th>
<th>GO TO J14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Every day</th>
<th>Almost every day</th>
<th>Less often</th>
<th>GO TO J14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>GO TO J14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

J13C1. WAS RESPONDENT SAD, BLUE, OR DEPRESSED FOR 2 WEEKS? (J12=1)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>GO TO J14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
J13C2. DID FEELING LAST ALL, MOST, OR HALF OF THE DAY?
(J13=1, 2, OR 3)

YES ............................................................. 1
NO ............................................................... 2  ➔ GO TO J14

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

YES ............................................................. 1  ➔ GO TO J15A
NO ............................................................... 2

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

YES ............................................................. 1
NO ............................................................... 2  ➔ GO TO J16

NO, ON MEDICATION/ ANTI-DEPRESSANTS ................................ m  ➔ GO TO J16

(18 CITIES ONLY – 2 CITIES NOT ASKED)

J14A. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last . . .

All day long, ................................................ 1
Most of the day, ........................................... 2
About half of the day, or .............................. 3
Less than half the day? ............................... 4  ➔ GO TO J16

J14B. Did you feel this way every day, almost every day, or less often during the two weeks?

EVERY DAY ................................................. 1
ALMOST EVERY DAY ................................. 2
LESS OFTEN ............................................. 3  ➔ GO TO J16
J15A. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

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

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

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

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
J15B1. About how much did (you gain/you lose/your weight change)?

| | | | POUNDS

INTERVIEWER: IF RESPONDENT OFFERS A RANGE, TAKE THE NUMBER AT THE LOWER END.

(2 CITIES ONLY)
FX2J15C. During that time did you Gain or lose 10 pounds without trying?

| Yes | No |
---|---|
1 | 2 |
J15C. Did you have more trouble falling asleep than you usually do during those two weeks?

YES ............................................................. 1  
NO ............................................................. 2  ➔ GO TO J15D

(18 CITIES ONLY – 2 CITIES NOT ASKED)  
J15C1. Did that happen every night, nearly every night or less often during those two weeks?

EVERY NIGHT ............................................ 1  
NEARLY EVERY NIGHT ......................... 2  
LESS OFTEN .............................................. 3

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

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

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

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

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

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

J15F. Did you think a lot about death--either your own, someone else’s, or death in general during those two weeks?

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

YES ............................................................. 1  
NO ............................................................. 2
J16. During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

YES  .............................................................................. 1  ➔ GO TO J16B
NO  ................................................................................. 2

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

YES  .............................................................................. 1
NO  ................................................................................. 2  ➔ GO TO J21

J16B. Is that period of time still going on?

STILL GOING ON ...................................................... 1
ENDED ......................................................................... 2  ➔ GO TO J16B2

J16B1. How many months or years has it been going on?

|   | WEEKS (18 CITIES ONLY)
OR |   | MONTHS
OR |   | YEARS

ALL MY LIFE, AS LONG
AS I CAN REMEMBER .............................................. -15

SKIP TO J17
J16B2. How many months or years did it go on before it ended?

|___| WEEKS (18 CITIES ONLY)

**OR** |___| MONTHS

**OR** |___| YEARS

ALL MY LIFE, AS LONG
AS I CAN REMEMBER ............................. -15

J17. DID WORRY LAST 6 MONTHS OR MORE?
(J16B1=6 MONTHS OR MORE, OR J16B2=6 MONTHS OR MORE)

YES, 6 MONTHS OR MORE....................... 1

NO, LESS THAN 6 MONTHS..................... 2 ➔ GO TO J21

J18A. During that/this period (was/is) your worry stronger than in other people?

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

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

J18B. (Did/Do) you worry most days?

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

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

J18C. (Did/Do) you worry about one particular thing, such as your job security or the failing health of a loved one or more than one thing?

ONE THING ................................................ 1

MORE THAN ONE THING ........................... 2
(18 CITIES ONLY – 2 CITIES NOT ASKED)
J18D. (Did/Do) you find it difficult to stop worrying?

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

J18E. (Did/Do) you have different worries on your mind at the same time?

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

J19. How often (was/is) your worry so strong that you (couldn’t/can’t) put it out of your mind no matter how hard you (tried/try)? (Was/Is) this . . .

Often, ........................................................... 1
Sometimes, .................................................. 2
Rarely, or ..................................................... 3
Never? ......................................................... 4

(18 CITIES ONLY – 2 CITIES NOT ASKED)
J19A. How often (did/do) you find it difficult to control your worry?

Often, ........................................................... 1
Sometimes, .................................................. 2
Rarely, or ..................................................... 3
Never? ......................................................... 4
J20. When you (were/are) worried or anxious, (were/are) you also . . .

(J20D, J20F 18 CITIES ONLY – 2 CITIES NOT ASKED)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>J20A. restless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20B. (Were/Are) you keyed up or on edge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20C. (Were/Are) you easily tired?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20D. (Did/Do) you have difficulty keeping your mind on what you were</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20E. (Were/Are) you more irritable than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20F. (Did/Do) you have tense, sore or aching muscles?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20G. (Did/Do) you have trouble falling asleep or staying asleep?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now I am going to read you some statements that describe how people sometimes behave. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each statement.

(18 CITIES ONLY – 2 CITIES NOT ASKED)
J21. I will often say whatever comes into my head without thinking first. Do you strongly agree, agree, disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Disagree, or</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)
J22. Often, I don’t spend enough time thinking over a situation before I act.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Disagree, or</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)
J23. I often say and do things without considering the consequences.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Disagree, or</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
</tr>
</tbody>
</table>

(18 CITIES ONLY – 2 CITIES NOT ASKED)
J24. I often get into trouble because I don’t think before I act.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Disagree, or</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
</tr>
</tbody>
</table>
J25. Many times, the plans I make don’t work out because I haven’t gone over them carefully enough in advance.

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

J26. I often make up my mind without taking the time to consider the situation from all angles.

Strongly agree, ............................................ 1
Agree, .................................................................. 2
Disagree, or ................................................. 3
Strongly disagree ......................................... 4
SECTION K: EDUCATION AND EMPLOYMENT

(CONSTRUCTED FOR 2 CITIES)

K1. WAS FATHER INTERVIEWED AT BASELINE?

YES ............................................................. 1 ➔ GO TO K2
NO ............................................................... 2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

K1A. What is the highest grade or year of regular school that you have completed?

NO FORMAL SCHOOLING ......................... 1
8TH GRADE OR LESS ............................... 2
SOME HIGH SCHOOL (GRADES 9, 10, 11 AND 12) ...................... 3
HIGH SCHOOL DIPLOMA (COMPLETED 12TH GRADE) .............. 4
G.E.D .......................................................... 5
SOME COLLEGE OR 2 YEAR DEGREE .... 6
TECHNICAL OR TRADE SCHOOL .......... 7
BACHELOR’S DEGREE ................................. 8
GRADUATE OR PROFESSIONAL SCHOOL ................. 9
OTHER TYPE OF SCHOOL (NOT SPECIFIED) .................. 10

Now I’d like to ask you a few questions about your education and employment.

K2. Are you currently attending any school or participating in any training programs or taking any classes? Please include regular high school, GED classes, vocational or trade school, Job Corps, college or other types of school as well as training programs to learn job skills.

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO K5
K3. What kind of school or program are you attending?

CIRCLE ALL THAT APPLY

REGULAR HIGH SCHOOL .......................... 1
ABE OR GED PROGRAM ......................... 2
ESL PROGRAM ........................................ 3
NURSING SCHOOL (LPN OR RN) .............. 4
BUSINESS OR SECRETARIAL SCHOOL ......... 5
PROGRAM TO IMPROVE READING .......... 6
VOCATIONAL, TECHNICAL, OR TRADE SCHOOL .......................... 7
JOB CORPS ............................................. 8
JUNIOR/COMMUNITY COLLEGE (2-YEAR) .............. 9
COLLEGE (4-YEAR) .................................. 10
OTHER TYPE OF SCHOOL (NOT SPECIFIED) ........ 11

RELIGIOUS SCHOOL ............................. 102
PARENTING/LIFE SKILLS .......................... 103
SELF ENRICHMENT ................................. 104
PROFESSIONAL TRAINING ....................... 105
OTHER ................................................. 106
POLICE/MILITARY/FIREFIGHTING ............. 107
OTHER TYPE OF TRAINING (NOT SPECIFIED) .... 12

PROGRAM TO LEARN SPECIFIC JOB SKILLS .................. 13
PROGRAM TO HELP GET A JOB ............... 14
GRADUATE/PROFESSIONAL SCHOOL .......... 15 (18 CITIES ONLY)
(CONSTRUCTED FOR 2 CITIES)
K4. WAS FATHER INTERVIEWED AT BASELINE?

YES ............................................................. 1 ➔ GO TO K5A
NO ............................................................... 2

K5. Have you completed any training programs or any years of schooling since (CHILD) was born?

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO K6
What program or schooling have you completed?

**CIRCLE ALL THAT APPLY**

<table>
<thead>
<tr>
<th>School Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGULAR HIGH SCHOOL</td>
<td>1</td>
</tr>
<tr>
<td>ABE OR GED PROGRAM</td>
<td>2</td>
</tr>
<tr>
<td>ESL PROGRAM</td>
<td>3</td>
</tr>
<tr>
<td>NURSING SCHOOL (LPN OR RN)</td>
<td>4</td>
</tr>
<tr>
<td>BUSINESS OR SECRETARIAL SCHOOL</td>
<td>5</td>
</tr>
<tr>
<td>PROGRAM TO IMPROVE READING</td>
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<tr>
<td>VOCATIONAL, TECHNICAL, OR TRADE SCHOOL</td>
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</tr>
<tr>
<td>JOB CORPS</td>
<td>8</td>
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<tr>
<td>JUNIOR/COMMUNITY COLLEGE (2-YEAR)</td>
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<tr>
<td>COLLEGE (4-YEAR)</td>
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<tr>
<td>PROFESSIONAL TRAINING</td>
<td>105</td>
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<tr>
<td>OTHER</td>
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<tr>
<td>POLICE/MILITARY/FIREFIGHTING</td>
<td>107</td>
</tr>
<tr>
<td>OTHER TYPE OF TRAINING (NOT SPECIFIED)</td>
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</tr>
<tr>
<td>PROGRAM TO LEARN JOB SKILLS</td>
<td>13</td>
</tr>
<tr>
<td>PROGRAM TO HELP GET A JOB</td>
<td>14</td>
</tr>
<tr>
<td>SOME COLLEGE</td>
<td>15</td>
</tr>
<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
<td>16</td>
</tr>
</tbody>
</table>

*(18 CITIES ONLY)*
K6. Have you ever served in the military?

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

(18 CITIES ONLY – 2 CITIES NOT ASKED)
K7. IS THE RESPONDENT AT LEAST 22 YEARS OLD?
(CHECK YEAR OF BIRTH IN A3B)

   YES ............................................................. 1
   NO ............................................................... 2  ➜ GO TO K8

(18 CITIES ONLY – 2 CITIES NOT ASKED)
K7A. Think about the year following your 20th birthday. During that year did you
   attend any school or participate in any training programs or take any
   classes? Please include regular high school, GED classes, vocational or
   trade school, Job Corps, college or other types of school as well as training
   programs to learn new skills.

   YES ............................................................. 1
   NO ............................................................... 2  ➜ GO TO K7C
<table>
<thead>
<tr>
<th>School Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular High School</td>
<td>1</td>
</tr>
<tr>
<td>ABE or GED Program</td>
<td>2</td>
</tr>
<tr>
<td>ESL Program</td>
<td>3</td>
</tr>
<tr>
<td>Nursing School (LPN or RN)</td>
<td>4</td>
</tr>
<tr>
<td>Business or Secretarial School</td>
<td>5</td>
</tr>
<tr>
<td>Program to Improve Reading</td>
<td>6</td>
</tr>
<tr>
<td>Vocational, Technical, or Trade School</td>
<td>7</td>
</tr>
<tr>
<td>Job Corps</td>
<td>8</td>
</tr>
<tr>
<td>Junior/Community College (2-Year)</td>
<td>9</td>
</tr>
<tr>
<td>College (4-Year)</td>
<td>10</td>
</tr>
<tr>
<td>Other Type of School (Not Specified)</td>
<td>11</td>
</tr>
<tr>
<td>Religious School</td>
<td>102</td>
</tr>
<tr>
<td>Parenting/Life Skills</td>
<td>103</td>
</tr>
<tr>
<td>Self Enrichment</td>
<td>104</td>
</tr>
<tr>
<td>Professional Training</td>
<td>105</td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
</tr>
<tr>
<td>Police/Military/Firefighting</td>
<td>107</td>
</tr>
<tr>
<td>Other Type of Training (Not Specified)</td>
<td>12</td>
</tr>
<tr>
<td>Program to Learn Job Skills</td>
<td>13</td>
</tr>
<tr>
<td>Program to Help Get a Job</td>
<td>14</td>
</tr>
<tr>
<td>Graduate or Professional School</td>
<td>15</td>
</tr>
</tbody>
</table>

*Note: (18 CITIES ONLY – 2 CITIES NOT ASKED)*
(18 CITIES ONLY – 2 CITIES NOT ASKED)
K7C. During the year following your 20th birthday, did you have any full-time jobs?

PROBE: Where you worked 5 days a week or 35 hours a week?

YES ............................................................................. 1
NO ............................................................................... 2 ➔ GO TO K7E

(18 CITIES ONLY – 2 CITIES NOT ASKED)
K7D. About how many months of that year did you work full-time?

|   | MONTHS
LESS THAN ONE MONTH.............................. 0
DON'T KNOW ............................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)
K7E. How many different (full-time/part-time) jobs did you have in the year following your 20th birthday?

|   | JOBS
NONE ............................................................................ 0 ➔ GO TO K8
DON'T KNOW .................................................... -2 ➔ GO TO K8
(18 CITIES ONLY – 2 CITIES NOT ASKED)

K7F. Thinking about the job where you worked the longest in the year following your 20th birthday, how much did you earn?

$ |________| , |_______| . |_______| PER

HOUR .......................................................... 1
DAY ............................................................. 2
WEEK .......................................................... 3
EVERY 2 WEEKS ........................................... 4
MONTH .......................................................... 5
YEAR ........................................................... 6
OTHER (NOT SPECIFIED) ......................... 7

6 MONTHS .................................................. 104
3 MONTHS .................................................. 107
7 MONTHS .................................................. 108
IN TOTAL .................................................... 109
DON'T KNOW ............................................. -2

K8. Now I'd like to ask you about your current work status. Last week, did you do any regular work for pay? Include any work you might have done in your own business (or military service) where you got a regular paycheck.

NOTE: IF RESPONDENT WAS ON VACATION LAST WEEK, ASK FOR THE WEEK BEFORE VACATION.

YES ............................................................. 1 ➔ GO TO K11
NO ............................................................... 2

K9. Are you currently looking for a regular job?

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO K9B
K9A. How long have you been looking for a regular job? Would you say . . .

Less than a week, ........................................ 1
More than a week, but less than a month, ......................... 2
Between a month and six months, ..................... 3
Between six months and a year, or ............. 4
More than a year? ....................................... 5

GO TO K9C

K9B. Why aren’t you looking for a regular job?

OWN BUSINESS ................................................. 1 ➔ GO TO K10
ALREADY HAVE A JOB (ON VACATION, ILL OR ON TEMPORARY LAYOFF) ....... 2 ➔ GO TO K10
IN SCHOOL OR TRAINING PROGRAM..... 3 ➔ GO TO K10
DISABLED...................................................... 4
DON’T WANT/NEED TO WORK............... 5
PERSONAL/FAMILY REASONS .......... 6
BELIEVE NO WORK AVAILABLE .......... 7
OTHER (NOT SPECIFIED) .................... 8
TRANSPORTATION ................................. 101
PROBATION/IN JAIL ................................. 102
LEGAL ISSUES ........................................... 104
DOESN’T PAY TO WORK ....................... 105
JUST FOUND A JOB ............................... 106

______________________________

CHILD CARE REASONS ....................... 9
K9C. What would the hourly wage have to be in order for you to take a job?

$ | | | | | | | | | PER HOUR

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

WOULD NOT TAKE A JOB AT ANY WAGE RIGHT NOW .............................. -10

K10. When did you last work at a regular job lasting two weeks in a row or more, for which you received a regular paycheck?

| | | | | | | | | | MONTH / | | | | | | YEAR
(K10A) (K10B)

NEVER WORKED FOR TWO CONSECUTIVE WEEKS ................................ -10

(CONSTRUCTED FOR 2 CITIES)

K11. HAS FATHER WORKED SINCE CHILD’S BIRTH?
(IS K8=1, OR K10 MORE RECENT THAN A2A)

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

NO ............................................................. 2  ➔ GO TO K13

(18 CITIES ONLY – 2 CITIES NOT ASKED)

K12. Did you take any time off from work for the birth of (CHILD)?

YES ............................................................. 1  ➔ GO TO K12B

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

DON'T KNOW .............................................. -2  ➔ GO TO K14

REFUSE .......................................................... -1  ➔ GO TO K14
(18 CITIES ONLY – 2 CITIES NOT ASKED)

K12A. Why did you choose not to take time off?

- WAS NOT EMPLOYED WHEN CHILD WAS BORN .................. 1
- WAS EMPLOYED BUT DID NOT HAVE ACCESS TO LEAVE .......... 2
- HAD ACCESS TO LEAVE BUT COULDN’T AFFORD TO TAKE IT ........ 3
- HAD ACCESS TO LEAVE BUT THOUGHT IT WOULD HURT CAREER .......... 4
- DID NOT FEEL THE NEED TO TAKE ANY LEAVE ...................... 5
- OTHER (NOT SPECIFIED) ............................................... 6
  - ON VACATION .......................................................... 101
  - INCARCERATED ......................................................... 102
  - OUT OF TOWN .......................................................... 103
  - SEPARATED FROM MOTHER ........................................ 104
  - DIDN’T KNOW ABOUT BIRTH ......................................... 105

__________________________

GO TO K14
K12B. In total, how many weeks of leave, paid or unpaid, did you take for the birth of (CHILD)?

| | WEEKS

LESS THAN 1 WEEK: 0

K12C. Some men receive pay from their jobs during the leave they take for the birth of their child, through vacation, sick pay, paternity leave, or other kinds of leave. In total, how many weeks of paid leave did you receive from your job while you were on leave for the birth of (CHILD)?

| | WEEKS

K13. HAS FATHER EVER WORKED FOR 2 WEEKS IN A ROW?

(K10 NOT EQUAL -10)

YES: 1

NO: 2 \(\Rightarrow\) GO TO K22

K14. My next few questions are about your (current/most recent) job.

How many hours (do/did) you usually work per week at (this/that) job? Include regular overtime hours.

INTERVIEWER: IF R WORKS/WORKED MORE THAN ONE JOB AT A TIME, ASK ABOUT THE ONE AT WHICH HE USUALLY WORKS/WORKED THE MOST HOURS.

| | HOURS PER WEEK

K14A. (Do/Did) you work for yourself or for someone else in this job?

SELF: 1

SOMEONE ELSE: 2
K15. What (do/did) you do at (this/that) job.

RECORD VERBATIM, BE SPECIFIC:______________________________

______________________________

______________________________

NOTE: There are too many open-ended response categories to list for K15.

K15BC. RESPONSES FROM K15, USING BROAD CATEGORIES.

PROFESSIONAL/TECHNICAL ............. 101
EXECUTIVE/ADMINISTRATION/
MANAGERIAL ................................ 102
SALES ........................................ 103
ADMINISTRATIVE SUPPORT .......... 104
PRECISION PRODUCTION/
CRAFT/REPAIR .......................... 105
MACHINE OPERATOR/
ASSEMBLY/INSPECTION ............. 106
TRANSPORTATION/
MATERIAL MOVING ..................... 107
HANDLER/
EQUIPMENT CLEANER/LABORER .... 108
SERVICE (NOT PRIVATE
HOUSEHOLD).................................... 109
UNSPECIFIED ............................ 110
MILITARY ................................. 112
K15A. About how much (do/did) you usually earn in (this/that) job, before taxes and deductions?

$ |  |  |  |  |  |  |  |  | PER

HOUR ..................................................................... 1
DAY ................................................................. 2
WEEK................................................................. 3
EVERY 2 WEEKS ............................................. 4
MONTH .................................................................. 5
YEAR..................................................................... 6
OTHER (SPECIFY) ............................................. 7

3 MONTHS ....................................................... 107

K16. (Do/Did) you sometimes work . . .

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>K16A. Evenings (6 P.M. - 11 P.M.) ......................</td>
<td>1</td>
</tr>
<tr>
<td>K16B. Nights (11 P.M. - 7 A.M.) ...........................</td>
<td>1</td>
</tr>
<tr>
<td>K16C. Weekends ..................................................</td>
<td>1</td>
</tr>
<tr>
<td>K16D. Different times each week ..........................</td>
<td>1</td>
</tr>
</tbody>
</table>

K17. HAS FATHER WORKED SINCE CHILD’S BIRTH?
(IS K8=1, OR IS K10 MORE RECENT THAN A2A)

YES ............................................................................ 1
NO .............................................................................. 2 ➔ GO TO K22
K18. Please tell me how true the following statements are.

(READ ITEM). (Is/Was) this always true, often true, sometimes true, or never true for you?

<table>
<thead>
<tr>
<th>ALWAYS TRUE</th>
<th>OFTEN</th>
<th>SOMETIMES TRUE</th>
<th>RARELY TRUE</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K18A. (cause/caused) extra stress for me and my child

K18B. Where I (work/worked), it (is/was) difficult to deal with child care problems during working hours

K18C. In my work schedule I (have/had) enough flexibility to handle family needs.

K19. Some people work more than one regular job. Was there ever a time during the last 12 months, when you worked more than one regular job at the same time?

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

NO ............................................................... 2 ➔ GO TO K21

K19A. When you were working more than one regular job at the same time, about how many hours per week did you usually work altogether?

<table>
<thead>
<tr>
<th></th>
<th>HOURS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K20. About how much did you earn from (all of) your regular job(s) in the last 12 months? Please do not count earnings from any “off-the-books” or “under-the-table” jobs.

$ |        |        |        | ➔ GO TO K21

NOTHING/DID NOT WORK
LAST 12 MONTHS ........................................... 0 ➔ GO TO K22

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

REFUSED ....................................................... -1
K20A. I just need to have a range. Can you tell me if it was . . .

- Less than $5,000, ........................................ 1
- $5,001 to $10,000, ....................................... 2
- $10,001 to $15,000, ..................................... 3
- $15,001 to $20,000, ..................................... 4
- $20,001 to $25,000, ..................................... 5
- $25,001 to $30,000, ..................................... 6
- $30,001 to $40,000, ..................................... 7
- $40,001 to $60,000, or .................................. 8
- More than $60,000? ................................. 9
- DON'T KNOW ............................................. -2
- REFUSED ................................................... -1

K21. In the last 12 months, how many weeks did you work (at all of your regular jobs/at your job)?

**PROBE:** If you worked the entire year, but had paid vacation time or sick time, you worked 52 weeks.

|   |   | NUMBER OF WEEKS |
K22. We are interested in finding out about some ways, other than regular work, in which people make money. This kind of activity may be paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else.

Please tell me if you have done any of the following in the last 12 months.

**RECORD “YES” OR “NO” IN ROW A, THEN ASK B TO F FOR EACH ACTIVITY CODED “YES”.**

<table>
<thead>
<tr>
<th>K22</th>
<th>K23</th>
<th>K24</th>
<th>K25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work off the books or under the table?</td>
<td>Work in your own business?</td>
<td>Sell or deliver drugs, engage in prostitution, or do other kinds of hustles?</td>
<td>Do anything else to earn money?</td>
</tr>
<tr>
<td>PROBE: Include under the table work in someone else’s business, or work like housecleaning, household repairs, child care, or providing transportation or some other personal service.</td>
<td>PROBE: This could include things such as doing other people’s hair, either in your home or theirs.</td>
<td>PROBE: Do not include work you already told me about.</td>
<td>SPECIFY:</td>
</tr>
<tr>
<td>PROBE: Do not include work you already told me about.</td>
<td>What type of business?</td>
<td>What kind of work?</td>
<td></td>
</tr>
<tr>
<td>A. DID ACTIVITY?</td>
<td>YES 1</td>
<td>YES 1</td>
<td>YES 1</td>
</tr>
<tr>
<td>NO 2</td>
<td>NO 2</td>
<td>NO 2</td>
<td>NO 2</td>
</tr>
</tbody>
</table>

Ask K23A, K24A, K25A if K22A = YES, respectively.

**ASK K22B.**

If NO, go to K23A.

**B.** In the last 12 months, about how many weeks did you (ACTIVITY) . . .

| C. And, during those (NUMBER FROM B) weeks, about how many hours per week did you (ACTIVITY) . . .
<p>| D. When you did this, were you paid in cash, or did you receive something else such as meals, clothing, or a place to live? |</p>
<table>
<thead>
<tr>
<th>cash received</th>
<th>received other</th>
<th>both cash and other</th>
<th>cash received</th>
<th>received other</th>
<th>both cash and other</th>
<th>cash received</th>
<th>received other</th>
<th>both cash and other</th>
</tr>
</thead>
</table>

---

Fragile Families One-Year Father Restricted Questionnaire

126 Revised: April 9, 2013
E. **MONEY:** How much did you receive in the last 12 months, for this activity?

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount Range</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
<td>-2</td>
<td>REFUSED</td>
<td>-1</td>
</tr>
</tbody>
</table>

E1) I just need to know a range. Please tell me if it was...

- Under $500, ...
- $501 to $1,000, ...
- $1,001 to $3,000, ...
- $3,001 to $5,000, ...
- $5,001 to $10,000, ...
- $10,001 to $15,000, ...
- $15,001 to $20,000, ...
- $20,001 to $25,000, ...
- $25,001 to $30,000, ...
- $30,001 to $40,000, or ...
- More than $40,000 ...
- DON'T KNOW ...
- REFUSED ...

F. **WAS OTHER TYPE OF PAYMENT RECEIVED? (K22D = 2 OR 3)?**

- YES ...
- NO ...

F1) What (else) did you get in exchange for this?

- CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEALS</td>
<td>1</td>
<td>MEALS</td>
</tr>
<tr>
<td>CLOTHING</td>
<td>2</td>
<td>CLOTHING</td>
</tr>
<tr>
<td>PLACE TO LIVE</td>
<td>3</td>
<td>PLACE TO LIVE</td>
</tr>
<tr>
<td>OTHER (NOT SPECIFIED)</td>
<td>4</td>
<td>OTHER (NOT SPECIFIED)</td>
</tr>
</tbody>
</table>

GO TO K23A | GO TO K24A | GO TO K25A | TO SECTION L
SECTION L: INCOME

L1. Now, please think of your household income from all sources. Include not just your own income, but also the income of everyone living with you. Include the money you have told me about from jobs and public assistance programs, as well as any sources we haven’t discussed such as rent, interest and dividends. What was your total household income for the last year before taxes?

$ | | | | | | | | | | | | GO TO L2

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

L1A. I just need to know a range. Can you tell me if it was . . .

Less than $5,000, .................................................. 1
$5,001 to $10,000, .................................................. 2
$10,001 to $15,000, ............................................... 3
$15,001 to $20,000, ............................................... 4
$20,001 to $25,000, ............................................... 5
$25,001 to $30,000, ............................................... 6
$30,001 to $40,000, ............................................... 7
$40,001 to $60,000, or ......................................... 8
More than $60,000? ......................................... 9
DON’T KNOW ...................................................... -2
REFUSED ........................................................... -1

L2. In the past 12 months, have you given any money to friends or relatives?

PROBE: This includes loans.

YES ................................................................. 1
NO ................................................................. 2  GO TO L3
L2A. All together, during the past 12 months, how much money did you give to friends or relatives?

$ | | | | $  

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

L3. IS FATHER LIVING WITH MOTHER OR LIVING WITH A CURRENT PARTNER?  
(A6A = 1 OR 2 OR E2C = 1)

YES ............................................................. 1
NO ............................................................... 2 ➔ GO TO L6D

L4. Do you or your (wife/partner) have a bank account?

YES ............................................................. 1
NO ............................................................... 3 ➔ GO TO L5
MULTIPLE ACCOUNTS ........................................ 2

L4A. (Is the account/Are the accounts) in your name, her name, or both?

HIS NAME ................................................... 1  
WIFE/PARTNER’S NAME ................................... 2
BOTH NAMES (JOINT ACCOUNT) ............. 3  
BOTH JOINT AND SEPARATE ACCOUNTS ........................................ 4
SEPARATE ACCOUNTS ........................................ 5

L5. Do you or your (wife/partner) have a credit card? Include major credit cards and department store credit cards but not gas credit cards.

YES ............................................................. 1  
NO ............................................................... 2 ➔ GO TO L6
L5A. Is the card in your name, her name, or both?

<table>
<thead>
<tr>
<th>Option</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIS NAME ..............................................</td>
<td>1</td>
</tr>
<tr>
<td>WIFE/PARTNER’S NAME ..................................</td>
<td>2</td>
</tr>
<tr>
<td>BOTH NAMES (JOINT ACCOUNT) ..........................</td>
<td>3</td>
</tr>
<tr>
<td>BOTH JOINT AND SEPARATE ACCOUNTS ....................</td>
<td>4</td>
</tr>
<tr>
<td>SEPARATE ACCOUNTS .....................................</td>
<td>5</td>
</tr>
</tbody>
</table>

L6. Do you or your (wife/partner) own a car, truck, or van?

<table>
<thead>
<tr>
<th>Option</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ................................................</td>
<td>1</td>
</tr>
<tr>
<td>NO ..................................................</td>
<td>2</td>
</tr>
<tr>
<td>LEASE.. .............................. ...........</td>
<td>-18</td>
</tr>
</tbody>
</table>

L6A. Can you rely on the car/truck/van to get you to school, work, or other places?

**INTERVIEWER:** IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS BEST.

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

L6B. How much do you owe on your car/truck/van?

**INTERVIEWER:** IF MORE THAN ONE CAR/TRUCK/VAN, ASK ABOUT THE ONE THAT WORKS BEST.

<table>
<thead>
<tr>
<th>Option</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTHING ...................</td>
<td>0</td>
</tr>
<tr>
<td>DON’T KNOW ................</td>
<td>-2</td>
</tr>
<tr>
<td>LEASE .....................</td>
<td>-18</td>
</tr>
</tbody>
</table>
L6C. About how much could you get if you sold your car/truck/van now?

$ | | | | | | | |

NOTHING .................................................... 0
DON'T KNOW ............................................. -2

(18 CITIES ONLY – 2 CITIES NOT ASKED)

L6D. ARE FATHER AND MOTHER CURRENTLY MARRIED OR ROMANTICALLY INVOLVED OR IS FATHER MARRIED OR ROMANTICALLY INVOLVED WITH ANOTHER PARTNER?
(A6=1 OR 2, OR E2=1, OR E2B=1)

YES .................................................................... 1
NO .................................................................. 2 ➔ GO TO L9

L7. Couples handle their money differently. Which of the following do you do?
Do you . . .

Each keep your own money separate, ....... 1
Put some of your money together but keep the rest separate, or ......................... 2
Put all your money together? .................. 3 ➔ GO TO L8B

L8. How do you and your (wife/partner) split expenses, such as food, rent, and utilities?

Do you pay all, .................................................. 1
Do you pay most, ............................................ 2
Does she pay all, .......................................... 3
Does she pay most, ...................................... 4
Do you split expenses 50/50, or ............... 5
Do you each pay for your own expenses? .................................................. 6
OTHER (NOT SPECIFIED) ......................... 7

_________________________________________
L8A. How do you and your (wife/partner) split expenses for (CHILD)?

- Do you pay all, ............................................. 1
- Do you pay most, ........................................ 2
- Does she pay all, ....................................... 3
- Does she pay most, or .................................. 4
- Do you split expenses 50/50? ....................... 5
- OTHER (NOT SPECIFIED) ............................. 6

               ___________________________________________________________________________
VARIABLES ..................................................................................................................... 101
SOMEONE ELSE PAYS .............................................. 103
OTHER PARENT NOT AROUND ......................... 104
OTHER.................................................................................................................. 106

(18 CITIES ONLY – 2 CITIES NOT ASKED)
L8B. IS FATHER LIVING WITH MOTHER OR WITH A CURRENT PARTNER?
     (A6A=1 OR 2 OR E2C=1)

- YES ......................................................................................... 1 ➔ GO TO L12
- NO .......................................................................................... 2

FOR SAMPLE MEMBERS WHO DO NOT LIVE WITH WIFE OR PARTNER:

L9. Do you have a bank account?

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

L10. Do you have a credit card? Include major credit cards and department store credit cards, but not gas credit cards.

- YES ......................................................................................... 1
- NO .......................................................................................... 2
L11. Do you own a car, truck, or van?

YES ................................................................. 1
NO ................................................................. 2 \( \Rightarrow \) GO TO L12

L11A. Can you rely on the car/truck/van to get you to school, work, or other places?

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

L11B. How much do you owe on your car/truck/van?

$ | | | | | | | 
NOTHING .................................................................. 0
DON'T KNOW ......................................................... -2

L11C. About how much could you get if you sold your car/truck/van now?

$ | | | | | | | 
NOTHING .................................................................. 0
DON'T KNOW ......................................................... -2