				Mode of Administration					
S S 42	One of the Manufacture and	Overtile and the second	Age		Age 1	A 1	<b>1</b> 2	A 2	Age 3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age Z	Age 3	Exit
	Hello. My name is from Mathematica Policy Research. May I	[SM NAME] Answers, [SM NAME] Comes To The Phone, [SM NAME] Not Available, [SM NAME] Has Moved, [SM NAME] Does Not Speak							
Screener	please speak with [SM NAME]?	English/Spanish, Person Never Heard Of [SM NAME], If Asks Question	0. 1	CATI	CATI	CATI			
	Hello. My name is from Mathematica Policy Research. I am		-, -						1
	calling to talk about (your experiences/[CHILD] and [CHILD]'s experiences)								
Screener	at [PROGRAM NAME]. Are you [SM NAME]?	Yes, no	0, 1	CATI		CATI			
	Thank you for returning our call. My name is at Mathematica Policy		-, -						1
Screener	Research. Are you [SM NAME]?	Yes, no	0, 1	CATI	CATI	CATI			
Bereener	Last spring we interviewed [SM NAME] about his/her experiences at	100, 110	0, 1	0.111	0.111	0.111			+
	[PROGRAM NAME]. Is [SM NAME] the person who is mainly in charge of	Yes Ask To Speak With SM/SM Comes To Phone, Yes Ask To Speak With	1						
Screener	[CHILD]'s care?	SM/Not Available, No SM Not In Charge	0		CATI				
Bereener	Last spring we interviewed [SM NAME] as the person mainly in charge of	Diff to tirtuidate, the birt the in Charge			0.111				+
	[CHILD]'s care. Is [SM NAME] still the person who is mainly in charge of	Yes Ask To Speak With SM/SM Comes To Phone, Yes Ask To Speak With	1						
Screener	[CHILD]'s care?	SM/Not Available, No SM No Longer In Charge	0. 1				CAPI	CAPI	
Bereener	Hello. My name is at Mathematica Policy Research. Are you [SM	SHIP TO FIVE HEADER, TO SHIP TO BONGOT IN CHARGE	0, 1				27111	CHIL	
Screener	NAME!?	Yes, no	0, 1				CAPI	CAPI	
Screener	Who is mainly in charge of [CHILD]'s care?	Gives Name/ Or Indicate Self	0, 1		CATI			CAPI	
Bereener	Hello. My name is at Mathematica Policy Research. I'd like to	Office France of Indicate Sen	0, 1		CHILI	CHILL	C/ 11 1	CHIL	
	confirm that you are the person mainly in charge of [CHILD]'s care. Are you								
Screener	that person?	Yes, no	0, 1		CATI	CATI			
SCICCICI	I would like to talk with the person mainly in charge of [CHILD]'s care. Are	105, 110	0, 1		CAII	CAII			+
Screener	you that person?	Yes, no	0. 1		CATI	CATI	CAPI	CAPI	
Sciccici	you that person:	103, 110	0, 1		CHII	CHII	C/ <b>11 1</b>	CHII	+
	Last spring we interviewed you about your experiences at [PROGRAM								
Screener	NAME]. Are you the person who is mainly in charge of [CHILD]'s care?	Yes, no	0		CATI				
Bereener	Last spring we interviewed you as the person who is mainly in charge of	103, 110	U		CHII				
	[CHILD]'s care. Are you still the person who is mainly in charge of								
Screener	[CHILD]'s care?	Yes, no	0, 1				CAPI	CAPI	
Screener	Is this a good time to talk with you?	Yes, no, hung up, if asks question	0, 1	CATI	CATI	CATI	C/ <b>11 1</b>	CHII	+
Sciccici	is this a good time to talk with you:	res, no, nung up, n asks question	0, 1	CAII	CAII	CAII			+
	Is [CHILD] still enrolled in the same child care program as since spring								
Screener	[YEAR OF INTERVIEW], or has (he/she) stopped going to that program?	Still going to same program, Stopped going to that program	0. 1				CAPI	CADI	
Sciedici	Before we get started, I would like to make sure we have your name recorded	Still going to same program, stopped going to that program	0, 1				CALL	CALL	+
Screener	correctly.	Name correct, name incorrect	0. 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	May I have the correct spelling of your name?	Verbatim	0, 1	_	CATI			CAPI	+
Screener	Do you go by any other name?	Yes, no	0, 1		CATI	CATI		CAPI	+
	Can you give me that name?	Yes, no	0, 1		CATI			CAPI	+
Screener Screener	Enter name	Verbatim	0, 1	CATI	CATI			CAPI	+
Screener	What is your birth date?	mm/dd/yyyy	0, 1	CATI	CAII	CATI	CALI	CAFI	+
	How old are you?	Verbatim	0, 1	CATI	1	CATI			+
Screener Screener	CODE IF OBVIOUS: Are you male or female?	MALE, FEMALE	0, 1	CAII		CATI			-
Screener	Are you currently pregnant?	Yes, no	0, 1	0 CATI		CAII			-
	Are you pregnant with multiples?	Yes, no		0 CATI	1				+
Screener	Are you pregnant with muniples?	Mother/female guardian, Father/male guardian, Sister, Brother, Girlfriend o		UCAII					┼
		partner of child's parent/guardian, Boyfriend or partner of child's	"						
	CODE IE KNOWN DIOLOGICAL MOTUED. What is your saleties at in the								
G	CODE IF KNOWN BIOLOGICAL MOTHER: What is your relationship to	parent/guardian, Grandmother, Grandfather, Aunt, Uncle, Cousin, Other	0 1		CATI	CATI			
Screener	[CHILD]?	relative, Other non-relative	0, 1		CATI	CATI			

				Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Perina tal	Age 1 a (follow- up)	Age 1 Age 2	Age 3	Age 3.5 Exit		
·		Birth mother, Adoptive mother, Stepmother, or Foster mother or female								
Screener	Are you [CHILD]'s	guardian?	0, 1		CATI	CATI				
Screener	Are you [CHILD]'s	Birth father, Adoptive father, Stepfather, or Foster father or male guardian?			CATI	CATI				
Screener	Are you [CHILD]'s	Full sister, Half sister, Stepsister, Adoptive sister, or Foster sister?	0, 1		CATI	CATI				
G	A COUNT DU				C A TTY	C + TT				
Screener	Are you [CHILD]'s	Full brother, Half brother, Stepbrother, Adoptive brother, or Foster brother?	0, 1		CATI	CATI				
Screener	Now, I would like to make sure we have [CHILD]'s name recorded correctly.	Name correct, name incorrect	0. 1		CATI	CATI CAPI	CADI			
Scieciei	Now, I would like to make sure we have [CITED]'s hame recorded correctly.	Ivame correct, name incorrect	0, 1		CAII	CATI CAFI	CAFI	+		
Screener	May I have the correct spelling of (your youngest child/[CHILD])'s name?	Verbatim	0. 1	CATI	CATI	CATI CAPI	CAPI			
Screener	What is [CHILD]'s birth date?	mm/dd/yyyy	0, 1		CATI	CATI	0.11.1	+		
Screener	ASK IF NOT OBVIOUS: Is [CHILD] a boy or a girl?	Girl, boy	0, 1		CATI	CATI		1		
	We have listed that you (and [CHILD]) currently live in this household. Please									
	tell me the names and ages of all the other people who normally live here.									
	Please do not include anyone staying here temporarily who usually lives									
About Household	somewhere else.	Full name	0, 1	CATI		CATI				
About Household	How old is [NAME]?	Age	0, 1	CATI		CATI CAPI				
About Household	CODE IF OBVIOUS: Is [NAME] male or female?	MALE, FEMALE	0, 1	CATI	CATI	CATI CAPI	CAPI			
A1 . TT 1 11	Have we missed anyone who usually lives here who is temporarily away from	WEG NO	0 1	CATT	CATT	CATTI CADI	CADI			
About Household	home or living in a dorm at school, or any babies or small children?	YES, NO	0, 1		CATI	CATI CAPI				
About Household About Household	Do you have a spouse or partner who lives in this household?  Who in the household is your spouse or partner?	YES, NO Name	0, 1		CATI	CATI CAPI				
About Household	At [LAST INTERVIEW DATE], you said the following people normally lived		0, 1	CAII	CAII	CATI CAFI	CAFI	+		
	in your household. As I read their names, please tell me if they are still living									
About Household	in your household.		0. 1		CATI	CAPI	CAPI			
		Mother/female guardian, Father/male guardian, Sister, Brother, Girlfriend o					-	1		
		partner of child's parent/guardian, Boyfriend or partner of child's								
		parent/guardian, Grandmother, Grandfather, Aunt, Uncle, Cousin, Other								
About Household	What is [NAME]'s relationship to (your unborn child/[CHILD])?	relative, Other non-relative	0, 1	CATI		CATI CAPI	CAPI			
		Birth mother, Adoptive mother, Stepmother, or Foster mother or female								
About Household	Is [NAME] (your unborn child/[CHILD])'s	guardian?	0, 1	CATI		CATI CAPI	CAPI			
				a : =						
About Household	Is [NAME] (your unborn child/[CHILD])'s	Birth father, Adoptive father, Stepfather, or Foster father or male guardian?		CATI		CATI CAPI				
About Household	Is [NAME] (your unborn child/[CHILD])'s	Full sister, Half sister, Stepsister, Adoptive sister, or Foster sister?	0, 1	CATI		CATI CAPI	CAPI	+		
About Household	In [NAME] (vone unborn abild/ICHH Di)'s	Evil heathan Half heathan Stanbuathan Adaptiva heathan an Eastan heathan	0 1	CATI		CATI CAPI	CADI			
About nousellolu	Is [NAME] (your unborn child/[CHILD])'s	Full brother, Half brother, Stepbrother, Adoptive brother, or Foster brother? GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN,	0, 1	CAII		CATI CAPI	CAPI	+		
		BOYFRIEND OR PARTNER OF CHILD'S PARENT GUARDIAN,								
		FEMALE GUARDIAN, MALE GUARDIAN, DAUGHTER/SON OF								
	CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE	CHILD'S PARENT'S PARTNER, OTHER RELATIVE OF CHILD'S								
About Household	DESCRIPTIVE	PARENT'S PARTNER, OTHER NON-RELATIVE	0, 1	CATI		CATI CAPI	CAPI			
	(Is/Are) (you/[MOTHER]/[FATHER]/ [SPOUSE/PARTNER]) of Spanish,							1		
About Household	Hispanic, or Latino origin?	Yes, no	0, 1	CATI		CATI				
	Which one of these best describes (your/[MOTHER]'s/[FATHER]'s/									
	[SPOUSE/PARTNER]'s) Spanish, Hispanic, or Latino origin. Would you say	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or another								
About Household		Spanish/Hispanic/Latino group? (SPECIFY)	0, 1	CATI		CATI				

				Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Perina tal	Age 1 (follow- up)	Age 1 Age 2	Age 3	Age 3.5 Exit		
•										
		White, Black Or African American, American Indian Or AlaskaNative								
		(Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese,								
	What is (your/[MOTHER]'s/[FATHER]'s/ [SPOUSE/PARTNER]'s) race? You									
About Household	may name more than one if you like.	Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1	CATI		CATI				
		USA, Mexico, Guatemala, Cuba, Dominican Republic, India, China,								
1	In what country (was/were) (you/[MOTHER]/[FATHER]/	Philippines, Japan, Korea, Vietnam, Other Asian (Not Further Specified),								
About Household	[SPOUSE/PARTNER]) born?	Guam, Samoa,	0, 1	CATI		CATI				
	How many years have (you/[MOTHER]/[FATHER]/ [SPOUSE/PARTNER])									
About Household	lived in the United States?	Number	0, 1	CATI		CATI				
About Household	Is [CHILD] of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1	CATI	CATI	CATI				
İ		Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or Some other								
İ	Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino	Spanish/Hispanic/								
About Household	origin. Would you say	Latino group? (SPECIFY)	0, 1	CATI	CATI	CATI				
l		WILL DI LO AGE A CONTRACTOR OF THE CONTRACTOR OF								
İ		White, Black Or African American, American Indian Or AlaskaNative								
		(Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese,								
		Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro,								
About Household	What is [CHILD]'s race? You may name more than one if you like.	Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1		CATI	CATI				
About Household	Please tell me what country [CHILD] was born in.	USA, Another Country (Specify)	0, 1	CATI	CATI	CATI				
About Household	How many years has [CHILD] lived in the United States?	Number	0, 1		CATI	CATI				
İ										
	I see that [CHILD]'s mother does not live in the home with (him/her). How	Number of days ago, Number of weeks ago, Number of months ago,								
About Household	long has it been since [CHILD] last had contact with (his/her) mother?	Number of years ago, Child never had contact, Child's mother is deceased	0, 1		CATI	CATI				
	I see that [CHILD]'s father does not live in the home with (him/her). How	Number of days ago, Number of weeks ago, Number of months ago,								
About Household	long has it been since [CHILD] last had contact with (his/her) father?	Number of years ago, Child never had contact, Child's father is deceased	0, 1		CATI	CATI				
About Household	(Are/Were) (you/[CHILD]'s mother) and (you/[CHILD]'s father)	married, divorced, separated, never married	0, 1	CATI		CATI				
About Household	Is any language other than English spoken in your home?	Yes, no	0, 1	CATI	CATI	CATI				
ł		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,								
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,								
About Household	What other languages are spoken in your home?	Russian, First Other Language (Specify), Second Other Language (Specify)	0, 1	CATI	CATI	CATI CATI	CATI			
		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,								
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,								
		Russian, First Other Language (Specify), Second Other Language (Specify)	),							
About Household	What is your first language?	English	0, 1	CATI	CATI	CATI CATI	CATI			
		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,								
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,								
		Russian, First Other Language (Specify), Second Other Language (Specify)	),							
About Household	What language do you usually speak to [CHILD] in at home?	English	0, 1		CATI	CATI				
		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,	ľ				1	1		
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,								
		Russian, First Other Language (Specify), Second Other Language (Specify)	).							
About Household	What was the first language [CHILD] learned to speak?	English	0, 1			CAPI	CAPI			
	The state of the s	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,	-, -			0.2.1		<b>†</b>		
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,								
	Which of the languages you told me about did [CHILD] first learn to speak	Russian, First Other Language (Specify), Second Other Language (Specify)	, [							
About Household	along with English? Was it	English	0, 1			CAPI	CAPI			
100ut 110uscholu	mong mai Digion: mas it	Enghon	0, 1			CALI	U111			

					Mod	le of Admini	stration	
					Age 1			Age
			Age		(follow-			3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1 Ag	ge 2 Ag	e 3 Exit
		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,						
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,						
	Which of the languages you told me about did [CHILD] first learn to speak?	Russian, First Other Language (Specify), Second Other Language (Specify)	1					
About Household	Was it	English	0, 1			CA	API CA	ιPI
		English, Spanish, English And Spanish Equally, English And Another,						
		Language Equally, Another Language (Specify), Mostly English But Some						
		Spanish/(Other Language), Mostly Spanish/(Other Language) But Some						
About Household	What language does [CHILD] speak most at home now?	English	0, 1			CA	API CA	νPI
		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,						
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,						
	Which of the languages you told me about does [CHILD] speak most at home		,					
About Household	along with English? Is it	English	0, 1			CA	API CA	νPI
		Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese,						
		Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong,						
	Which of the languages you told me about does [CHILD] speak most at home?	Russian, First Other Language (Specify), Second Other Language (Specify)	,					
About Household	Is it	English	0, 1			CA	API CA	ΔPI
About Household	How well do you understand English?	Not at all, not well, well, very well	0, 1	CATI		CATI		
About Household	How well do you speak English?	Not at all, not well, well, very well	0, 1	CATI		CATI		
About Household	How well do you read English?	Not at all, not well, well, very well	0, 1	CATI		CATI		
About Household	How well do you read your first language?	Not at all, not well, well, very well	0, 1	CATI		CATI		
About Household	How well do you write your first language?	Not at all, not well, well, very well	0, 1	CATI		CATI		
	The next few questions I am going to ask are about (child's) activities AT	0-4, 5-10, 11-25, More than 25						
About Household	HOME. How many books for children are there in your home?		0, 1			CA	API CA	ΔPI
		Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly						
		English, Only English, Not applicable						
About Household	What language(s) are these books in?		0, 1			CA	API CA	ΔPI
		Almost never, Once a month, 2-3 times a month, 1-2 times a week, Almost						
	How often does an adult/older sibling read or look at books with your child in	every day						
About Household	SPANISH?		0, 1			CA	API CA	ΔPI
		Almost never, Once a month, 2-3 times a month, 1-2 times a week, Almost						
	How often does an adult/older sibling read or look at books with your child in	every day						
About Household	ENGLISH?		0, 1			CA	API CA	ΔPI
About Household	Does your child watch television at home?	Yes, no	0, 1		CATI	CATI CA	API CA	API
		Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly	,					
		English, Only English, Not applicable						
About Household	If yes, what language(s) are the programs s/he watches in?		0, 1		CATI	CATI CA	API CA	ΔPI
	7 7 6 6 7 1 6	less than 1 hour, 1-3 hours, 3-5 hours, more than 5 hours	,					
About Household	How many hours does your child spend watching television each day?		0.1		CATI	CATI CA	API CA	ΔPI
		Never, Very little, Sometimes, Most of the time, All of the time	- /					
About Household	How often does your child HEAR Spanish at home?		0, 1		CATI	CATI CA	API CA	ΔPI
	The state of the s	Never, Very little, Sometimes, Most of the time, All of the time	- /					
About Household	How often does your child SPEAK Spanish at home?	, , , , , , , , , , , , , , , , , , ,	0, 1			C.A	API CA	ΔPI
		Cannot speak it, Speaks only a few words or phrases, Speaks it, but has	-, -				- 5.	
About Household	Which of the following best describes your child's speaking skills in Spanish?	limited vocabulary, Speaks it and has good vocabulary	0, 1			C	API CA	API
11000t 11000cnolu	Then of the following best desertoes your entre a speaking skins in Spanish:	Cannot understand what is said, Only understands a few words,	·, ·			C.		
		Understands the general idea of what is said, Understands most or all of						
	Which of the following best describes your child's comprehension skills in	what is said						
About Household	Spanish?	William IV State	0. 1			C	API CA	PI
ADOUL HOUSEHOIU	ррашэн:		U, 1	1	1	CF	11 CF	11 1

				Mode of Administration					
			Age	Perina	Age 1 (follow-				Age 3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
		Never, Very little, Sometimes, Most of the time, All of the time			~ . mv		G . D.	~	
About Household	How often does your child HEAR English at home?	Never, Very little, Sometimes, Most of the time, All of the time	0, 1		CATI	CATI	CAPI	CAPI	
About Household	How often does your child SPEAK English at home?	Never, very fittle, Sometimes, Most of the time, All of the time	0, 1				CAPI	CAPI	
About Household	now often does your clind St EAR English at nome:	Cannot speak it, Speaks only a few words or phrases, Speaks it, but has	0, 1				CALL	CALL	
		limited vocabulary, Speaks it and has good vocabulary							
About Household	Which of the following best describes your child's speaking skills in English?	, , , , , , , , , , , , , , , , , , ,	0, 1				CAPI	CAPI	
		Cannot understand what is said, Only understands a few words,							
		Understands the general idea of what is said, Understands most or all of							
	Which of the following best describes your child's comprehension skills in	what is said							
About Household	English?		0, 1				CAPI	CAPI	
1	Wild Lagrangian Line 1 111 'D' 1 4 /1 )	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly							
A b II b -1 d	What language do ([fill other adults from household grid]) use when (he/she)	English, Only English, Not applicable	0.1		CATI	CATI	CADI	CADI	
About Household	speaks to your child at home?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly	0, 1		CATI	CATI	CAPI	CAPI	-
	What language does your child use when s/he speaks to (YOU/[fill other adults								
About Household	from household grid]) at home?	English, Only English, Not applicable	0, 1				CAPI	CAPI	
	5 S	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly	-, -						1
	What language do OTHER CHILDREN in your household use when they	English, Only English, Not applicable							
About Household	speak to your child at home?		0, 1		CATI	CATI	CAPI	CAPI	
		Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly							
	What language does this child use when s/he speaks to OTHER CHILDREN in	English, Only English, Not applicable							
About Household	your household at home?		0, 1				CAPI	CAPI	
	What language does your child use when s/he speaks to his/her FRIENDS	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly	0.1				G + DI	G A DI	
About Household	outside of the home?	English, Only English, Not applicable	0, 1				CAPI	CAPI	₩
	Parental Modernity Scale (10 items)								
	Schaefer, Earl S., & Edgerton, M. (1985). Parent and child correlates of								
	parental modernity. In I. E. Sigel (Ed.),								
	Parental belief systems: Psychological consequences for children (pp. 287-								
	318). Hillsdale, NJ: Lawrence								
Raising a Child	Erlbaum.	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree	0, 1		CATI	CATI			
	Parenting Stress Index (11 items)								
	Abidin, Richard R. Parenting Stress Index, Third Edition. Odessa, FL:								
Raising a Child	Psychological Assessment Resources, 1995.	strongly agree, mildly agree, [not sure] mildly disagree, or strongly disagree	0, 1		CATI	CATI	CAPI	CAPI	
	HOME (2 items on discipline)								
	Caldwell, B. M., & Bradley, R. H. (2003). Administration manual: Home								
	observation for measurement of the environment. Little Rock, AR: University								
Raising a Child	of Arkansas at Little Rock.	Varies	0. 1		CATI	CATI	CAPI	CAPI	
	Parenting Alliance Measure (10 items)		-, -	1					<b>†</b>
	Abidin, R. R., & Konold, T. R. (1999). Parenting alliance measure professional								
	manual. Lutz, FL: Psychological Assessment Resources, Inc.								
Raising a Child		strongly agree, agree, [not sure], disagree, or strongly disagree	0, 1	1	CATI	CATI	CAPI	CAPI	↓
	MacArthur Bates CDI short-form vocabulary checklist: Level II, Form B (101		0.1				a . o	0.4.0	
SF	items)	Yes, no	0, 1		1		SAQ	SAQ	

				Mode of Administration						
Survey Section	Ouestion item/Instrument	Question response	Age Cohort	Perina tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
MacArthur-Bates CDI	Question reinjusti union	Question response	Conort		(ap)	71gc 1	11gc 2	Tige 5	DAIL	
SF	Fenson, L., Pethick, S., Renda, C., & Cox, J. L. (2000). Short-form versions of First, let's talk about [CHILD]'s health. Overall, would you say [CHILD]'s	Not yet, Sometimes, Often	0, 1				SAQ	SAQ	-	
Child Health	health is	Exellent, very good, good, fair, poor	0, 1		CATI	CATI	CAPI	CAPI		
Child Health	How much did [CHILD] weigh when (he/she) was born?	Number of pounds/ounces or number of kilograms	0, 1		CATI	CATI	0.111	C. I. I	+	
		normal (5 1/2 lbs. [2.5 kilograms] or more), low (between 3 1/2 [1.5	-,-						1	
		kilograms and 5 1/2 lbs. [2.5 kilograms]), or very low (under 3 1/2 lbs. [1.5								
Child Health	Was [CHILD]'s birth weight	kilograms])?	0, 1		CATI	CATI				
	Was [CHILD] born more than two weeks before or two weeks after the doctor									
Child Health	expected?	YES, BEFORE; YES, AFTER	0,1		CATI	CATI				
Child Health	How many weeks (early/late) was [CHILD]?	Number of weeks	0,1		CATI	CATI				
Child Health	Did (you/[CHILD]'s mother) ever breast-feed CHILD?	Yes, no	0,1		CATI	CATI				
Child Health	(Are you/Is [CHILD]'s mother) still breast-feeding CHILD now?	Yes, no	0,1		CATI	CATI				
Child Health	For how many months did (you/[CHILD]'s mother) breast-feed (him/her)?	Number of months	0,1		CATI	CATI				
	During the past 7 days, was CHILD breast-fed, formula-fed, or fed regular									
Child Health	cow's milk?	breast-fed, formula-fed, cow's milk	0,1		CATI	CATI				
Child Health	How old was [CHILD] in months when you began feeding (him/her) formula?	Number of months	0,1		CATI	CATI				
	How old was [CHILD] in months when you began feeding (him/her) cow's									
Child Health	milk?	Number of months	0,1		CATI	CATI				
	How old was [CHILD] in months when solid food was first introduced? Solid									
Child Health	foods include cereal and baby foods in jars, but not finger foods.	Number of months	0,1		CATI	CATI				
	How old was [CHILD] in months when (he/she) was first given finger foods,									
	such as Cheerios, teething biscuits, crackers, bread, noodles, rice, grits,				G . mr	mv				
Child Health	tortillas, or potatoes?	Number of months	0,1		CATI	CATI			-	
	Since ([CHILD] was released from the hospital after he/she was born, his/her									
Ch:14 II14	X birthday), how many different times has [CHILD] stayed in a hospital for at	No. 1	0 1		CATI	CATI	CADI	CADI		
Child Health	least one night?  Altogether, (since (his/her) X birthday), how many nights did (CHILD) stay in	Number of times	0, 1		CATI	CAII	CAPI	CAPI	-	
Child Health	a hospital?	Number of nights	0. 1		CATI	CATI	CAPI	CAPI		
Ciliu Health	a nospitar:	Number of hights	0, 1		CAII	CAII	CAFI	CAFI	+	
Child Health	Was this/Were any of these hospitalization(s) because of an accident or injury?	Yes no	0. 1		CATI	CATI	CAPI	CAPI		
Cinia ricaini	How many of the (NUMBER IN Q2.11A) hospitalizations were because of an	103, 110	0, 1		CHII	C2111	C/ 11 1	C7 H 1	†	
Child Health	accident or injury?	Number of times	0, 1		CATI	CATI	CAPI	CAPI		
Child Health	Were [CHILD]'s activities restricted as a result of this injury?	Yes, no	0, 1		CATI	CATI		CAPI	1	
Child Health	Did [CHILD] miss going to Early Head Start as a result of this injury?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI		
	How many of the (NUMBER IN Q2.11A) hospitalizations were because of								1	
Child Health	dehydration/diarrhea?	Number of times	0, 1		CATI	CATI				
	How many of the (NUMBER IN Q2.11A) hospitalizations were because of									
Child Health	asthma/pneumonia/acute respiratory infection/bronchitis/breathing problems?	Number of times	0, 1		CATI	CATI	CAPI	CAPI		
	How many of the (NUMBER IN Q2.11A) hospitalizations were because of									
Child Health	jaundice (yellowing of skin)?	Number of times	0, 1		CATI	CATI				
	How many of the (NUMBER IN Q2.11A) hospitalizations were because of ear									
Child Health	infection (otitis media)?	Number of times	0, 1	1		1	CAPI	CAPI	<del>  </del>	
CUITA II	How many of the (NUMBER IN Q2.11A) hospitalizations were because of	N. J. C.:	0.1				G + DY	G + Dr		
Child Health	surgery or an operation?	Number of times	0, 1		1		CAPI	CAPI		

				Mode of Admir					
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1 Perina (follow- tal up)	Age 1 Age	2 Ago 2	Age 3.5 Exit		
Survey Section	How many of the (NUMBER IN Q2.11A) hospitalizations were because of	Question response	Conort	tal up)	Age 1 Ag	2 Age 3	EXIL		
Child Health	high fever of unknown cause?	Number of times	0, 1	CATI	CATI CA	DI CADI			
Ciliiu Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of	Number of times	0, 1	CAII	CAII CA	ri Cari			
Child Health	some other reason?	Number of times	0, 1	CATI	CATI CA	PI CAPI			
Ciliu Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has	Number of times	0, 1	CAII	CATI CA	FI CAFI			
Child Health	asthma?	Yes, no	0, 1		CA	PI CAPI			
Ciliu Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a		0, 1		CA	FI CAFI			
	respiratory or breathing illness, such as bronchitis, pneumonia, or								
Child Health	bronchiolitis?	Yes, no	0, 1		CA	PI CAPI			
Ciliu Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a		0, 1		CA	FI CAFI			
	severe stomach or gastrointestinal illness, as indicated by frequent vomiting,								
Child Health	diarrhea, or dehydration?	Yes, no	0, 1		CA	PI CAPI			
Ciliu Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has	1 es, 110	0, 1		CA	FI CAFI			
Child Health	an ear infection?	Yes. no	0. 1		CA	PI CAPI			
Cillu Health	How many times has a doctor, nurse, or other medical professional told you	1 05, 110	0, 1		CA	II CAPI	+-		
Child Health	that [CHILD] has an ear infection?	Number	0, 1	CATI	CATI CA	PI CAPI			
Ciliu nealth	that [CHILD] has an ear infection?	Number	0, 1	CAII	CATI CA	ri Capi	+		
	Has a doctor, nurse, or other medical professional told you that [CHILD] has a								
Child Health	problem with muscles or with moving such as cerebral palsy?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
Cmid Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a	*	0, 1	CAII	CATI CA	PI CAPI			
Ch:14 II14			0.1	CATI	CATL	DI CADI			
Child Health	developmental delay?  Has a doctor, nurse, or other medical professional told you that [CHILD] has	Yes, no	0, 1	CATI	CATI CA	PI CAPI	+		
Ch:14 11-44		V	0.1	CATI	CATL	DI CADI			
Child Health	epilepsy or seizures?  Has a doctor, nurse, or other medical professional told you that [CHILD] has a	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
CITILITY 1d			0.1	CATT	CATTI CA	DI CADI			
Child Health	heart defect?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
CICILITY 1d	Has a doctor, nurse, or other medical professional told you that [CHILD] has	37	0.1	CATT	CATTI CA	DI CADI			
Child Health	mental retardation or cognitive impairment?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
CITILITY 1d	Has a doctor, nurse, or other medical professional told you that [CHILD] has a		0.1	CATT	CATTI CA	DI CADI			
Child Health	lactose intolerance?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
CILILIA IN	Has a doctor, nurse, or other medical professional told you that [CHILD] has	37		C A TTY	G L TTY	DY CARY			
Child Health	other food allergy or sensitivity such as to peanuts?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
	TI I C I I C I I I I C I I I I I I C I								
CILILIA IN	Has a doctor, nurse, or other medical professional told you that [CHILD] has	37		C A TTY	G L TTY	DY CAR			
Child Health	problem with allergies other than foods, such as to dust, animals, or medicine?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
CULTA LA	Has a doctor, nurse, or other medical professional told you that [CHILD] has	37				DY GARY			
Child Health	attention deficit, hyperactivity, ADD or ADHD?	Yes, no	0, 1		CA	PI CAPI			
CULTA LA	Has a doctor, nurse, or other medical professional told you that [CHILD] has	37				DY GARY			
Child Health	diabetes?	Yes, no	0, 1		CA	PI CAPI			
CITILITY 1d	Has a doctor, nurse, or other medical professional told you that [CHILD] has	37	0 :			DI CARI			
Child Health	sleep apnea?	Yes, no	0, 1		CA	PI CAPI			
C1:1111 ::	Has a doctor, nurse, or other medical professional told you that [CHILD]'s	***		~	G t Tr	DY 6			
Child Health	weight is too low?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
	Has a doctor, nurse, or other medical professional told you that [CHILD]'s			G					
Child Health	weight is too high?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
	Did [CHILD] miss regular Early Head Start activities as a result of [FILL D13				1				
Child Health	a - n]?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			
	Are [CHILD]'s activities restricted as a result of any impairment or health								
Child Health	problem?	Yes, no	0, 1	CATI	CATI CA	PI CAPI			

			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Perina tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Bui vey Beetion	Has [CHILD] missed going to Early Head Start as a result of any impairment	Question response	Conort	· ·	(L)	Tige I	11gc 2	nige 5	Late
Child Health	or health problem?	Yes, no	0. 1		CATI	CATI	CAPI	CAPI	
Cinia Treatin	Since [[THIS MONTH LAST YEAR]) Has [CHILD] been evaluated by a	100,10	, 1		0.111	CITI	0.11.1	0.11.1	+
	doctor, psychologist or other health professional because of a concern about								
Child Health	(his/her) ability to pay attention or learn?	Yes, no	0. 1		CATI	CATI	CAPI	CAPI	
	Did you obtain a diagnosis of a problem from a doctor, psychologist or other		., -						+
Child Health	health professional?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
		Mental Retardation or Cognitive Impairment, Emotional/Behavior Disability, Autism or Pervasive Developmental Delay (PDD), Traumatic							
Child Health	What was the diagnosis?	Brain Injury, Oppositional Defiant Disorder, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
	(Since [THIS MONTH LAST YEAR]) Has [CHILD] been evaluated by a								
	psychologist or health professional because of a concern about (his/her) overall								
Child Health	activity level?	Yes, no	0, 1	1			CAPI	CAPI	
	Did you obtain a diagnosis of a problem from a doctor, psychologist, or health								
Child Health	professional?	Yes, no	0, 1				CAPI	CAPI	
CILILITY 1.1	With the state of	Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder					C + DY	G + DY	
Child Health	What was the diagnosis?	(ADHD), Other (Specify)	0, 1				CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR])Has [CHILD] been evaluated by a doctor or other health professional because of a concern about the way (he/she) uses (his/her) arms or legs?	Yes, no	0. 1		CATI	CATI	CAPI	CAPI	
	Did you obtain a diagnosis of a problem from a doctor, psychologist, or health		-, -						
Child Health	professional?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
		Cerebral Palsy, Epilepsy Or Seizures, Another Developmental Delay							
Child Health	What was the diagnosis?	(Specify)	0, 1		CATI	CATI	CAPI	CAPI	
	Does [CHILD] use special equipment, such as a brace, a wheelchair, or								-
Child Health	corrective shoes?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
	Since [THIS MONTH LAST YEAR ] Has [CHILD] been evaluated by a								
	doctor or other health professional because of a concern about (his/her) ability								
Child Health	to communicate?	Yes, no	0, 1				CAPI	CAPI	
	Did you obtain a diagnosis of a problem from a doctor, psychologist, or health								
Child Health	professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	What was the diagnosis?	Speech Impairment, Language Impairment, Autism Or Pervasive Developmental Delay (Pdd), Mental Retardation Or Cognitive Impairment, Emotional/Behavior Disability, Other (Specify)	0, 1				CAPI	CAPI	
Ciliid Ticaitii	Does [CHILD] have difficulty hearing and understanding speech in a normal	Emotional/Benavior Disability, Other (Specify)	0, 1				CHIL	CANT	+
Child Health	conversation?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Cinia Treatin	Since [THIS MONTH LAST YEAR] Has [CHILD] been evaluated by a doctor	100,10	0, 1		0.111	0.111	0.11.1	0.11.1	+
	or other health professional because of a concern about (his/her) ability to hear								
Child Health	and understand speech in a normal conversation?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
. ,	Did you obtain a diagnosis of a problem from a doctor or other health		-,-	1					+
Child Health	professional?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
		Ear Infection, Hearing Impairment/Hard Of Hearing, Deafness, Language Impairment, Autism Or Pervasive Developmental, Delay (PDD), Mental	-,-						
Child Health	What was the diagnosis?	Retardation, Emotional/Behavior Disability	0, 1		CATI	CATI		CAPI	
Child Health	Does [CHILD] usually wear a hearing aid?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Does [CHILD] have cochlear implants?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	

				Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Perina (f	ge 1 follow- p)	Age 1	Age 2	Age 3	Age 3.5 Exit	
	What is the effect of the device on [CHILD]'s ability to hear and understand	greatly improve (his/her) hearing, somewhat improve (his/her) hearing,								
Child Health	speech in normal conversations? Does it	minimally improve (his/her) hearing, or does not improve (his/her) hearing	2 0 1	0	ATI	CATI	CAPI	CAPI		
Cilia ricatui	Now I want to ask you about [CHILD]'s vision. Does [CHILD] have difficulty		. 0, 1		.7111	CHII	CHII	C/11 1		
Child Health	seeing objects in the distance or letters on paper?	Yes, no	0, 1	C	ATI	CATI	CAPI	CAPI		
Cinia ricatai	Since [THIS MONTH LAST YEAR] Has [CHILD]'s vision been evaluated by		0, 1			Criii	CHIL	C/ 11 1		
Child Health	a doctor or other health professional?	Yes, no	0, 1				CAPI	CAPI		
	Did you obtain a diagnosis of a problem from a doctor or other health		,, -							
Child Health	professional?	Yes. no	0. 1				CAPI	CAPI		
Child Health	What was the diagnosis?	Near Sighted, Far Sighted, Legally Blind, Other (Specify)	0, 1				_	CAPI		
Child Health	Does [CHILD] usually wear glasses or contact lenses?	Yes. no	0. 1				CAPI	CAPI		
		correctable with glasses, improvable with glasses, or not correctable with								
Child Health	Which of these best describes [CHILD]'s eyesight with glasses? Is it	glasses?	0. 1				CAPI	CAPI		
	Does [CHILD] regularly snore? PROBE: This does not include temporary		- /							
Child Health	snoring due to a cold or congestion.	Yes, no	0, 1				CAPI	CAPI		
	Since [THIS MONTH LAST YEAR] Has [CHILD]'s snoring been evaluated									
Child Health	by a doctor or other health professional?	Yes, no	0, 1				CAPI	CAPI		
	Did you obtain a diagnosis of a problem from a doctor or other health									
Child Health	professional?	Yes, no	0, 1				CAPI	CAPI		
		Obstructive Sleep Apnea Syndrome, nasal obstruction, enlarged adenoids								
Child Health	What was the diagnosis?	and/or tonsils, Other (Specify)	0, 1				CAPI	CAPI		
	Did [PROGRAM] help you get this evaluation for [CHILD]'s [FILL									
Child Health	SCREENING]?	Yes, no	0, 1	C	ATI	CATI	CAPI	CAPI		
		Provided information, including brochures, meetings, or conversations,								
		Made referrals, for example, phone calls, Provided evaluation directly,								
Child Health	How did they help you?	Helped in some other way (Specify)	0, 1	C	ATI	CATI	CAPI	CAPI	<u> </u>	
	How helpful was the [information/referral/direct evaluation/{other}]? Would									
Child Health	you say that it was very helpful, somewhat helpful, or not at all helpful?	V II-l-f-1 C	0, 1		ATI	CATI	CAPI	CAPI		
Child Health	{IF 34=No} Why is that?	Very Helpful, Somewhat Helpful, Not At All Helpful Used my own health care provider, Other (Specify)	0, 1		ATI		CAPI	CAPI	+	
Child Health	Has [CHILD] ever received speech or language therapy?	Yes, no	0, 1	C	AII	CAII	CAPI	CAPI	+	
Child Health	Has [CHILD] ever received occupational therapy or OT?	Yes, no	0, 1	0	ATI	CATI	CAPI	CAPI		
Child Health	Has [CHILD] or ever received occupational therapy of OT?  Has [CHILD] or ever received physical therapy or PT?	Yes, no	0, 1		ATI	CATI	CAPI	CAPI		
Child Health	Has [CHILD] or ever received physical dierapy of F1?  Has [CHILD] ever received vision services?	Yes, no	0, 1		AII	CAII	CAPI	CAPI		
Child Health	Has [CHILD] ever received hearing or audiology services?	Yes, no	0, 1	0	ATI	CATI	CAPI	CAPI		
Child Health	Have you (or other parent) ever received social work services?	Yes, no	0, 1		ATI	CATI	CAPI	CAPI	+	
Child Health	Have you (or other parent) ever received social work services?	Yes, no	0, 1		ATI	-	CAPI	CAPI	+	
Child Health	Have you (or other parent) ever received payenological services:  Have you (or other parent) ever received parent support or training?	Yes, no	0, 1		ATI	CATI	CAPI	CAPI	_	
Cana Houtin	Has [CHILD] ever taken part in special classes with other children, some or all	1,	0, 1			C1111	C1111	U1 11 1	<del>                                     </del>	
Child Health	of whom also had special needs?	Yes, no	0. 1	C	ATI	CATI	CAPI	CAPI		
	{IF LEARNING DISABLED} Has [CHILD] ever received private tutoring or	1	-, -						<b>†</b>	
Child Health	schooling for learning problems?	Yes, no	0, 1				CAPI	CAPI		
Child Health	Has [CHILD] ever received instruction in Braille?	Yes, no	0, 1					CAPI	1	
	{IF DEAF} Has [CHILD] ever received instruction in sign language, cued	,								
Child Health	speech, ASL, or TOCO?	Yes, no	0, 1				CAPI	CAPI		
	Did [PROGRAM] help [CHILD] or your family get [FILL SERVICE] for	,	- /						1	
Child Health	[CHILD]?		0. 1		ATI	CATI	CAPI	CADI		

				Mode of Administration					
			Age	Age 1 Perina (follow-			Age 3.5		
Survey Section	Ouestion item/Instrument	Ouestion response	Cohort	tal up)	Age 1 Age 2	Age 3			
Salvey Section		Provided information, including brochures, meetings, or conversations,			1 1	J			
		Made referrals, for example, phone calls, Provided services directly, Helped	ı						
Child Health	How did they help you?	in some other way (Specify)	0,1	CATI	CATI CAPI	CAPI			
	7 17	J \ 1 J/							
	How helpful was the [information/referral/direct service/{other}]? Would you								
Child Health	say that it was very helpful, somewhat helpful, or not at all helpful?	Very Helpful, Somewhat Helpful, Not At All Helpful	0,1	CATI	CATI CAPI	CAPI			
Child Health	{IF D41a-1 = No} Why is that?	Received services through my own health care provider, Other (Specify)	0,1	CATI	CATI CAPI	CAPI			
	Is [CHILD] currently participating in an early intervention program or								
	regularly receiving any services for (his/her) condition(s) from your local								
Child Health	school district, a state or local health agency or social service agency?	Yes, no	0, 1	CATI	CATI CAPI	CAPI			
	Is [CHILD] currently participating in an early intervention program or								
	regularly receiving any services for (his/her) condition(s) from a doctor, clinic,		L .			1			
Child Health	or other health care provider?	Yes, no	0, 1	CATI	CATI CAPI	CAPI			
İ	Is [CHILD] currently participating in an early intervention program or								
	regularly receiving any services for (his/her) condition(s) from some other								
Child Health	source? (SPECIFY)	Yes, no	0, 1	CATI	CATI CAPI	CAPI			
CULTURE 14	Since [THIS MONTH LAST YEAR]) Has anyone (ever) suggested that you	**	0.1	C A TTY	G + TTY G + DY	C + DY			
Child Health	get [CHILD] evaluated for a possible special condition or need?	Yes, no	0, 1	CATI	CATI CAPI	CAPI			
		Behavior Problem, Emotional Problem, Attention Problem, Developmental							
		, , , , , , , , , , , , , , , , , , , ,							
Child Health	What special condition or need?	Delay, Problem With Use Of Arms Or Legs, Oppositional Defiant Disorder Speech Problem, Hearing Problem, Vision Problem, Other (Specify)	0, 1	CATI	CATI CAPI	CADI			
Ciliid Health	Is [CHILD] now attending a day care center, nursery school, preschool, or pre	Speech Problem, Hearing Problem, Vision Problem, Other (Specify)	0, 1	CAII	CATI CAPI	CAPI	+		
Child Care	kindergarten program on a regular basis?	Yes, no	0, 1	CATI	CATI CAPI	CAPI			
Ciliu Carc	Not including Early Head Start, how many different day care centers, nursery	105, 110	0, 1	CAII	CAII CAII	CALL	+		
	schools, preschools, or pre-kindergarten programs does [CHILD] currently go								
Child Care	to?	One, two, three, four or more	0, 1	CATI	CATI CAPI	CAPI			
omia care	(Thinking about the center that [CHILD] goes to the most,) how many days	one, two, unce, roar or more	0, 1	0.111	0.111	C. II I	+		
Child Care	each week does [CHILD] go to that program?	Number	0, 1	CATI	CATI CAPI	CAPI			
Child Care	How many hours each week does [CHILD] go to that program?	Number	0, 1	CATI	CATI CAPI				
	7 7 7 7 7	Before Early Head Start, After Early Head Start, Both Before/After Early							
Child Care	Is [CHILD] in that program before or after Early Head Start?	Head Start	0, 1	CATI	CATI CAPI	CAPI			
	Is [CHILD] now receiving care from a relative other than (a parent/you) on a								
	regular basis, for example from grandparents, brothers or sisters, or any other								
	relative in the morning before or in the afternoon after (he/she) comes to Early								
Child Care	Head Start?	Yes, no	0, 1	CATI	CATI CAPI	CAPI	$\perp$		
	How many different regular care arrangements do you currently have with								
Child Care	relatives for [CHILD]?	One, two, three, four or more	0, 1	CATI	CATI CAPI	CAPI			
	Let's talk about the relative who provides the most care for [CHILD] now. Is								
Child Care	that relative [CHILD]'s	grandparent, aunt, uncle, brother, sister, or another relative? (SPECIFY)	0, 1	CATI	CATI CAPI				
Child Care	Is the care provided by (that relative) in your home or another home?	Own home, other home, both/varies	0, 1	CATI	CATI CAPI				
Child Care	Does this person who cares for [CHILD] live in your household?	Yes, no	0, 1	CATI	CATI CAPI	CAPI			
Child Care	How many days each week does [CHILD] receive care from that relative?	Number	0, 1	CATI	CATI CAPI	CAPI	+		
CI II C	TI I I I I I I I I I I I I I I I I I I	NY 1	0 1	C + 777	CATT CATT	CAR			
Child Care	How many hours each week does [CHILD] receive care from that relative?	Number	0, 1	CATI	CATI CAPI	CAPI			

					tration			
g g		0. "	Age	Age Perina (foll	ow-	1 1	2 1	Age 3.5
Survey Section	Question item/Instrument	Question response  Before Early Head Start, After Early Head Start, Both Before/After Early	Cohort	tal up)	A	ge 1 Ag	2 Age	3 EXIT
Child Care	Is [CHILD] cared for by a relative before or after Early Head Start?	Head Start  Head Start  Head Start	0, 1	CA	ri C	ATI CA	PI CAF	ľ
	I- (CHIII D)							
Child Care	Is [CHILD] now receiving care on a regular basis from anyone else in a private home before in the morning or after in the afternoon Early Head Start?	Yes, no	0, 1	CA'	CI C	ATI CA	PI CAF	т
Ciliid Cale	How many different regular care arrangements do you currently have with non		0, 1	CA	11 C	AII CA	ri CAI	1
Child Care	relatives for [CHILD]?	One, two, three, four or more	0, 1	CA'	ri C	ATI CA	PI CAF	זי
Cinia Care	Let's talk about the non-relative who provides the most care for [CHILD]. Is	one, two, tinee, rour or more	0, 1	C/1		7111 (7)	0711	-
Child Care	that care provided in your home or another home?	Respondent's home, other home, both/varies	0, 1	CA'	TI C	ATI CA	PI CAF	ı
Child Care	Does this person who cares for [CHILD] live in your household?	Yes, no	0, 1	CA'		ATI CA		
		,						
Child Care	How many days each week does [CHILD] receive care from that person?	Number	0, 1	CA'	П С	ATI CA	PI CAF	T
Child Care	How many hours each week does [CHILD] receive care from that person?	Number	0, 1	CA'	п с	ATI CA	PI CAF	·Ι
	Is [CHILD] cared for by someone other than a relative before or after Early	Before Early Head Start, After Early Head Start, Both Before/After Early	., -					
Child Care	Head Start?	Head Start	0, 1	CA	ΓI C	ATI CA	PI CAF	ľ
	Thinking of all the child care you use for [CHILD] before or after Early Head							
	Start, how many days a week is (he/she) in child care before or after Early							
Child Care	Head Start?	Number	0, 1	CA	ΓI C	ATI CA	PI CAF	ľ
	And, all together, how many hours a week is [CHILD] typically in before or							
Child Care	after Early Head Start care?	Number	0, 1	CA	ΓI C	ATI CA	PI CAF	1
	Is there any charge or fee for any of the care [CHILD] receives from [FILL IF							
Child Care	E1=1 a center, IF E6=1 a relative, IF E13=1 or someone who is not a relative]?	Yes, no	0, 1	CA'	П С	ATI CA	PI CAF	I
CI II C	Child care is paid for in different ways. Please tell me the ways [CHILD]'s	XY	0 1	G		. Tr	DY G 4 F	.,
Child Care	child care is paid for. Do you pay for some or all of it yourself?	Yes, no	0, 1	CA'		ATI CA		
Child Care Child Care	Does a government agency pay for some or all of it?  Does an employer pay for some or all of it?	Yes, no Yes, no	0, 1	CA'		ATI CA		
Child Care	Does someone else pay for some or all of it?	Yes, no	0, 1	CA'		ATI CA		
Child Care	Do you trade child care with someone else?	Yes, no	0, 1	CA'		ATI CA		
Child Care	Any other way? (SPECIFY)	Yes, no	0, 1	CA'		ATI CA		
cinia care	Thinking about the child care arrangements we just talked about that you have	105, 110	0, 1	C/1		7111 (71	211	-
	for [CHILD] both before and after Head Start, how much does your household							
Child Care	pay for this child care?	Number per hour/day/week/bi-weekly/month/year/other(Specify)	0, 1	CA	П С	ATI CA	PI CAF	ľ
	Is this amount for [CHILD] only, or does it include other children in the	,	- /					
Child Care	household?	Child only, child and others	0, 1	CA	ΓI C	ATI CA	PI CAF	T
About Child's Mother	How many times have you been pregnant (since [REFERENCE DATE])?	Number	0,1	CATI CA	п с	ATI CA	PI CAF	эт
About Clina's Wouler	flow many times have you been pregnant (since [REFERENCE DATE]):	TVUINOCI	0,1	CAII CA		AII CA	II CAI	1
About Child's Mother	Are you currently pregnant?	Yes, no	0, 1	CA	ΓI C	ATI CA	PI CAF	ľ
About Childle Med	Are you proment with multiples?	Vec me	0.1	CH	rı C	ATI CA	DI CAT	ьт
About Child's Mother	Are you pregnant with multiples?  How many living children have you given birth to (since [REFERENCE	Yes, no	0, 1	CA	11 C	ATI CA	PI CAF	1
	DATE))?							
About Child's Mother	PROBE: Please do not include miscarriages or stillbirths.	Number	0,1	CATI CA	CI C	ATI CA	PI CAF	ľ
			1,,		0			-
About Child's Mother	Have you had a miscarriage or stillbirth (since [REFERENCE DATE])?	Yes, no	0,1	CATI CA	ΓI C	ATI CA	PI CAF	ľ

				Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Perina tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
About Child's Mother	How many miscarriages have you had (since [REFERENCE DATE])?	Number	0,1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	Have you had an abortion (since [REFERENCE DATE])?	Yes, no	0,1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	How many abortions have you had (since REFERENCE DATE])?	Number	0,1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	What (is [CHILD]'s mother/ was [CHILD]'s mother's) birth date?	mm/dd/yyyy	0, 1			CATI				
About Child's Mother	How old (were you/was she) when (you/she) gave birth for the first time?	Number	0, 1			CATI				
About Child's Mother	(Is she/Was she) of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1			CATI				
About Child's Mother	Which one of these best describe(s/d) her Spanish, Hispanic, or Latino origin. Would you say	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or another Spanish/Hispanic/Latino group? (SPECIFY)	0, 1			CATI				
About Child's Mother	What (is/was) her race? You may name more than one if you like.	White, Black Or African American, American Indian Or AlaskaNative (Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro, Samoan, Other Pacific Islander (Specify), Another Race (Specify) USA, Mexico, Guatemala, Cuba, Dominican Republic, India, China, Philippines, Japan, Korea, Vietnam, Other Asian (Not Further Specified),	0, 1			CATI				
About Child's Mother	In what country was she born?	Guam, Samoa,	0, 1			CATI				
About Child's Mother	How many years (has she/did she) live(d) in the United States?	Number	0, 1			CATI				
About Child's Mother	Did (you/[CHILD]'s mother) work at a job for pay or income, including self- employment, (in the past 12 months/since [MONTH AND YEAR] of last interview)? About how many total hours per week (do you/does she) usually work for pay	Yes, no	0, 1	CATI			CAPI			
About Child's Mother  About Child's Mother	or income, counting all jobs?  During the past week, did (you/[CHILD]'s mother) work at a job for pay or income, including self employment?	Number Yes, no	0, 1	CATI				CAPI		
About Child's Mother	(Were you/Was she) on leave or vacation from a job for the past week?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	(Have you/Has she) actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the morning?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the afternoon?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the evening?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the night?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
About Child's Mother	Can (you/she) change (your/her) schedule for family reasons?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		

					Mod	e of Administ	ration	
			1		Age 1			Age
			Age	Perina	(follow-			3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1 Age	2 Age 3	Exit
		Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High						
		School Diploma/Equivalent, Voc/Tech Program After High School, But No						
	The next questions are about the kinds of educational activities (you/she) may	Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College						
	take part in. We will talk about degree programs and classes in colleges and	But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or						
	vocational schools, courses or training sessions related to work or personal	Professional, School But No Degree, Master'S Degree (MA, MS),						
	interest, and other ways of learning new information or skills. What is the	Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS;						
About Child's Mother	highest grade or year of school that (you/she) completed?	Law; JD; LLB; etc.)	0, 1	CATI	CATI	CATI CAI	I CAPI	
About Child's Mother	Which (do you/does she) have, a high school diploma or a GED?	High school diploma, GED	0, 1	CATI	CATI	CATI CAI	I CAPI	
1	((Are you/Is she) now attending or enrolled)/(Since [MONTH AND YEAR OF							
1	LAST INTERVIEW] (did you/she)) attend or enroll)) in any courses, classes,							
1	or workshops for work-related reasons or personal interest? Some examples							
	include college or university degree or certificate programs, computer courses,							
	job training courses, basic reading or math classes, family literacy classes or							
About Child's Mother	GED preparation classes?	Yes, no	0, 1	CATI	CATI	CATI CAI	I CAPI	
About Child's Mother	(Are you/Is she) currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI CAI	I CAPI	
	(Are you/Is she) currently participating in a job-training or on-the-job-training	7,1	- /					
About Child's Mother	program?	Yes, no	0, 1	CATI	CATI	CATI CAI	I CAPI	
	(Have you/Has she) received a certificate, diploma, or degree since [MONTH							
About Child's Mother	AND YEAR OF LAST INTERVIEW]?	Yes, no	0, 1		CATI	CAI	I CAPI	
		Trade License Or Certificate, GED Certificate Or Equivalent, High School						
		Diploma, Associate'S Degree, Child Development Associate (CDA),						
About Child's Mother	What kind of certificate, diploma, or degree (did you/did she) receive?	Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1		CATI	CATI CAI	I CAPI	
	Did Early Head Start help (you/her) to take or locate the programs, courses,							
About Child's Mother	classes, or workshops that (you are/she is) taking?	Yes, no	0, 1	CATI	CATI	CATI CAI	I CAPI	
		Admission Requirement/Qualification, Too Old To Take Any Courses,						
		Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No						
	Adults sometimes find it hard to take part in educational activities, even if they							
	want to. What was the main reason (you/she) did not take any programs,	Or Work), Cost, Inconvenient Location/Transportation Not Available, Did						
About Child's Mother	courses, classes, or workshops?	Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI CAI	I CAPI	
About Child's Father	What (is [CHILD]'s father's/was [CHILD]'s father's) birth date?	mm/dd/yyyy	0, 1	CATI		CATI		
About Child's Father	(Is he/Was he) of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1	CATI		CATI		
	Which one of these best describe(s/d) his Spanish, Hispanic, or Latino origin.	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or another						
About Child's Father	Would you say	Spanish/Hispanic/Latino group? (SPECIFY)	0, 1	CATI		CATI		
1		White, Black Or African American, American Indian Or AlaskaNative						
		(Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese,						
		Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro,				G		
About Child's Father	What (is/was) his race? You may name more than one if you like.	Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1	CATI		CATI		_
		USA, Mexico, Guatemala, Cuba, Dominican Republic, India, China,						
Albarra Childla East	In sub at a constant constant by having	Philippines, Japan, Korea, Vietnam, Other Asian (Not Further Specified),	0 1	CATT		CATI		
About Child's Father	In what country was he born?	Guam, Samoa,	0, 1	CATI		CATI		+
About Child's Father	How many years (has he/did he) live(d) in the United States?	Number	0, 1	CATI		CATI		
About Child's Father	During the past week, did (you/[CHILD]'s father) work at a job for pay or income, including self employment?	Voc. no	0, 1	CATI	CATI	CATI CAI	I CAPI	
About Child's Father		Yes, no Yes, no	0, 1	CATI		CATI CAI		+
About Clind's Father	(Were you/Was he) on leave or vacation from a job for the past week?	1 C5, 110	U, 1	CAII	CAII	CAII CAI	LAPI	

					Mod	e of Adn	ninistrat	ion	
					Age 1				Age
			Age	Perina	(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
				~ · · · · ·		mr	a	~	
About Child's Father	(Have you/Has he) actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	<del> </del>
	Did (you/[CHILD]'s father) work at a job for pay or income, including self-								
	employment, [in the past 12 months/since MONTH AND YEAR of last				~ . mr	~ · · · · ·	G . T.	~	
About Child's Father	interview]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	<u> </u>
	About how many total hours per week (do you/does he) usually work for pay	N	0.1	C A TEX	C A TOY	C + TTY	G + DI	CADI	
About Child's Father	or income, counting all jobs?	Number	0, 1	_	CATI		CAPI	CAPI	1
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the morning?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	-
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the afternoon?	Yes, no	0, 1	CATI		CATI	CAPI	CAPI	-
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the evening?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	-
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the night?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Can (you/he) change (your/his) schedule for family reasons?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	<u> </u>
İ		Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High							
İ		School Diploma/Equivalent, Voc/Tech Program After High School, But No							
	The next questions are about the kinds of educational activities (you/he) may	Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College							
	take part in. We will talk about degree programs and classes in colleges and	But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or							
	vocational schools, courses or training sessions related to work or personal	Professional, School But No Degree, Master'S Degree (MA, MS),							
	interest, and other ways of learning new information or skills. What is the	Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS;							
About Child's Father	highest grade or year of school that (you/he) completed?	Law; JD; LLB; etc.)	0, 1		CATI		CAPI	CAPI	-
About Child's Father	Which (do you/does he) have, a high school diploma or a GED?	High school diploma, GED	0, 1	CATI		CATI			-
	((Are you/Is he)now attending or enrolled)/(Since [MONTH OF LAST								
	INTERVIEW] (did you/he)) attend or enroll)) in any courses, classes, or								
	workshops for work-related reasons or personal interest? Some examples								
	include college or university degree or certificate programs, computer courses,								
	job training courses, basic reading or math classes, family literacy classes or				~ . mr	~ · · · · ·	G . T.	~	
About Child's Father	GED preparation classes?	Yes, no	0, 1		CATI	CATI		CAPI	
About Child's Father	(Are you/Is he) currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	(Are you/Is he) currently participating in a job-training or on-the-job-training				~ · · · · ·	~	~	~	
About Child's Father	program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	-
	(Have you/Has he) received a certificate, diploma, or degree since [MONTH				~ · · · · ·		G . T.	~	
About Child's Father	OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI	
		Trade License Or Certificate, GED Certificate Or Equivalent, High School							
		Diploma, Associate'S Degree, Child Development Associate (CDA),	0.1		C A TOY		G + DI	CADI	
About Child's Father	What kind of certificate, diploma, or degree (did you/did he) receive?	Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1		CATI		CAPI	CAPI	-
l	Did Early Head Start help (you/him) to take or locate the programs, courses,				~ · · · · ·	~	~	~	
About Child's Father	classes, or workshops that (you are/he is) taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	-
		Administra Berningson (Our life etien Tee Old Te Teles Ann Comme							
		Admission Requirement/Qualification, Too Old To Take Any Courses,							
		Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No							
	Adults sometimes find it hard to take part in educational activities, even if they	j							
A1	want to. What was the main reason (you/he) did not take any programs,	Or Work), Cost, Inconvenient Location/Transportation Not Available, Did	0.1	CATT	CATT	C 4 TY	CARY	CARY	
About Child's Father	courses, classes, or workshops?	Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	How soon after you found out you were pregnant, did [CHILD]'s father learn	Within One Week, Within One Month, More Than A Month Later, , After	0.1		C A TTY	G A TTT			
About Child's Father	that you were pregnant?	Baby Was Born, Never Learned	0, 1		CATI	CATI			
	Was (his/her) father present when [CHILD] was born, either in the hospital or				G + FFT	G			
About Child's Father	wherever the birth was?	Yes, no	0, 1		CATI	CATI			<del> </del>
	When [CHILD] was in the hospital/birthplace after (he/she) was born, did	**	0.1		C A TTY	G + mr			
About Child's Father	(his/her) father come to see (him/her)?	Yes, no	0, 1		CATI	CATI			

					ion				
g g g			Age		Age 1 (follow-				Age 3.5
Survey Section	Question item/Instrument  While you were pregnant, did [CHILD]'s father do any of the following?	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
Albania Childle Eastean		Y	0.1		CATI	CATI			
About Child's Father About Child's Father	Discuss how your pregnancy was going with you?  Go to the doctor with you?	Yes, no Yes, no	0, 1		CATI CATI	CATI			+
About Child's Father	Attend child birth or Lamaze classes with you?	Yes, no	0, 1		CATI	CATI			+
About Ciliu's Father	In the first three months of (his/her) life, about how often did [CHILD] see	Every day or almost every day, A few times a week, A few times a month,	0, 1		CAII	CAII			+
About Child's Father	[you/(his/her)]? Was it	About once a month, Less often than that, or Never?	0, 1		CATI	CATI			
About Ciliu's Father	In the last three months, about how often has [CHILD] seen (his/her) father?	Every day or almost every day, A few times a week, A few times a month,	0, 1		CAII	CAII			+
About Child's Father	Was it	About once a month, Less often than that, or Never?	0, 1		CATI	CATI	CAPI	CAPI	
About Ciliu's Father	In a typical day, does [FATHER] give you a lot, some, or no help in caring for	About once a month, Less often than that, or Never?	0, 1		CAII	CAII	CAPI	CAPI	+
About Child's Father	[CHILD]?	A lot, some, no help	0. 1		CATI	CATI	CAPI	CAPI	
About Ciliu's Father	In the past month, how often has [FATHER] taken care of [CHILD] while you		0, 1		CAII	CAII	CAPI	CAPI	+
About Child's Father	did other things? Was it	Once or twice, or Never?	0, 1		CATI	CATI	CAPI	CAPI	
About Ciliu's Father	did other tillings? was it	Once of twice, of Never?	0, 1		CAII	CAII	CAPI	CAPI	+
	(In the past year/Since [MONTH AND YEAR FATHER LEFT], [MONTH								
	AND YEAR OF LAST INTERVIEW]), (have you/has your family) received								
About Child's Father	any child support payments for [CHILD] from (his/her) father?	Yes, no	0. 1		CATI	CATI	CAPI	CADI	
About Ciliu's Father	any child support payments for [CHILD] from (ms/ner) father?	Tes, IIO	0, 1		CAII	CAII	CAPI	CAPI	+
	(In the past year/Since [MONTH AND YEAR FATHER LEFT], [MONTH								
	AND YEAR OF LAST INTERVIEW]), (have you/has your family) received								
About Child's Father	any other financial support for [CHILD] from (his/her) father?	Yes, no	0. 1		CATI	CATI	CAPI	CADI	
About Ciliu's Father	Next, I have some questions about [NAME of spouse/partner], including	1 es, no	0, 1		CAII	CAII	CAFI	CAFI	+
	questions about his education and employment. Has [NAME of								
About Father Figure	spouse/partner] always lived with you since [CHILD] was born?	YES, NO	0, 1		CATI	CATI	CAPI	CAPI	
About Father Figure	Since [CHILD] was born, how many months has he lived with you?	Number of months	0, 1		CATI	CATI	CAPI	CAPI	+
About Famer Figure	During the past week, did he work at a job for pay or income, including self	Number of months	0, 1		CAII	CAII	CAPI	CAPI	+
About Father Figure	employment?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	Was he on leave or vacation from a job for the past week?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	+
About Father Figure	Has he actively been looking for work in the past four weeks?	Yes, no	0, 1	_	CATI			CAPI	+
About Patrict Figure	Did [NAME of spouse/partner] work at a job for pay or income, including self-		0, 1	CAII	CAII	CAII	CAFI	CAFI	+
	employment, [in the past 12 months/since MONTH AND YEAR of last								
About Father Figure	interview?	Yes, no	0. 1	CATI	CATI	CATI	CAPI	CAPI	
About Patrict Figure	About how many total hours per week (do you/does he) usually work for pay	Tes, no	0, 1	CAII	CAII	CAII	CAFI	CAFI	+
About Father Figure	or income, counting all jobs?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	Last week, did he work in the morning?	Yes, no	0, 1		CATI	CATI		CAPI	+
About Father Figure	Last week, did he work in the afternoon?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	+
About Father Figure About Father Figure	Last week, did he work in the arternoon?  Last week, did he work in the evening?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	+
About Father Figure	Last week, did he work in the evening?  Last week, did he work in the night?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	+
About Father Figure	Can he change his schedule for family reasons?	Yes, no	0, 1	CATI		CATI	CAPI	CAPI	+
About Patrier Figure	Can be change his schedule for family feasons:	Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High	0, 1	CAII	CAII	CAII	CAFI	CAFI	+
		School Diploma/Equivalent, Voc/Tech Program After High School, But No							
	The next questions are about the kinds of educational activities he may take	Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College							
	part in. We will talk about degree programs and classes in colleges and	But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or							
	vocational schools, courses or training sessions related to work or personal	Professional, School But No Degree, Master'S Degree (MA, MS),							
	interest, and other ways of learning new information or skills. What is the	Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS;							
About Fother Figure	highest grade or year of school that he completed?		0.1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure		Law; JD; LLB; etc.)	0, 1						+
About Father Figure	Which does he have, a high school diploma or a GED?	High school diploma, GED	0, 1	CAII	CATI	CAII	CAPI	CAPI	

					Mod	e of Adr	ninistrat	tion	
					Age 1				Age
			Age	Perina	(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
-	((Are you/Is he)now attending or enrolled)/(Since [MONTH OF LAST								
	INTERVIEW] (did you/he)) attend or enroll)) in any courses, classes, or								
	workshops for work-related reasons or personal interest? Some examples								
	include college or university degree or certificate programs, computer courses,								
	job training courses, basic reading or math classes, family literacy classes or								
About Father Figure	GED preparation classes?	Yes, no	0. 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	(Are you/Is he) currently taking courses full-time or part-time?	Full-time, part-time	0. 1		CATI	CATI	CAPI	CAPI	1
	(Are you/Is he) currently participating in a job-training or on-the-job-training	, p	., -						1
About Father Figure	program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
ribout rumer rigure	(Have you/Has he) received a certificate, diploma, or degree since [MONTH	100, 110	0, 1	CITI	CHILI	07111	Criri	CHIL	1
About Father Figure	OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI	
About Patier Figure	OF EAST INTERVIEW]:	Trade License Or Certificate, GED Certificate Or Equivalent, High School	0, 1		CATI		CALL	CALL	+
		Diploma, Associate'S Degree, Child Development Associate (CDA),							
About Father Figure	What kind of certificate, diploma, or degree (did you/did he) receive?	• • • • • • • • • • • • • • • • • • • •	0 1			CATI	CAPI	CAPI	
About Father Figure	Did Early Head Start help him take or locate the programs, courses, classes, or	Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1			CAII	CAPI	CAPI	+
AL AE A E		V/	0 1	CATT	CATT	CATT	CADI	CADI	
About Father Figure	workshops that he is taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	+
		Administra Deministra (Occilification Television Television Comme							
		Admission Requirement/Qualification, Too Old To Take Any Courses,							
		Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No							
	Adults sometimes find it hard to take part in educational activities, even if they	1							
	want to. What was the main reason he did not take any programs, courses,	Or Work), Cost, Inconvenient Location/Transportation Not Available, Did							
About Father Figure	classes, or workshops?	Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	Is there anyone else who is like a father to [CHILD]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
		you, your spouse or partner, a relative of [CHILD], or a friend of the							
About Father Figure	Who is this person? Is he	family?	0, 1		CATI	CATI	CAPI	CAPI	
	During the past week, did you work at a job for pay or income, including self								
About Respondent	employment?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Were you on leave or vacation from a job for the past week?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Have you actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	Did you work at a job for pay or income, including self employment, (in the								
About Respondent	past 12 months/since MONTH AND YEAR of last interview]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	About how many total hours per week do you usually work for pay or income,								
About Respondent	counting all jobs?	Number	0. 1	CATI	CATI	CATI	CAPI	CAPI	
		Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High	., -						1
		School Diploma/Equivalent, Voc/Tech Program After High School, But No	,						
	The next questions are about the kinds of educational activities you may take	Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College							
	part in. We will talk about degree programs and classes in colleges and	But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or							
	vocational schools, courses or training sessions related to work or personal	Professional, School But No Degree, Master'S Degree (MA, MS),							
	interest, and other ways of learning new information or skills. What is the	Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS;							
A hout Dospondant	highest grade or year of school that you completed?	Law; JD; LLB; etc.)	0 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent About Respondent	Which do you have, a high school diploma or a GED?	High school diploma, GED	0, 1		CATI	CATI	CAPI	CAPI	+
About Respondent	(Are you now attending or enrolled)/(Since [MONTH AND YEAR OF LAST	riigii school uipioliia, GED	0, 1	CAII	CAII	CAII	CAPI	CAPI	+
	INTERVIEW] did you attend or enroll)) in any courses, classes, or workshops								
	for work-related reasons or personal interest? Some examples include college								
	or university degree or certificate programs, computer courses, job training								
	courses, basic reading or math classes, family literacy classes or GED								
About Respondent	preparation classes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Are you currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI	CAPI	CAPI	

					Mod	e of Adr	ninistrat	tion	
					Age 1				Age
			Age		(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
	Are you currently participating in a job-training or on-the-job-training								
About Respondent	program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	Have you received a certificate, diploma, or degree since [MONTH AND								
About Respondent	YEAR OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI	
		Trade License Or Certificate, GED Certificate Or Equivalent, High School							
		Diploma, Associate'S Degree, Child Development Associate (CDA),							
About Respondent	What kind of certificate, diploma, or degree did you receive?	Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1			CATI	CAPI	CAPI	
	Did Early Head Start help you to take or locate the programs, courses, classes,								
About Respondent	or workshops that you are taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		All C P C (O I'C C T OUT TIL A C							
		Admission Requirement/Qualification, Too Old To Take Any Courses,							
		Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No							
	Adults sometimes find it hard to take part in educational activities, even if they								
	want to. What was the main reason you did not take any programs, courses,	Or Work), Cost, Inconvenient Location/Transportation Not Available, Did							
About Respondent	classes, or workshops?	Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	The next questions are about ([CHILD]'s and) your health care. First, do you								
Health Care Services	have a regular health care provider?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		A Private Doctor/Private Clinic/HMO, An Outpatient Clinic Run By A							
		Hospital, The Emergency Room At A Hospital, Public Health Department							
		Or Community Health Center, A Migrant Health Clinic, The Indian Health							
Health Care Services	Where do you usually go for health care?	Service, Someplace Else (Specify)	0, 1	CATI	CATI			CAPI	
Health Care Services	Does [CHILD] have a regular health care provider?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
		A Private Doctor/Private Clinic/HMO, An Outpatient Clinic Run By A							
	WILL FORWARD CO. S. P. L	Hospital, The Emergency Room At A Hospital, Public Health Department							
**	Where does [CHILD] go for routine medical care, like well-child care or	Or Community Health Center, A Migrant Health Clinic, The Indian Health			~	~	~	~	
Health Care Services	regular check-ups?	Service, Someplace Else (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
W 14 G G	Has Early Head Start helped/(ELSE)Did Early Head Start help] you find a	XY	0 1		C A TEX	C + TTY	G + DY	G + DY	
Health Care Services	regular health care provider for [CHILD]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
		Provided Information Including Brochures/Meetings/Conversations, Made							
W 14 G G	W Pld II 0	Referrals For Example Phone Calls, Provided Health Care Directly, Helped			C A TEX	C + TTY	G A DY	G + DY	
Health Care Services	How did they help you?	In Some Other Way (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
TT 1.1 G G .	Will to do a	Had A Health Care Provider Prior To Enrollment, Found A Health Care	0 1		C + TT	C + TEX	C + DI	G + DY	
Health Care Services	Why is that?	Provider On My Own, Other (Specify) 6 months ago or less, more than 6 months ago but not more than 1 year ago.	0, 1		CATI	CATI	CAPI	CAPI	
	When we the least in a [CHH D] are a destar for a member has been a West's								
H 141 C C :	When was the last time [CHILD] saw a doctor for a regular checkup? Was it.				CATT	CATT	CADI	CADI	
Health Care Services	II.	or never?	0, 1		CATI	CAII	CAPI	CAPI	
Hoolth Come Commit-	Have you or other members of your family who live with you visited a dentist since [REFERENCE DATE]?	Voc. no	0.1	CATT	CATI	CATT	CADI	CADI	
Health Care Services Health Care Services	since [REFERENCE DATE]?  Did [CHILD] go to the dentist since [REFERENCE DATE]?	Yes, no Yes, no	0, 1	CAII	CAII	CATI	CAPI CAPI	CAPI CAPI	1
ricaiui Care Services	How many other members of your family visited the dentist since	1 CS, HO	U, I	1	1	-	CAPI	CAPI	1
Health Care Services	[REFERENCE DATE]?	Number	0.1	CATI	CATI	CATI	CAPI	CAPI	
neaun Care Services	[REFERENCE DATE]!	Number	0, 1	CAII	CAII	CAII	CAPI	CAPI	1
	Did you or other members of your family see a doctor, nurse, or other medical								
Hoolth Cara Sarriana	person for a health problem or check-up since [REFERENCE DATE]?	Voc. no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Which members of your family visited a doctor, nurse, or other medical	Yes, no	U, I	CAII	CAII	CAII	CAPI	CAPI	1
Haalth Cana Cany:		Vouhotim	0.1	CATI	CATI	CATI	CADI	CADI	
Health Care Services	professional since [REFERENCE DATE]?  How many times did (you/[NAME]) visit a doctor, nurse, or other health	Verbatim	0, 1	CAII	CATI	CAII	CAPI	CAPI	
Health Care Services	professional since [REFERENCE DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CADI	
ricanni Care Services	professional since [REFERENCE DATE]!	INUITIOGI	U, I	CAII	CAII	CAII	CArl	CAPI	

				Mode of Administration							
					Age 1				Age		
			Age	Perina	(follow-				3.5		
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit		
	(Was that visit/How many of those [NUMBER FROM k10] visits were) for a										
Health Care Services	routine check-up?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
	[Was that visit/How many of the [NUMBER FROM k10] visits by										
	(you/[NAME]) were] for acute or chronic health problems or for other										
Health Care Services	reasons?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
	[Was that visit/How many of the [NUMBER FROM k10] visits by										
Health Care Services	(you/[NAME]) were visits] to a hospital emergency room?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
	Did you receive treatment for an emotional, personal, or mental problem, not										
Health Care Services	including drug or alcohol treatment, since [REFERENCE DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
	Did [CHILD]'s (mother/father) receive treatment for an emotional, personal, or										
	mental problem, not including drug or alcohol treatment, since [REFERENCE										
Health Care Services	DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
	Did you receive treatment for a drug or alcohol problem since [REFERENCE		- /						1		
Health Care Services	DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI			
	Did [CHILD]'s (mother/father) receive treatment for a drug or alcohol problem		,,,-								
Health Care Services	since [REFERENCE DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Health Care Services	HOME (1 item on well-child visits)	Never, Once or twice, 3-4 times, 5-9 times, or 10 times or more?	0, 1	CHIII	CATI	CATI		CAPI	1		
Treatin Care Services	HOWE (1 tent on wen-clind visits)	completely up-to-date, mostly up-to-date (has received a majority of	0, 1		CHILI	CHILI	Criri	CITI	_		
		required shots), somewhat up-to-date ( has received less than half of									
Health Care Services	What is your child's immunization status?	required shots), never received any immunizations	0, 1		CATI	CATI	CAPI	САРІ			
Ticaltii Care Services	what is your clind's minimization status:	unable to schedule or attend appointments, too costly, worried about	0, 1		CAII	CAII	CALL	CALL	+		
Health Care Services	What are the reason(s) [CHILD] has incomplete immunization status?	complications (illness, disabilities), religious beliefs	0. 1		CATI	CATI	CAPI	CAPI			
ricaitii Cale Services	The next questions are about the health insurance plans for you and your	complications (filliess, disabilities), feligious beliefs	0, 1		CAII	CAII	CAFI	CAFI	+		
	household. Do you or anyone in your household have coverage through the										
	following? A private health insurance plan (from employer, workplace, or										
	purchased directly, or purchased through a state or local government program										
H14- C C		V	0 1	CATI	CATI	CATI	CADI	CADI			
Health Care Services	or community program?	Yes, no	0, 1	CAII	CATI	CAII	CAPI	CAPI	-		
Health Care Services	A Medicaid plan such as [STATE PROGRAM NAME FROM BOX P9b]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Ticaliii Caic Scivices	CHIP (Children's Health Insurance Program) or [NAME OF STATE	Tes, no	0, 1	CAII	CATI	CAII	CALL	CALL	+		
Health Care Services	PROGRAM FROM BOX P9c]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Health Care Services	Military health care/TRICARE/CHAMPUS/CHAMP-VA?	Yes, no	0, 1		CATI		CAPI	CAPI	-		
Health Care Services	Indian Health Service?	Yes, no	0, 1	_	CATI	CATI	CAPI	CAPI	+		
Health Care Services	Another government program such as Medicare? (SPECIFY)	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	-		
	Who does this health insurance plan cover?	,	0, 1	CATI	CATI	CATI	CAPI		-		
Health Care Services		Self, children, other family members	0, 1	CAII	CAII	CAII	CAPI	CAPI	-		
H M G G :	About how many months has it been since [CHILD] last had health care	N. 1 C 4	0 1		CATT	CATT	CART	CADI			
Health Care Services	coverage or health insurance?	Number of months GOT DIVORCED/SEPARATED/WIDOWED, GOT MARRIED OR	0, 1		CATI	CAII	CAPI	CAPI			
		REMARRIED, PERSON IN FAMILY WITH INSURANCE LOST JOB									
		OR CHANGED EMPLOYERS, EMPLOYER DOES NOT OFFER									
		COVERAGE, NOT ELIGIBLE FOR COVERAGE, COST IS TOO HIGH,	,								
		INSURANCE COMPANY REFUSED COVERAGE, LOST MEDICAID									
		OR MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN									
	L	INCOME, LOST MEDICAID (OTHER REASON), BECAME					1				
Health Care Services	Please tell me the reason(s) (he/she) is not covered by health insurance.	INELIGIBLE FOR CHIP, OTHER REASON (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	1		
	Since ([CHILD] was born/[REFERENCE DATE]), was there any time when										
Health Care Services	(he/she) did not have any health insurance or coverage?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI			
1	About how many months was [CHILD] without health insurance or health care										
Health Care Services	coverage?	Number of months	0, 1		CATI	CATI	CAPI	CAPI			

					Mod	le of Adı	ministra	tion	
					Age 1				Age
			Age		(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
		GOT DIVORCED/SEPARATED/WIDOWED, GOT MARRIED OR							
		REMARRIED, PERSON IN FAMILY WITH INSURANCE LOST JOB							
		OR CHANGED EMPLOYERS, EMPLOYER DOES NOT OFFER							
		COVERAGE, NOT ELIGIBLE FOR COVERAGE, COST IS TOO HIGH,							
		INSURANCE COMPANY REFUSED COVERAGE, LOST MEDICAID							
		OR MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN							
	Please tell me the reason(s) (he/she) was not covered by health insurance for	INCOME, LOST MEDICAID (OTHER REASON), BECAME							
Health Care Services	this period of time.	INELIGIBLE FOR CHIP, OTHER REASON (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	
	Was there ever a time when [CHILD] needed health care, but you couldn't								
Health Care Services	obtain it?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
	Are you [or other members of your family] currently covered by dental								
Health Care Services	insurance, either through a health insurance plan or an HMO?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Who does the dental insurance cover?	Self, children, other family members	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	Now I have some questions about you and [CHILD] at home. How many days	•							
	in a typical week do you or other family members read to [CHILD]. Would								
Family Routines	you say	every day, 3-6 days, 1-2 days, or never?	0, 1				CAPI	CAPI	
,	On the days someone reads to [CHILD], about how many minutes per day is		- /						
Family Routines	(she/he) read to?	Number	0, 1				CAPI	CAPI	
	My next questions are about some of the typical routines in your household. Ir		-, -						1
	a typical week, please tell me the number of days at least some of the family								
Family Routines	eats the evening meal together.	Number	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	When does [CHILD] usually eat in a typical day?	hh:mm, no usual times	0, 1		CATI	CATI	CAPI	CAPI	
	Now, I'd like to ask you about [CHILD]'s eating habits. I want to know about the food [CHILD] ate or drank during the past 7 days. Think about all the meals and snacks [CHILD] had from the time (he/she) got up until (he/she) went to bed. Be sure to include food [CHILD] ate at home, (Early Head Start),								
Family Routines	restaurants, play dates, anywhere else, and over the weekend.  Let's start with the kinds of milk [CHILD] drinks. Include all types of milk, including cow's milk, soy milk, or any other kind of milk. Include the milk (he/she) drank in a glass or cup, from a carton, or with cereal.  During the past 7 days, how many times did [CHILD] drink milk? Was it	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) does not drink milk?  WHOLE MILK, 2% MILK, SKIM MILK, LOW FAT OR 1% MILK, SOY	0, 1		CATI	CATI	CAPI	CAPI	
Family Dantings	What hind of wills did (CIMID) would dried during the cost 7 days?	MILK, BOTH REGULAR COW'S MILK AND SOY MILK, SOME OTHER KIND OF MILK (SPECIFY), LACTAID			CATI	CATI	CADI	CADI	
Family Routines	What kind of milk did [CHILD] usually drink during the past 7 days?		0, 1	1	CATI	CAII	CAPI	CAPI	
	During the past 7 days, how many times did [CHILD] drink 100% fruit juice?	four or more times a day two to three times a day once a day almost ever							
Family Routines	Was it	day, 1 to 3 times during the past 7 days, or (he/she) does not drink juice?	0, 1		CATI	CATI	CAPI	CADI	
Family Routines	During the past 7 days, how many times did [CHILD] drink fruit drinks that are not 100% fruit juice (for example, Kool Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks), sports drinks (for example, Gatorade), or soda pop (for example, Coke, Pepsi, or Mountain Dew)?	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not drink these beverages?			CAIT	CAII	CAPI		
ranniy Koutines	Mod Champie, Coke, Fepsi, of Modifiant Dew):	Deverages:	υ, 1		1		CALI	CALI	

					Mod	e of Adr	ninistra	ion	
g g 4			Age		Age 1 (follow-				Age 3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
	During the past 7 days, how many times did [CHILD] eat a meal or snack from								
	a fast food restaurant with no wait service such as McDonald's, Pizza Hut,								
	Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on?	four or more times a day, two to three times a day, once a day, almost every	,						
Family Routines	Consider eating in, carry out, and delivery of meals to your residence.	day, 1 to 3 times during the past 7 days, or (he/she) did not eat fast food?	0, 1				CAPI	CAPI	
ranniy Routines	During the past 7 days, how many times did [CHILD] eat candy (including	day, 1 to 3 times during the past 7 days, of (ne/sne) did not cat fast food:	0, 1				CHIL	CHIL	+
	Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other	r four or more times a day, two to three times a day, once a day, almost every	,						
Family Routines	sweets?	day, 1 to 3 times during the past 7 days, or (he/she) did not eat candy?	0, 1				CAPI	CAPI	
ranniy Routines	During the past 7 days, how many times did [CHILD] eat potato chips, corn	four or more times a day, two to three times a day, once a day, almost every	- /				CHIL	CHIL	_
	chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other	day, 1 to 3 times during the past 7 days, or (he/she) did not eat salty snack							
Family Routines	salty snack foods? Was it	foods?	0, 1				CAPI	CAPI	
Tanniy Routines	sarry shack roods: Was it	four or more times a day, two to three times a day, once a day, almost every					C/ 11 1	CHIL	+
	During the past 7 days, how many times did [CHILD] eat fresh, canned or	day, 1 to 3 times during the past 7 days, or (he/she) did not eat salty snack							
Family Routines	frozen fruit like bananas, peaches, or apples?	foods?	0, 1		CATI	CATI	CAPI	CAPI	
Tanniy Routines	nozen trut nike bananas, peaches, or appres:	10003:	0, 1		CATT	C/111	C/ 11 1	CHIL	+
	During the past 7 days, how many times did [CHILD] eat vegetables other than								
	potatoes (for example, carrots, tomatoes, or green beans)? Please count fresh	four or more times a day, two to three times a day, once a day, almost every	,						
Family Routines	or frozen vegetables served raw or cooked.	day, 1 to 3 times during the past 7 days, or (he/she) did not eat vegetables?	0, 1		CATI	CATI	CAPI	CAPI	
Tanniy Routines	How many times do you offer a new food before you decide [CHILD] does no		0, 1		CHII	C/111	C/ 11 1	CHIL	+
Family Routines	like it?	THAN TEN TIMES, CHILD LIKES EVERYTHING	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	Do you consider [CHILD]	A very picky eater, A somewhat picky eater, or Not a picky eater?	0, 1		CATI	_	CAPI		_
Family Routines	When is [CHILD]'s regular bedtime?	hh:mm. no usual time	0, 1		CATI		CAPI		$\overline{}$
Tanniy Routines	How many times in the last week, Monday through Friday, was [CHILD] put	ini.iiiii, no usuar tinic	0, 1		CHII	CHII	CHIL	CHIL	+
Family Routines	to bed at that time?	Number	0, 1		CATI	CATI	CAPI	CAPI	
ranniy Routines	During a typical night, about how many times does [CHILD] wake up and	rumber	0, 1		Criii	07111	C2 11 1	CHIL	+
Family Routines	need someone to help (him/her) settle back to sleep?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How long does [CHILD] usually sleep each night?	hh:mm, no usual hours	0, 1		CATI	CATI	CAPI	CAPI	+
Family Routines	How many naps does [CHILD] take in a typical day?	Number	0, 1		CATI	CATI	CAPI	CAPI	+
Family Routines	How long does each nap usually last?	hh:mm, child does not nap	0, 1		CATI	CATI	CAPI	CAPI	+
Family Routines	How old was [CHILD] when (he/she) stopped taking naps?	Years	0, 1		CATI	CATI	CAPI	CAPI	+
Tuning Rounnes	Family Environment Scale- conflict subscale (5 items)		0, 1		0.111	0	0.11	0.11	+
	Talling Environment State Commet Substate (5 Rems)								
	Moos, R. H., & Moos, B. S. (2002). Family environment scale manual:								
	Development, applications, and research (3rd ed.). Menlo Park, CA: Mind								
Family Routines	Garden.	strongly agree, mildly agree, mildly disagree, or strongly disagree	0. 1	CATI			CAPI		
, , , , , , ,	CHAOS Scale (15 items)		- /						1
	,								
	Matheny, A. P., Wachs, T. D., Ludwig, J. L., & Phillips, K. (1995). Bringing								
	order out of chaos: Psychometric characteristics of the confusion, hubbub, and								
	order scale. Journal of Applied Developmental Psychology, 16, 429-444.	Very much like own home, Somewhat like own home, A little like own							
Family Routines	oraci scale. volitili di rippined Developinentali i spenology, 10, 427-444.	home, Not at all like own home	0, 1				CAPI		
, ,	(3 items on exposure to violence from ITSEA + 1 item new to school-age		,						1
	instrument)								
	Carter, A. S., & Briggs-Gowan, M. (2000). The Infant-Toddler Social and								
	Emotional Assessment (ITSEA). Unpublished Manual. University of								
	Massachusetts Boston Department of Psychology, Boston, MA, Yale								
Family Routines	University, New Haven, CT.	Yes, no	0. 1				CAPI		
	TOTH VETSILV. NEW TRAVEIL CT.	1,	, -	1	1		J I		

					Mod	ion			
					Age 1				Age
			Age		(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
	HOME, Language Stimulation/Support of Literacy Combination Subscale (8								
	interview items)								
I	Coldwall D. M. & Duodlay D. H. (2002). Administration manual Home								
	Caldwell, B. M., & Bradley, R. H. (2003). Administration manual: Home observation for measurement of the environment. Little Rock, AR: University								
HOME	of Arkansas at Little Rock.	Varies	0, 1					CAPI	
	BITSEA (42 items)		-, -						1
	Briggs-Gowan, M. J., & Carter, A. S. (2002). The brief infant-toddler social								
	and emotional assessment (BITSEA) manual, version 2.0. New Haven, CT:								
Child Behavior	Yale University.	Not true or rarely, somewhat true or sometimes, or very true or often	0, 1		CATI	CATI	CAPI	CAPI	
	ASQ (30 items)								
	Bricker, D., & Squires, J. (1999). The ages & stages questionnaires (ASQ): A								
CITIES :	parent-completed, child monitoring system (2nd ed. ed.). Baltimore, MD: Paul	<b>X</b>	0 1		CATT	CATT	CADI	CADI	
Child Behavior	H. Brookes.	Yes, sometimes, or not yet	0, 1		CATI	CAII	CAPI	CAPI	
	Behavior Problems Index (28 items)								
	Zill, N. (1985). Behavior problem scales developed from the 1981 child health								
	supplement to the national health interview survey Child Trends, Inc.								
Child Behavior	supported to the national health interview survey emit Frends, inc.	Often true, sometimes true, not true	0, 1					CAPI	
		The strip is a strip in the str	- /						
Parent Health	Now, let's talk about your health. Would you say your health in general is	excellent, very good, good, fair, or poor?	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	During (this/your most recent) pregnancy, did you see a physician or go to a								
Parent Health	clinic for prenatal care?	Yes, no	0, 1	CATI		CATI			
	In which month of (this/your most recent) pregnancy did you first see a	First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Did Not							
Parent Health	physician or go to a clinic for prenatal care?	See A Physician or go to a clinic	0, 1	CATI		CATI			
D . II 11	How many times (did you visit/have you visited) a physician or clinic for	V 1 0 1 1	0.1	C A TOY		C + TTT			
Parent Health	prenatal care during (this/that) pregnancy?	Number of visits	0, 1	CATI	CATT	CATI	CADI	CADI	
Parent Health Parent Health	Has a doctor ever told you that you have asthma? allergies?	Yes, no Yes, no	0, 1		CATI CATI	CATI CATI		CAPI CAPI	₩
Parent Health	a serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar	res, no	0, 1	CAII	CAII	CAII	CAPI	CAPI	
Parent Health	disorder, or manic episodes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Parent Health	diabetes?	Yes, no	0, 1	CATI	CATI			CAPI	+
Parent Health	major depression?	Yes, no	0, 1	CATI	CATI		CAPI	CAPI	
Parent Health	a learning disability?	Yes, no	0, 1	_	CATI	CATI			
	CES-D Short Form (20 items)	,							
	Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for								
	research in the general population. Applied Psychological Measurement, 1,	rarely or never, some or a little of the time, occasionally or a moderate							
Parent Health	385-401	amount of time, or most or all of the time	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	Adult Attachment Inventory (18 items)								
	Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response								
D (II 1:1	theory analysis of self-report measures of adult attachment. Journal of		0.1				CARY		
Parent Health Parent Health	Personality and Social Psychology, 78, 350-365.	7-point scale from disagree strongly (1) to agree strongly (7)	0, 1	CATI		CATI	CAPI		$\vdash$
raient Health	Have you smoked at least 100 cigarettes in your entire life?  In the 3 months before you got pregnant, how many cigarettes or packs did you	Yes, no	0, 1	CAII		CAII			$\vdash$
Parent Health	smoke on an average day?	Number of cigarettes, number of packs	0, 1	CATI					
i aiviit ficaitii	smoke on an average day?	rvanioer or ergarenes, number of packs	υ, 1	CAII	1		1	1	

					Mode of Adm	inistration	
					Age 1		Age
			Age	Perina	(follow-		3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up) Age 1	Age 2 Age	3 Exit
	In the last 3 months of your pregnancy, how many cigarettes or packs did you						
Parent Health	smoke on an average day?	Number of cigarettes, number of packs	0, 1	CATI			
Parent Health	In the last 30 days, did you smoke tobacco such as cigarettes or cigars?	Yes, no	0, 1		CATI		
Parent Health	How many cigarettes or packs of cigarettes do you smoke on an average day?	Number of cigarettes, number of packs	0, 1	CATI	CATI		
	The next questions are about how frequently you drink alcoholic beverages.						
	By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a						
	shot of liquor, or a mixed drink. In the 3 months before you got pregnant, how						
Parent Health	many alcoholic drinks did you have in an average week?	Number of drinks	0, 1	CATI			
	In the last 3 months of your pregnancy, how many how many alcoholic drinks						
Parent Health	did you have in an average week?	Number of drinks	0, 1	CATI			
	During the last 30 days, how often, if ever, did you drink alcoholic beverages,	less than once a week, 1 or 2 days per week, 3 or 4 days per week, 5 or 6					
Parent Health	including beer, wine or liquor? Would you say	days per week, every day, or never?	0, 1		CATI		
	On the days that you drank alcoholic beverages (including beer, wine, and						
Parent Health	liquor) in the last 30 days, how many drinks did you usually have?	Number	0, 1	CATI	CATI		
	Before I ask you the next question, I'd like to remind you that all the						
	information you give us on this interview is confidential and will not be shared						
	with Early Head Start or any other program. The next question is about your						
	use of drugs on your own. By "on your own" we mean either without a						
	doctor's prescription, in larger amounts than prescribed, or for a longer period						
	than prescribed. With this definition in mind, did you ever use drugs on your						
Parent Health	own during the past 12 months?	Yes, no	0,1	CATI		CATI	
	This next part of the interview is about your family's goals. Most families		- /				
	have goals or hopes for the future. When you think of you and your family five						
	years from now, how do you hope your lives will be different? Do you hope						
Family Goals	to obtain more education?	Yes, no	0, 1	CATI	CATI		
Family Goals	Acquire new job skills?	Yes, no	0, 1	CATI	CATI		
Family Goals	Find a job?	Yes, no	0, 1	CATI	CATI		
Family Goals	Find a better job?	Yes, no	0, 1	CATI	CATI		
Family Goals	Have more income or not have to worry about money?	Yes, no	0, 1	CATI	CATI		
Family Goals	Get off of public assistance?	Yes, no	0, 1	CATI	CATI		
Family Goals	Get married?	Yes, no	0, 1	CATI	CATI		_
Family Goals	Have more children?	Yes, no	0, 1	CATI	CATI		-
Family Goals	Have different living arrangements?	Yes, no	0, 1	CATI	CATI		_
Family Goals	Move to different type of housing?	Yes, no	0, 1	CATI	CATI		_
Family Goals	Live in a different place?	Yes, no	0, 1	CATI	CATI		_
Family Goals	Have more leisure time?	Yes, no	0, 1	CATI	CATI		_
Family Goals	Get along better with family or friends?	Yes, no	0, 1	CATI	CATI		-
Family Goals	Have better health?	Yes, no	0, 1	CATI	CATI		-
Tunniy Gours	Do something else (SPECIFY) (Probe: Is there anything else you hope will	100, 110	0, 1	C/111	CAII		-
Family Goals	change for your family in the next five years?)	Yes, no	0, 1	CATI	CATI		
I anniy Otais	change for your failing in the next five years:)	Code: a) Obtain more education, b) Acquire new job skills, c) Find a job,	0, 1	CAII	CAII		_
		d)Find a better job, e) Have more income or not have to worry about					
		money, f) Get off of public assistance, g) Get married, h) Have more					
		children, i) Have different living arrangements, j) Move to different type of	e				
			1				
	E 4 1 (CHILOCALGEROMI ) 1114	housing, k) Live in a different place, l) Have more leisure time, m) Get					
F " G '	From the goals you mention: (FILL GOALS FROM 1a-o), which three are	along better with family or friends, n) Have better health, o) Do something		G / ==	~ . =-		
Family Goals	most important for you and your family?	else (SPECIFY)	0,1	CATI	CATI		

					Mod	e of Administra	tion	
					Age 1			Age
			Age	Perina	(follow-			3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1 Age 2	Age 3	Exit
		Finish High School Or High School Diploma, Get A Ged, Attend Two-Yea	r					
		College Or Associate'S Degree, Attend Four-Year College Or Bachelor'S						
		Degree, Attend Graduate School Or Ma/Ph.D./Md,						
		Vocational/Technical/Trade/Business Or Secretarial						
	You mentioned that one of your goals is to obtain more education. What is	Diploma/Certificate/Degree, Take Course Only/No Degree, Eighth, Nursing	g					
Family Goals	the highest level of education you would like to get?	Degree/Rn/Lpn, Other (Specify)	0, 1	CATI		CATI		
•	[You (also) mentioned that you would like to acquire new job skills.] Do you							
	want to obtain skills in a new occupation or do you want to improve your skills	Get Training For New Occupation, Improve Skills In Current Occupation,						
Family Goals	in your current occupation?	Other (Specify)	0.1	CATI		CATI		
Family Goals	What type of job training program would you like to attend?	Other (Specify)	0, 1	CATI		CATI		-
runniy Goulo	what type of job training program would you me to uttend.	Job With Better Pay, Job With More Convenient Hours, Full-Time Job, Job		0.111		0.111		1
	You (also) mentioned you would like to find a better job. How would you like							
Family Goals	your job to be better?	Interesting Or Challenging Job, Other (Specify)	0. 1	CATI		CATI		
Talliny Goals	your job to be better:	Increase Number Of Household Members Who Work, Increase Own Hours	-, -	CHIII		CATT		-
	[You (also) mentioned you would like more income.] How do you want to	Worked, Increase Hourly Wage, Receive Higher Public Assistance Benefits						
Family Goals	increase your income?	Hit The Lottery, Other (Specify)	0, 1	CATI		CATI		
railing Goals	[You (also) mentioned you would like to be independent of public assistance.]	Find A Job, Find Higher Paying Job, Find More Secure Job, Get Married,	0, 1	CAII		CAII		+
E:l Cl-			0.1	CATI		CATI		
Family Goals	How do you want to get off of public assistance?	Other (Specify)	0, 1	CATI		CATI		-
	[You (also) mentioned that you would like to get married.] Do you want to	M. G. D. C. LOUIS LEVELED BY LOND						
	marry your current (boyfriend/girlfriend) or are you hoping to find the right	Marry Current Boyfriend/Girlfriend, Find The Right Partner And Get						
Family Goals	partner in the future?	Married, Other (Specify)	0, 1	CATI		CATI		
	[You (also) mentioned that you would like to have more children.] How many							
Family Goals	more children would you like to have?	Number	0, 1			CATI		
Family Goals	When would you like to have your next child?	Number [of months from now]	0, 1			CATI		
	[You (also) mentioned that you would like different living arrangements.]	Move Into Own Home Or Apartment, Move In With Boyfriend/Girlfriend,						
Family Goals	What type of living arrangement would you like?	Move In With Relatives, Move In With Friends, Other (Specify)	0, 1	CATI		CATI		
	You (also) mentioned that you would like a different type of housing. What							
Family Goals	type of housing would you like to live in?	Permanent Housing, Apartment Or Condominium, House, Other (Specify)	0, 1	CATI		CATI		
_	You (also) mentioned that you would like to move. Where would you like to	Different Neighborhood Within Same City Or Metropolitan Area, Different						
Family Goals	move?	City Within State, Different State, Other (Specify)	0, 1	CATI		CATI		
	On [LAST INTERVIEW DATE], you mentioned that one of your goals was to							
Family Goals	[FILL GOAL FROM 1a-o]. Is that still one of your goals?	Yes, no	0, 1		CATI	CAPI	CAPI	
	(Have you/Has your) [FILL GOAL ATTAINED] since LAST INTERVIEW		., -					1
Family Goals	DATE?	Yes, no	0. 1		CATI	CAPI	CAPI	
Family Goals	How many more children do you want?	Number	0. 1		CITI	CAPI		+
running Gouns	Have you made progress since LAST INTERVIEW DATE toward [FILL	1 valided	0, 1			CHI	C/ 11 1	-
Family Goals	CURRENT GOAL]?	Yes, no	0. 1		CATI	CAPI	CAPI	
ranniy Goais	CORRENT GOALJ:	Open-ended. Code: 1) Obtain more education, 2) Acquire new job skills,	0, 1		CAII	CALL	CALL	+
		3) Find a job, 4) Find a better job, 5) Have more income or not have to						
		worry about money, 6) Get off of public assistance, 7) Get married, 8) Have						
	Do you have any many goals on homes for the future for your family that we							
	Do you have any new goals or hopes for the future for your family that we	more children, 9) Have different living arrangements, 10) Move to different	1					
	haven't already talked about? PROBE: Is there anything else you hope will be							
	different for you or your family five years from now? PROBE: Is there	13) Get along better with family or friends, 14) Have better health, 0) Do			a . ==			
Family Goals	anything else?	something else (SPECIFY)	0, 1		CATI	CAPI	CAPI	
	Does [CHILD] have an Individualized Education Program or Plan (IEP) or an							
Other Services	Individual Family Service Plan (IFSP)?	Yes, no	0, 1		CATI	CATI CAPI	CAPI	
	Did you or another family member participate in developing an IEP or an IFSP							
Other Services	for [CHILD]?	Yes, no	0, 1		CATI	CATI CAPI	CAPI	

					Mode	of Adr	ninistrat	tion	
			Age	Perina (fo					Age 3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal up	<u>)</u>	Age 1	Age 2	Age 3	Exit
	Was this plan developed with Early Head Start staff, or with some other person					~			
Other Services	or agency?	School staff, non-school staff	0, 1	C	ATI	CATI	CAPI	CAPI	
		none of the services identified in the IEP or IFSP, some of the services.							
		most of the services, or all of the services identified in the IEP or IFSP?							
Other Services	Is [CHII D] receiving	most of the services, of all of the services identified in the IEP of IFSP?	0, 1	C	ATI	CATI	CADI	CAPI	
Other Services	Is [CHILD] receiving  How satisfied (are you/have you been) with those services? (Are you/Have	very satisfied, somewhat satisfied, somewhat dissatisfied, or very	0, 1	C.	411	CAII	CAPI	CAPI	+
Other Services	vou been)	dissatisfied?	0. 1	C	ATI	CATI	CAPI	CADI	
Other Services	you been)	Home-based services in which Early Head Start services are provided in	0, 1	C.	411	CAII	CAPI	CAPI	+
		[CHILD]'s home, Center-based services in which Early Head Start services	,						
		are provided in a child development center, Family child care in which	,						
	Which of the following best describes the kind of care [CHILD] receives from								
Other Services	[PROGRAM NAME]?	home, Some other program option (SPECIFY)	0. 1	C	ATI	CATI	CAPI	CADI	
Other Services	[PROGRAM NAME]?	nome, some other program option (SPECIF1)	0, 1	C.	411	CAII	CAPI	CAPI	-
	Do these home-based services also include Early Head Start services such as	Yes, no							
Other Services	center-based care, family child care, respite care or similar services?	168, 110	0. 1	C	ATI	CATI	CAPI	CADI	
Office Services	Do these [center-based services/family child care services] also include home		0, 1	C/	411	CAII	CAFI	CAFI	+
Other Services	visits?	Yes, no	0, 1	C	ATI	CATI	CAPI	CAPI	
Offici Scrvices	VISITS:	105, 110	0, 1	C/	111	CAII	CALL	CALL	+
Other Services	When did [CHILD] first start receiving these services from [PROGRAM]?	mm/yyyy	0, 1	C	ATI	CATI	CAPI	CADI	
Offici Scrvices	Has anyone from Early Head Start visited you and [CHILD] at home since	IIIII yyyy	0, 1	C/	111	CAII	CALL	CALL	+
Other Services	[DATE FROM A1/LAST INTERVIEW DATE]?	Yes, no	0. 1	C	ATI	CATI	CAPI	CAPI	
Offici Scrvices	Home visitors may have come to do activities with you and [CHILD] or talk to		0, 1	CI	111	CAII	CALL	CALL	+
	you about how (he/she) is doing or about how your family is getting along. Has								
	anyone from Early Head Start visited you at home since [DATE FROM								
Other Services	A1/LAST INTERVIEW DATE]?	Yes, no	0, 1	C	ATI	CATI	CAPI	CAPI	
Other Bervices	Has anyone from Early Head Start visited you and CHILD at another place,	1 03, 110	0, 1	C.	111	CHII	CHII	CHIL	+
	such as CHILD's child care or another person's home, since [DATE FROM								
Other Services	A1/LAST INTERVIEW DATE]?	Yes, no	0, 1	C	ATI	CATI	CAPI	CAPI	
Other Bervices	INITERIOR INTERVIEW DATE).	ONLY ONCE, TWO OR THREE TIMES A WEEK, ONCE A WEEK,	0, 1		***	C/111	CHIL	CHIL	+
	How many times did someone visit you and [CHILD] since [LAST	TWO OR THREE TIMES A MONTH, ONCE A MONTH, LESS THAN							
Other Services	INTERVIEW DATE)?	ONCE A MONTH, OTHER (SPECIFY)	0, 1	C	ATI	CATI	CAPI	CAPI	
Other Services	Did the same person visit you at home each time?	Yes, no	0, 1		ATI	CATI	CAPI	CAPI	+
Other Services	What [is/are] the name(s) of the [person/people] who visited you?	Verbatim	0, 1		ATI	CATI	CAPI	CAPI	+
Other Services	About how long did (that/each) visit last?	hh:mm	0, 1		ATI		CAPI	CAPI	+
5 501 /1005	How many different classrooms has [CHILD] been in since [DATE IN		·, ·	C1		J.111	Ç. II I	J. 11 1	<b>†</b>
Other Services	O2/LAST INTERVIEW DATE!?	Number	0, 1	C	ATI	CATI	CAPI	CAPI	
	How many paid child care staff and volunteers regularly provide care to		-,-						1
	[CHILD] in (his/her) classroom? Please exclude administrative staff, cooks,								
Other Services	and janitors who do not provide direct child care.	Number	0, 1	C	ATI	CATI	CAPI	CAPI	
	Altogether, how many different adults does [CHILD] interact with in the		-,-			,			1
Other Services	classroom in a typical week?	Number	0, 1	C	ATI	CATI	CAPI	CAPI	
	What are the names and positions of the staff and regular volunteers who	Verbatim. Positions coded as: Lead/Head Teacher, Assistant Teacher,					1		1
Other Services	provide care in [CHILD]'s classroom?	Aide/Caregiver, Volunteer, Other (Specify)	0, 1	C	ATI	CATI	CAPI	CAPI	
	L		-, -						<b>†</b>
Other Services	Which person would you say spends the most time taking care of [CHILD]?	Verbatim or All the same	0. 1	C	ATI	CATI	CAPI	CAPI	
Del 11000			-, -			J	J 1	2.1.1	1
Other Services	How long has [PERSON FROM A8] been a child care provider for [CHILD]?	Number of years and/or months and/or weeks	0. 1	C	ATI	CATI	CAPI	CAPI	

				Mode of Administration				tion	
					Age 1				Age
			Age		(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
	(In the past year/Since [LAST INTERVIEW DATE]), how often have you or								
	other family members participated in the following activities at (PROGRAM)?								
	For each one, tell me if you did not participate at all or if you participated once								
	or twice, or three or more times. Attend group activities for parents and their								
	children. PROBE IF RESPONSE IS 3 OR MORE TIMES: Would you say	Not at all, once or twice, three or more times, at least monthly, more than							
Other Services	you participated at least monthly or more often than monthly?	once a month	0. 1		CATI	CATI	CAPI	CAPI	
Other Services	Attend parent education meetings or workshops on topics such as job skills or	once a month	0, 1		CHII	CATT	CHII	CHII	+
Other Services	child-rearing	Not at all, once or twice, three or more times	0, 1	v	CATI	CATI	CAPI	CAPI	
Other Services	Attended an Early Head Start social event	Not at all, once or twice, three or more times	0, 1	v	CATI	CATI		CAPI	+
Other Services	Volunteered in an Early Head Start classroom	Not at all, once or twice, three or more times	0, 1	Α	CATI	CATI		CAPI	+
Other Services	Volunteered to help out at the (LOCAL EHS PROGRAM) or served on a	Not at an, once of twice, three of more times	0, 1		CHII	CATT	CHII	CHII	+
Other Services	committee, but not in a classroom or on Policy Council	Not at all, once or twice, three or more times	0, 1	Y	CATI	CATI	CAPI	CAPI	
Other Services	Participated on the (PROGRAM) Policy Council	Not at all, once or twice, three or more times	0, 1	X	CATI	_	CAPI	CAPI	+
other pervices	Take part in center activities in some other way? (SPECIFY) PROBE IF	That at an, once of twice, ance of more times	0, 1	A	CHIII	CHIII	CHIT	CHIL	+
	RESPONSE IS 3 OR MORE TIMES: Would you say you participated at least	Not at all once or twice, three or more times, at least monthly, more than							
Other Services	monthly or more often than monthly?	once a month	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	What did you like most about the program?	one a month	0, 1	X	CATI	CATI		CAPI	+
other Bervices	Now I have some questions about your household's experiences with various		0, 1	-	0.111	0.111	0.11	0.11	+
	community agencies. Since [you became pregnant with [CHILD]/[CHILD]								
	was born/[CHILD] began living in your household], have you or anyone in								
	your household received Prenatal education and information about								
Other Services	breastfeeding?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Help finding good child care?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	1
Other Services	Transportation assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Disability services?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Emergency assistance?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Employment assistance?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Education or job training?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	1
Other Services	Legal assistance?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Housing assistance?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Financial counseling?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	1
Other Services	Family literacy training?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	English Language Learner (ELL) training?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Some other service? (SPECIFY)	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
	Did [PROGRAM] provide [fill service from Q9a-n] directly or refer you to								
Other Services	another agency for this service?	Provided Service Directly, Referred To Another Agency, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
	The next questions are about income support you or someone in your								
	household may have received. In the past six months, did you or anyone in								
	your household receive any income or support from [State Welfare name								
Other Services	from Box Q21a] or welfare?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Unemployment insurance?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Food Stamps?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	WIC - Special supplemental food program for Women, Infants, and Children?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	<u> </u>
Other Services	Child support?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	SSI or Social Security Retirement, Disability, or Survivor's benefits?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Payments for providing foster care?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
Other Services	Energy assistance?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	

				Mode of Administration					
					Age 1				Age
			Age		(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
	Did [PROGRAM] refer you to another agency for [fill income support from								
Other Services	M1a-h]?	Yes, no	0, 1	X	CATI	CATI	CAPI	CAPI	
	The most and of the intermination in the set of the set of the s								
	The next part of the interview is about whether you or your family have								
	adequate resources, such as time, money, and energy, to meet the needs of								
	your family as a whole, as well as the needs of individual family members. For								
	each question, please describe how well your needs are met on a consistent								
	basis, month-in and month-out, by indicating whether the way the need is met								
	is not at all adequate, seldom adequate, sometimes adequate, usually adequate,								
	or almost always adequate. To what extent are the following resources	Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	adequate for your family? Food for two meals a day?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
1		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Your house or apartment?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Enough money to buy necessities?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Enough clothes for your family?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Enough heat for your house or apartment?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Your indoor plumbing or water?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Money to pay monthly bills?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	A good job for yourself or your spouse or partner?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Medical care for your family?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Public assistance like SSI, AFDC, Medicaid, or Food Stamps?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Dependable transportation?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
- I		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Time to get enough sleep or rest?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Furniture for your house or apartment?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Time to be by yourself?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Time for your family to be together?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Time to be with your (child/children)?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Time to be with your spouse or partner?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Time to be with close friends?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Telephone or access to a telephone?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
		Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources	Babysitting for your (child/children)?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	

Needs and Resources Needs and Resources Detail care for your family? Needs and Resources Someone to talk to? Needs and Resources Time to socialize? Needs and Resources Nor at all adequate, senderm adequate, usually adequate, or almost always adequate 0, 1 CATI CATI CATI CATI CAPI CAPI Nor at all adequate, senderm adequate, usually adequate, or almost always adequate 0, 1 CATI CATI CATI CATI CAPI CAPI Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, sometimes adequate, usually Nor at all adequate, senderm adequate, senderm adequate, usually Nor at all adequate, senderm adequate, senderm adequate, usually Nor at all adequate, senderm adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor at all adequate, senderm adequate, usually Nor					Mode of Administration					
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Not at all adequate, seldom adequate, usually adequate, sometimes adequate, usually adequate, or almost always adequate  Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate  Needs and Resources  Have you moved since [REFERENCE DATE]?  Yes, no  0, 1 CATI CATI CATI CAPI CAPI  Needs and Resources  How many times have you moved since [REFERENCE DATE]?  Number of times  0, 1 CATI CATI CATI CAPI CAPI  CAPI CAPI  Needs and Resources  When was the last time you moved?  I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [CURRENT MONTH]. (I/We) worried whether (my/our) food would run out before (I/We) got money to buy more.  The food that (I/we) bought just didn't last, and (I/we) didn't have money to get			Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources  The help you need for a child with special needs?  Adequate, or almost always adequate  O, 1 CATI CATI CATI CAPI CAPI  Needs and Resources  Have you moved since [REFERENCE DATE]?  Number of times  O, 1 CATI CATI CATI CAPI CAPI  Number of times  O, 1 CATI CATI CAPI CAPI  CAPI  CA	Needs and Resources	The disability assistance available to you and your family?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources Have you moved since [REFERENCE DATE]?  Number of times  O, 1 CATI CATI CATI CAPI CAPI  Number of times  Needs and Resources  When was the last time you moved?  I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [CURRENT MONTH]. (I/We) worried whether (mg/our) food would run out before (I/we) got money to buy more.  Needs and Resources  The food that (I/we) bought just didn't last, and (I/we) didn't have money to get			Not at all adequate, seldom adequate, sometimes adequate, usually							
Needs and Resources  How many times have you moved since [REFERENCE DATE]?  Number of times  0, 1 CATI CATI CATI CAPI CAPI  Needs and Resources  When was the last time you moved?  I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [CURRENT MONTH]. (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.  Needs and Resources  The food that (I/we) bought just didn't last, and (I/we) didn't have money to get	Needs and Resources	The help you need for a child with special needs?	adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources  How many times have you moved since [REFERENCE DATE]?  Number of times  0, 1 CATI CATI CATI CAPI CAPI  Needs and Resources  When was the last time you moved?  I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [CURRENT MONTH]. (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.  Needs and Resources  The food that (I/we) bought just didn't last, and (I/we) didn't have money to get			•							
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The food that (I/we) bought just didn't last, and (I/we) didn't have money to get	Needs and Resources		often true, sometimes true, never true	0. 1	CATI	CATI	CATI	CAPI	CAPI	
				-,-						1
	Needs and Resources			0.1	CATI	CATI	CATI	CAPI	CAPI	
	1.ccas and resources		otter dae, somedinos dae, novo dae	0, 1	21111	J1111	C/111	J. 11 1	C1111	†
Needs and Resources (I/We) couldn't afford to eat balanced meals.  often true, sometimes true, never true  0.1 CATI CATI CAPI CAPI CAPI	Needs and Resources	(I/We) couldn't afford to eat balanced meals	often true, sometimes true, never true	0.1	CATI	CATI	CATI	CAPI	CAPI	

				Mode of Administration							
S S42	Out the street to the street t	Out the second	Age		Age 1 (follow-	A 1	A 2	A 2	Age 3.5		
Survey Section	Question item/Instrument  (I/We) relied on only a few kinds of low-cost food to feed (my	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit		
	child/[CHILD]/the children) because (I was/we were) running out of money to										
N D	buy food.	-6	0 1	CATI	CATI	CATI	CAPI	CAPI			
Needs and Resources	(I/We) couldn't feed (my child/[CHILD]/the children) a balanced meal because	often true, sometimes true, never true	0, 1	CAII	CAII	CAII	CAPI	CAPI	-		
Needs and Resources	(I/we) couldn't feed (fify child) [Child] the children a balanced mean because (I/we) couldn't afford that.		0, 1	CATI	CATI	CATI	CAPI	CAPI			
Needs and Resources	PCRS (27 items, confidence and collaboration subscales)	often true, sometimes true, never true	0, 1	CAII	CAII	CAII	CAPI	CAPI	-		
	FCKS (27 Items, confidence and conaboration subscales)										
	Elicker, J. et al. (1997) The Parent-Caregiver Relationship Scale: Rounding										
Staff-Parent	Out the Relationship System in Infant Child Care. Early Education and										
Relationships	Development, 8, 83-100	Strongly disagree, disagree, somewhat agree, agree, strongly agree	0, 1	CATI		CATI	CAPI	CADI			
Relationships	First, I would like to verify your telephone number. What is your telephone	Strongry disagree, disagree, somewhat agree, agree, strongry agree	0, 1	CAII		CAII	CAPI	CAPI	-		
Tracking Information	number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Tracking Information	Whose name is that number listed under?	Verbatim	0, 1		CATI	CATI	CAPI	CAPI	+		
Tracking Information	Can you give me a number where you can be reached?	Telephone number	0, 1	_	CATI	CATI	CAPI	CAPI	+		
Tracking Information	Whose telephone is that?	Verbatim Verbatim	0, 1		CATI	CATI	CAPI	CAPI	-		
Tracking information	Do you have another phone number like a beeper number or cell phone	Verbaum	0, 1	CAII	CAII	CAII	CAFI	CAFI	+		
Tracking Information	number?	Cell number, Beeper number	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Tracking Information	Please give me your full name and permanent address.	Name, address	0, 1		CATI	CATI	CAPI	CAPI	-		
Tracking Information	May we call you at your work number?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	-		
Tracking Information	What is your work telephone number?	Telephone number	0, 1		CATI	CATI		CAPI	+		
Tracking information	Please tell me the names, addresses and telephone numbers of three people	receptione number	0, 1	CAII	CAII	CAII	CAFI	CAFI	-		
	who do not live with you but who will know how to contact you a year from										
	now? This will help us contact you so we can still complete an interview with										
	you if you move. What is the name of the first person who will know how we										
Teopleina Information	can reach you?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CADI			
Tracking Information	can reach you?	Verbatim	0, 1	CAII	CAII	CAII	CAPI	CAPI	-		
		Biological Mother, Biological Father, Adoptive Mother, Adoptive Father,									
		Stepmother, Stepfather, Grandmother., Grandfather, Great Grandmother,									
		Great Grandfather, Sister/Stepsister, Brother/Stepbrother, Other Relative On	-								
		In-Law (Female), Other Relative Or In-Law (Male), Foster Parent (Female)									
		Foster Parent (Male), Other Non-Relative (Female), Other Non-Relative	',								
Tracking Information	How is this person related to you?	(Male), Parent's Partner (Female), Parent's Partner (Male)	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Tracking Information	What is that person's telephone number?	Telephone number	0, 1		CATI	CATI	CAPI	CAPI	-		
Tracking Information	Please give me their permanent address.	Address	0, 1		CATI	CATI	CAPI	CAPI			
Tracking Information	What is the name of a second person?	Verbatim	0, 1		CATI	CATI	CAPI	CAPI	+		
Tracking information	what is the name of a second person:	Verbaum	0, 1	CAII	CAII	CAII	CAFI	CAFI	+		
		Biological Mother, Biological Father, Adoptive Mother, Adoptive Father,									
		Stepmother, Stepfather, Grandmother., Grandfather, Great Grandmother,									
		Great Grandfather, Sister/Stepsister, Brother/Stepbrother, Other Relative On	-								
		In-Law (Female), Other Relative Or In-Law (Male), Foster Parent (Female)									
		Foster Parent (Male), Other Non-Relative (Female), Other Non-Relative	''								
Tracking Information	How is this person related to you?	(Male), Parent's Partner (Female), Parent's Partner (Male)	0, 1	CATI	CATI	CATI	CAPI	CAPI			
Tracking Information	What is that person's telephone number?	Telephone number	0, 1		CATI	CATI	CAPI	CAPI	+		
Tracking Information	Please give me their permanent address.	Address	0, 1	CATI		CATI	CAPI	CAPI	+		
Tracking Information	What is the name of a third person?	Verbatim	0, 1		CATI		CAPI		+		
Tracking information	what is the name of a till u person?	v Ci Daulii	υ, 1	CAII	CAII	CAII	CAPI	CAPI			

				Mode of Administration					
				Age 1				Age	
			Age	Perina	(follow-				3.5
Survey Section	Question item/Instrument	Question response	Cohort	tal	up)	Age 1	Age 2	Age 3	Exit
		Biological Mother, Biological Father, Adoptive Mother, Adoptive Father,							
		Stepmother, Stepfather, Grandmother., Grandfather, Great Grandmother,							
		Great Grandfather, Sister/Stepsister, Brother/Stepbrother, Other Relative Or							
		In-Law (Female), Other Relative Or In-Law (Male), Foster Parent (Female),	,						
		Foster Parent (Male), Other Non-Relative (Female), Other Non-Relative							
Tracking Information	How is this person related to you?	(Male), Parent's Partner (Female), Parent's Partner (Male)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	What is that person's telephone number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Please give me their permanent address.	Address	0, 1	CATI	CATI	CATI	CAPI	CAPI	
	The respondent (was/had) able to understand questions easily/hardly able to								
Interviewer Ratings	understand	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Interviewer Ratings	The respondent (was/had)truthful/untruthful	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Interviewer Ratings	The respondent (was/had) accurate/inaccurate	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
_	The respondent (was/had) interested in the interview/not interested in the	•							
Interviewer Ratings	interview	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Interviewer Ratings	The respondent (was/had) cooperative/uncooperative	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
_	The respondent (was/had)no English language problem/spoke English with	•							
Interviewer Ratings	great difficulty	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Interviewer Ratings	The respondent (was/had) interviewed without interruption/interrupted often	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Interviewer Ratings	your opinion about the overall quality of the data	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI	