

**NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY**

**PROJECT 6549**

**TELEPHONE INTERVIEWER MANUAL SPECIFICATIONS  
(REVISED)**

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**For**

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## NEILS PARENT INTERVIEW

intro2 Hello, my name is \_\_\_\_\_. I am trying to reach [FIRST RESPONDENT ON SAMPLE FILE] about [CHILD's FIRST NAME] early intervention services. Is this the right number for [RESPONDENT NAME]? (IF NOT, ASK FOR SECOND RESPONDENT ON SAMPLE FILE).

- 0 = YES
- 2 = NO, BUT PERSON ON THE PHONE KNOWS THE SAMPLE MEMBER
- 4 = NO
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 8 = CALLBACK FOR SUBJECT
- 9 = MORE CODES

intro7a May I speak with (FIRST RESPONDENT ON SAMPLE FILE) (or SECOND RESPONDENT ON SAMPLE FILE)?

- 1 = YES, SUBJECT IS AVAILABLE
- 2 = SUBJECT WILL CALL RTI
- 3 = SUBJECT NOT AVAILABLE, SET APPOINTMENT
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 9 = MORE CODES

T\_CHK I'm calling as part of the National Early Intervention Longitudinal Study that your family enrolled in a few weeks ago. Do you recall your family enrolling in that study?

(Agency: DISPLAY NAME)  
(Enrollment date: DISPLAY IFSP DATE)

- 1 = YES
- 2 = NO
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 9 = MORE CODES

T\_CHK1a Our records indicate your family agreed to participate in this study of early intervention in (MONTH and YEAR). Is that correct?

- 1 = YES
- 2 = NO
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 9 = MORE CODES

T\_CHK1b Do you remember talking with ((AGENCY PERSON)/someone at (AGENCY NAME) about this early intervention study?

- 1 = YES
- 2 = NO
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 9 = MORE CODES

T\_CHKCHLD You are listed as someone who can answer questions about [CHILD'S] early intervention. Is that correct? (CHILD'S LAST NAME: DISPLAY NAME)

- 1 = YES
- 2 = NO (TERMINATION SCRIPT)
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 9 = MORE CODES

As you may remember, the U.S. Department of Education is conducting this study to learn more about the children and families in early intervention and the services they receive.

My questions will take about 40 minutes. Everything you say will be kept completely confidential and you may refused to answer any individual item I ask you. Nothing you say will ever be reported individually about you, [CHILD], or your family, and no information you give will be shared with [CHILD's] early intervention program. If you have any questions or concerns about the study, I can give you a toll-free number to call. (IF ASKED: PROVIDE RTI TOLL-FREE NUMBER 1-800-334-8571 AND TELL RESPONDENT TO ASK FOR SUSAN KINSEY OR BARBARA MOSER.)

intv\_beg In some questions, I will use the term "special needs" to refer to children who receive early intervention services.

I haven't seen [CHILD's] records, so I may ask you things that you've told others before. Please bear with me.

ANSWER ANY QUESTION AS NECESSARY

If this is a good time to talk, we can start the interview now. (IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.)

IF THE RESPONDENT REFUSES, USE ESC KEY FOR BREAKOFF.

WHCH\_RESP INTERVIEWER: WHO ARE YOU SPEAKING WITH?

- 1 = PERSON ON THE PHONE IS [FIRST RESPONDENT ON FILE]
- 2 = PERSON ON THE PHONE IS [SECOND RESPONDENT ON FILE]
- 3 = SOMEBODY ELSE

S5. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

1 = MALE (GO TO S7)

2 = FEMALE (GO TO S6)

S6. To start, what is your relation to [CHILD]? IF RESPONSE IS "MOTHER," PROBE: (Are you [his/her] biological mother?)

|                                  |    |
|----------------------------------|----|
| BIOLOGICAL MOTHER                | 1  |
| ADOPTIVE MOTHER                  | 2  |
| STEPMOTHER                       | 3  |
| FOSTER MOTHER                    | 4  |
| LEGAL GUARDIAN                   | 5  |
| SISTER/STEP SISTER/FEMALE COUSIN | 6  |
| AUNT                             | 7  |
| GRANDMOTHER/GREAT-GRANDMOTHER    | 8  |
| OTHER (SPECIFY) _____            | 97 |
| DON'T KNOW                       | F3 |
| REFUSED                          | F4 |

**CHECKPOINT:** GO TO S8a

S7. To start, what is your relation to [CHILD]? IF RESPONSE IS "FATHER," PROBE BY ASKING, Are you [his/her] biological father?

|                       |    |
|-----------------------|----|
| BIOLOGICAL FATHER     | 1  |
| ADOPTIVE FATHER       | 2  |
| STEPFATHER            | 3  |
| FOSTER FATHER         | 4  |
| LEGAL GUARDIAN        | 5  |
| BROTHER/STEP BROTHER  | 6  |
| UNCLE                 | 7  |
| GRANDFATHER           | 8  |
| OTHER (SPECIFY) _____ | 97 |
| DON'T KNOW            | F3 |
| REFUSED               | F4 |

S8a. Does [CHILD] live with you now? IN CASES OF JOINT CUSTODY, CHILD IS CONSIDERED LIVING WITH A PARENT IF CHILD NORMALLY SPENDS AT LEAST 2 NIGHTS A WEEK WITH THE PARENT. IF CHILD CURRENTLY IS IN THE HOSPITAL, PROBE FOR WHETHER THE CHILD NORMALLY LIVES WITH THE PARENT WHEN NOT IN THE HOSPITAL.

|                   |                   |    |
|-------------------|-------------------|----|
| GO TO SECTION A.  | YES               | 1  |
| GO TO S8b.        | NO                | 2  |
| CONDOLENCE SCRIPT | CHILD IS DECEASED | 3  |
| GO TO CHECKPOINT  | DON'T KNOW        | F3 |
| GO TO CHECKPOINT  | REFUSED           | F4 |

**CHECKPOINT:** IF S8a = DON'T KNOW OR REFUSED, SAY: It's very important that we have this information in order to ask the remainder of our questions correctly. Does [CHILD] live with you now?

YES                                    1  
 NO                                        2 (GO TO S8b)  
 DON'T KNOW                        F3 (ASSUME 'YES' IN REMAINING QUESTIONS)  
 REFUSED                                F4 (ASSUME 'YES' IN REMAINING QUESTIONS)

S8b. Where does [he/she] live? DON'T READ CATEGORIES. CODE ONE.

|                   |   |    |
|-------------------|---|----|
| GO TO CHECKPOINT  | WITH HIS/HER OTHER PARENT                                   | 1  |
| GO TO CHECKPOINT  | WITH ANOTHER RELATIVE                                       | 2  |
| GO TO S8c.        | IN A HOSPITAL   | 3  |
| GO TO S8c.        | IN A SPECIAL SCHOOL OR HOME FOR CHILDREN WITH SPECIAL NEEDS | 4  |
| GO TO CHECKPOINT  | OTHER, SPECIFY _____  | 5  |
| CONDOLENCE SCRIPT | CHILD IS DECEASED   | 6  |
| GO TO SECTION A.  | DON'T KNOW  | F3 |
| GO TO SECTION A.  | REFUSED   | F4 |

**CHECKPOINT:** IF S8b = WITH HIS/HER OTHER PARENT, WITH ANOTHER RELATIVE, OR OTHER (1, 2, OR 5), SAY: "Even though [CHILD] isn't currently living with you, we want to ask you these questions since your name is on the study enrollment form." THEN GO TO SECTION A.

S8c. Where does [CHILD] live when he is not [in the hospital/at the special school]? USE TERM SPECIFIED IN S8B. DON'T READ CATEGORIES. CODE ONE.

|                  |                       |    |
|------------------|-----------------------|----|
| GO TO SECTION A. | WITH RESPONDENT       | 1  |
| GO TO SECTION A. | WITH OTHER PARENT     | 2  |
| GO TO SECTION A. | WITH ANOTHER RELATIVE | 3  |
| GO TO SECTION A. | OTHER, SPECIFY _____  | 4  |
| GO TO SECTION A. | DON'T KNOW            | F3 |
| GO TO SECTION A. | REFUSED               | F4 |

S10. CONDOLENCE SCRIPT: I'm terribly sorry. Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL.

**A. Child Characteristics (General characteristics, etiology/identification, and health)**

**CHECKPOINT:** IF THIS IS ENROLLMENT INTERVIEW, ASK A\_V1. ELSE, GO TO A7a.

**CHECKPOINT:** IF CHILD IS GREATER THAN OR EQUAL TO 32 MONTHS OF AGE AT ENROLLMENT INTERVIEW, GO TO TERMINATION SCRIPT.

**VERIFICATION CHECK #1:** IF NAME, GENDER, OR BIRTH DATE DO NOT MATCH SAMPLE FILE, DISPLAY SUMMARY SCREEN AND PROMPT INTERVIEWER TO DECIDE IF WE HAVE THE CORRECT CHILD. ELSE, CONTINUE WITH INTERVIEW.

|   |  |
|---|--|
| <p>PRELOADED CHILD DATA:</p> <p>NAME</p> <p>GENDER</p> <p>BIRTH DATE</p> <p>AGE</p> | <p>REPORTED CHILD DATA:</p> <p>NAME</p> <p>GENDER</p> <p>BIRTH DATE</p> <p>AGE</p> |
|---|--|

INTERVIEWER: IS THIS THE CORRECT CHILD?

1 = YES (CONTINUE WITH INTERVIEW)

2 = NO (TERMINATION SCRIPT)

3 = NOT SURE (TERMINATION SCRIPT)

A\_VTERM      TERMINATION SCRIPT: There seems to be a problem with our records. Let me check with my supervisor and I will call you back as soon as possible. Thank you.

TERMINATE CALL. PREPARE PROBLEM SHEET.

**CHECKPOINT:** IF ENROLLMENT INTERVIEW, GO TO A8a. OTHER INTERVIEWS, ASK A7a.

A7a. Is [CHILD] still enrolled in or receiving early intervention services? By “early intervention services” we mean any special services or therapies designed to meet [CHILD’S] special needs. IF CHILD IS ENROLLED, BUT NOT RECEIVING SERVICES AT THIS TIME, CODE YES.

|                  |            |    |
|------------------|------------|----|
| GO TO CHECKPOINT | YES        | 1  |
| GO TO A7b        | NO         | 2  |
| GO TO CHECKPOINT | DON'T KNOW | F3 |
| GO TO CHECKPOINT | REFUSED    | F4 |

A7b. Is [CHILD] no longer in early intervention because ... READ CATEGORIES. CODE ALL THAT APPLY.

|  |    |
|--|----|
| [He/she] is no longer eligible,                  | 1  |
| Your family moved and couldn't get services,     | 2  |
| You didn't want or need services anymore, or     | 3  |
| Some other reason? What is that? (Specify) _____ | 4  |
| DON'T KNOW                                       | F3 |
| REFUSED  | F4 |

**CHECKPOINT:** IF INTERIM OR TRANSITION INTERVIEW, GO TO A9\_e.

**Etiology/Identification**



**CHECKPOINT:** IF A8a=1, GO TO A10a; IF A8b = 1, GO TO A10b; ELSE GO TO A10c.

A9e. Since we last spoke in [MONTH/YEAR] with [prevresp] does (he/she) have any other diagnosed conditions or delays?

2=NO, NO OTHER DIAGNOSED  
CONDITIONS OR DELAYS

|           |            |    |
|-----------|------------|----|
| GO TO A18 | NO         | 2  |
| GO TO A18 | DON'T KNOW | F3 |
| GO TO A18 | REFUSED    | F4 |

INTERVIEWER: PRESS F10 TO DISPLAY THE CONDITIONS MENTIONED EARLIER.  
LIST UP TO TEN CONDITIONS OR DELAYS ON LIST, ONE PER LINE.

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|  |     |
|--|-----|
| DID THE RESPONDENT MENTION ANY OF THE FOLLOWING? |     |
| VISION IMPAIRMENT                                | Y/N |
| BLINDNESS  | Y/N |
| HEARING IMPAIRMENT/HARD OF HEARING               | Y/N |
| DEAFNESS   | Y/N |

**CHECKPOINT:** GO TO A18.

**Child Health**

A18. Now, I have some questions about [CHILD's] health. Compared with other children about the same age, would you say [CHILD's] general health is...

|            |    |
|------------|----|
| Excellent, | 1  |
| Very good, | 2  |
| Good,      | 3  |
| Fair, or   | 4  |
| Poor?      | 5  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A19. Is [CHILD] now regularly taking any prescription medicine for a specific condition or problem?  
 NOTE: WE WANT ONLY CURRENT MEDICATION USE. OVER-THE-COUNTER MEDICATION SHOULD NOT BE INCLUDED HERE. BY **REGULARLY**, WE MEAN ON AN ONGOING BASIS (MOST DAYS OR WEEKS OR AT MOST OCCURRENCES WHEN NEEDED FOR WHATEVER CONDITION). THIS ITEM DOES NOT REFER TO TAKING A SINGLE ROUND OF MEDICATION TO TREAT AN EPISODIC ILLNESS (E.G., ANTIBIOTICS FOR A ONE TIME ILLNESS).

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A20a. Does [CHILD] use any kind of medical device, like an oxygen tank, catheter, or a breathing monitor? THIS DOES NOT INCLUDE MOBILITY DEVICES, LIKE A WHEEL CHAIR, WALKER, CANE, ETC.

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO A21 | NO         | 2  |
| GO TO A21 | DON'T KNOW | F3 |
| GO TO A21 | REFUSED    | F4 |

A20b. What is/(are) the device(s)?

Please Specify \_\_\_\_\_

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A21. Does [CHILD] have a place to go for regular medical care where they know [him/her] and [his/her] medical history? NOTE: REGULAR MEDICAL CARE INCLUDES GENERAL CHECK-UPS AS WELL AS WHERE THE CHILD GOES WHEN HE OR SHE IS SICK.

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A22. Is [CHILD] now covered by health insurance from an employer or union, or that your family buys directly?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A23. Is [CHILD] covered by (STATE's) government-assisted health insurance, such as (fill in state names for Medicaid and other low-income insurance programs) IF NO STATE-SPECIFIC FILL, USE "Medicaid" AS DEFAULT.

\_\_\_\_\_  
\_\_\_\_\_?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A24. Is [CHILD] covered by any other health insurance program?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

**CHECKPOINT:** IF A22, 23, or 24 = YES, ASK A24a. ELSE, GO TO A27.

A24a. Is any of (CHILD's) coverage through an HMO [Health Maintenance Organization]? (NOTE: IF NEEDED ADD: Sometimes it's called "managed care.")

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A25. Have you had to change insurance plans or buy extra insurance for [CHILD] because of [his/her] special needs?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

A26a. (Since we last spoke (with RESPONDENT/you) in [DATE],) Have you ever tried to get your insurance or health plan to pay for something for [CHILD] but they wouldn't pay? NOTE: THIS DOES NOT INCLUDE DEDUCTIBLES THAT ARE A REGULAR FEATURE OF THE INSURANCE POLICY OR PLAN.

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO A27 | NO         | 2  |
| GO TO A27 | DON'T KNOW | F3 |
| GO TO A27 | REFUSED    | F4 |

A26b. What wouldn't your insurance pay for? Was it... READ CATEGORIES. CODE ALL THAT APPLY.

|                                     |    |
|-------------------------------------|----|
| Diagnostic procedures or tests,     | 1  |
| Surgery,                            | 2  |
| Special equipment,                  | 3  |
| Therapy services,                   | 4  |
| Or something else? (Specify: _____) | 5  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |
| Prescriptions/Medications           | 8  |
| Special Formula                     | 9  |

A27. Since [CHILD] came home from the hospital after [he/she] was born, (Since we last spoke (with [FILL NAME]/you) in [DATE],) how many nights has [he/she] stayed overnight in a hospital?

NUMBER: \_\_\_\_\_ (RANGE (0-120))

CODE UNIT:

- 1 = NIGHTS
- 2 = WEEKS
- 3 = MONTHS
- 4 = YEARS

|  |    |
|--|----|
| CHILD HAS BEEN IN HOSPITAL SINCE BIRTH | -3 |
| DON'T KNOW                             | F3 |
| REFUSED                                | F4 |

EDIT CHECK: COMPARE LENGTH OF TIME IN A27 TO CHILD'S AGE.

**B. Child Functioning (Impairments, Milestones, and Engagement)**

Now I want to ask about how well [CHILD] does some things. I'm going to start with hearing.

**CHECKPOINT:** IF A9a = (HEARING IMPAIRMENT OR DEAFNESS) OR A9e = (HEARING IMPAIRMENT OR DEAFNESS), GO TO B1d. ELSE, CONTINUE.

B1a. Compared with other children about the same age, would you say [CHILD]... THIS ASSESSMENT SHOULD BE MADE OF CHILD'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

|                         |   |    |
|-------------------------|---|----|
| GO TO CHECKPOINT AT B2a | Hears normally, or                                | 1  |
|                         | <u>Does</u> or <u>may</u> have a hearing problem? | 2  |
|                         | DON'T KNOW  | F3 |
|                         | REFUSED   | F4 |

B1b. Has [CHILD's] hearing been tested by a professional?

|                         |                 |    |
|-------------------------|-----------------|----|
|                         | YES             | 1  |
| GO TO CHECKPOINT AT B2a | NO              | 2  |
| GO TO CHECKPOINT AT B2a | CAN'T BE TESTED | 3  |
| GO TO CHECKPOINT AT B2a | DON'T KNOW      | F3 |
| GO TO CHECKPOINT AT B2a | REFUSED         | F4 |

B1c. Was a hearing problem diagnosed by a professional?

|                         |            |    |
|-------------------------|------------|----|
|                         | YES        | 1  |
| GO TO CHECKPOINT AT B2a | NO         | 2  |
| GO TO CHECKPOINT AT B2a | DON'T KNOW | F3 |
| GO TO CHECKPOINT AT B2a | REFUSED    | F4 |

B1d. How many months old was [CHILD] when [his/her] hearing problem was first diagnosed?

|                            |    |
|----------------------------|----|
| DIAGNOSED AT BIRTH         | -3 |
| LESS THAN 1 MONTH          | 0  |
| MONTHS: ____ (RANGE= 1-41) |    |
| DON'T KNOW                 | F3 |
| REFUSED                    | F4 |

EDIT CHECK: COMPARE B1d TO AGE OF CHILD.

B1e. Is [CHILD'S] hearing loss ... READ CATEGORIES. CODE ONE CATEGORY.

|                     |    |
|---------------------|----|
| Mild,               | 1  |
| Moderate, or        | 2  |
| Severe to profound? | 3  |
| DON'T KNOW          | F3 |
| REFUSED             | F4 |

B1f. Was a hearing aid or other kind of hearing device prescribed for [CHILD]?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO B1h | NO         | 2  |
| GO TO B1h | DON'T KNOW | F3 |
| GO TO B1h | REFUSED    | F4 |

B1g. How well does [CHILD] hear with the hearing device? Would you say [he/she]...

|                                  |    |
|----------------------------------|----|
| Hears normally,                  | 1  |
| Has a little trouble hearing,    | 2  |
| Has a lot of trouble hearing, or | 3  |
| Doesn't hear at all?             | 4  |
| DOESN'T HAVE ONE                 | 5  |
| WON'T WEAR IT                    | 6  |
| DON'T KNOW                       | F3 |
| REFUSED                          | F4 |



B1h. Is [CHILD] learning to understand or use...

|    |  | YES | NO | DON'T KNOW | REFUSED |
|----|--|-----|----|------------|---------|
| 1. | Sign language? NOTE: SIGN LANGUAGE INCLUDES ANY TYPE OF COMMUNICATION SYSTEM USING THE HANDS, BUT THE MOST COMMON SYSTEMS ARE AMERICAN SIGN LANGUAGE (ALSO CALLED ASL) AND SIGNED ENGLISH. | 1   | 2  | F3         | F4      |
| 2. | Lip reading? NOTE: LIP READING MEANS WATCHING THE LIPS OF THE SPEAKER TO DETERMINE WHAT IS BEING SAID  | 1   | 2  | F3         | F4      |
| 3. | Cued speech? NOTE: CUED SPEECH IS A COMBINATION OF MANUAL SIGNS AND LIP READING (HAND SIGNALS ARE MADE NEAR THE FACE OF THE SPEAKER TO INDICATE THE SOUND BEING MADE).                     | 1   | 2  | F3         | F4      |
| 4. | Oral speech? NOTE: ORAL SPEECH TRAINING MEANS LEARNING TO SPEAK ORALLY (NORMAL VOICED SPEECH).   | 1   | 2  | F3         | F4      |

**CHECKPOINT:** IF B1h1 = YES, ASK B1i. ELSE, GO TO CHECKPOINT BEFORE B2a.

B1i. Is the sign language that [CHILD] is learning to use...

|   |    |
|---|----|
| American Sign Language,                             | 1  |
| Signed English, or                                  | 2  |
| Some other sign language system? (SPECIFY)<br>_____ | 3  |
| DON'T KNOW  | F3 |
| REFUSED   | F4 |

B1j. Do any other members of [CHILD's] household use sign language to communicate with (him/her)?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

Now I'm going to ask about [CHILD's] vision.

**CHECKPOINT:** IF A9a = (BLINDNESS OR VISION IMPAIRMENT) OR A9e = (BLINDNESS OR VISION IMPAIRMENT), GO TO B2d. ELSE, CONTINUE.

B2a. How is [CHILD'S] eyesight? Would you say [he/she]...

|                         |  |    |
|-------------------------|--|----|
| GO TO CHECKPOINT AT B3a | Sees normally without glasses, or                | 1  |
|                         | <u>Does</u> or <u>may</u> have a vision problem? | 2  |
|                         | DON'T KNOW                                       | F3 |
|                         | REFUSED  | F4 |

B2b. Has [CHILD's] vision been tested by a professional? NOTE: IF THE RESPONDENT STATES THAT AN ATTEMPT WAS MADE TO TEST THE CHILD'S VISION, BUT S/HE WOULD NOT COOPERATE, SO THE VISION ACUITY COULD NOT BE DETERMINED ACCURATELY, RECORD (3) CAN'T BE TESTED.

|                       |                 |    |
|-----------------------|-----------------|----|
|                       | YES             | 1  |
| GO TO NEXT CHECKPOINT | NO              | 2  |
| GO TO NEXT CHECKPOINT | CAN'T BE TESTED | 3  |
| GO TO NEXT CHECKPOINT | DON'T KNOW      | F3 |
| GO TO NEXT CHECKPOINT | REFUSED         | F4 |

B2c. Was a vision problem diagnosed by a professional?

|                             |            |    |
|-----------------------------|------------|----|
|                             | YES        | 1  |
| GO TO CHECKPOINT BEFORE B3a | NO         | 2  |
| GO TO CHECKPOINT BEFORE B3a | DON'T KNOW | F3 |
| GO TO CHECKPOINT BEFORE B3a | REFUSED    | F4 |

B2d. How many months old was [CHILD] when [his/her] vision problem was first diagnosed?

|                             |    |
|-----------------------------|----|
| DIAGNOSED AT BIRTH          | -3 |
| LESS THAN 1 MONTH           | 0  |
| MONTHS: ____ (RANGE = 1-41) |    |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

B2e. Were glasses prescribed to help [CHILD] see?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO B2g | NO         | 2  |
| GO TO B2g | DON'T KNOW | F3 |
| GO TO B2g | REFUSED    | F4 |

B2f. How well can [CHILD] see **with** glasses? Would you say [he/she] ... READ CATEGORIES.

|                                 |    |
|---------------------------------|----|
| Sees normally,                  | 1  |
| Has a little trouble seeing, or | 2  |
| Has a lot of trouble seeing?    | 3  |
| DOESN'T HAVE THEM               | 4  |
| WON'T WEAR THEM                 | 5  |
| DON'T KNOW                      | F3 |
| REFUSED                         | F4 |

B2g. How well can [CHILD] see **without** glasses? Would you say [he/she] ... READ CATEGORIES.

|                                 |    |
|---------------------------------|----|
| Sees normally,                  | 1  |
| Has a little trouble seeing, or | 2  |
| Has a lot of trouble seeing?    | 3  |
| DON'T KNOW                      | F3 |
| REFUSED                         | F4 |

**CHECKPOINT:** IF B2e = YES AND B2g = (1) SEES NORMALLY WITHOUT GLASSES, ASK aft-b2g. ELSE, GO TO NEXT CHECKPOINT.

AFT2g. I may have entered something wrong. You indicated that glasses were prescribed to help [fill CHILD] see, but that [fill he/she] sees normally **without** glasses. Are both of these answers correct?

1 = YES, BOTH ARE CORRECT.

2 = NO, CHANGE B2e (GLASSES PRESCRIBED QUESTION).

3 = NO, CHANGE B2g (SEES NORMALLY WITHOUT GLASSES QUESTION).

**CHECKPOINT:** IF AGE < 12 MONTHS, GO TO B4.

B3a. Compared with other children about the same age, how well does [CHILD] make [his/her] needs known to you and others? Would you say [he/she]...

NOTE: COMMUNICATION CAN BE ANY FORM, FOR EXAMPLE CRYING, POINTING, OR TALKING.

|  |    |
|--|----|
| Communicates just as well as other children, | 1  |
| Has a little trouble communicating,          | 2  |
| Has a lot of trouble communicating, or       | 3  |
| Doesn't communicate at all?                  | 4  |
| DON'T KNOW                                   | F3 |
| REFUSED                                      | F4 |

B3b. **How** does [CHILD] make [his/her] needs known to you? Does [he/she] use ...  
 READ CATEGORIES. CODE ALL THAT APPLY.

|  |    |
|--|----|
| Words?   | 1  |
| Sounds that are not words?                               | 2  |
| Gestures, including pointing?                            | 3  |
| Any other communication device or system? Specify: _____ | 4  |
| SIGN LANGUAGE  | 5  |
| COMMUNICATION BOARD OR BOOK                              | 6  |
| COMPUTER OR OTHER ELECTRONIC DEVICE                      | 7  |
| CRYING   | 10 |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |
| LEADING, TAKE BY THE HAND AND SHOW                       | 11 |
| HITTING, AGGRESSION                                      | 12 |
| NO COMMUNICATION AT ALL                                  | 13 |

**CHECKPOINT:** IF B3b = 01 (uses words), ASK B3c; OTHERWISE, GO TO INTRO TO B4.

B3c. When [CHILD] talks to people [he/she] doesn't know well, is [he/she]...

|                                 |    |
|---------------------------------|----|
| Very easy to understand,        | 1  |
| Fairly easy to understand,      | 2  |
| Somewhat hard to understand, or | 3  |
| Very hard to understand?        | 4  |
| DON'T KNOW                      | F3 |
| REFUSED                         | F4 |

Next, I want to ask about [CHILD's] mobility.

B4. How well does [CHILD] use [her/his] arms and hands? Would you say [he/she]...IF  
 RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND  
 THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY  
 DIFFICULTIES, E.G., A BROKEN ARM.

|  |    |
|--|----|
| Uses both [his/her] arms and hands normally,                 | 1  |
| Has a little trouble using one or both,                      | 2  |
| Has a lot of trouble using one or both, or                   | 3  |
| Has no use at all of one or both of [his/her] arms or hands? | 4  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

- B5. How well does [CHILD] use [her/his] legs and feet? Would you say [he/she] ... IF RESPONDENT REPORTS DIFFERENTLY FOR EACH LEG/FOOT, CODE THE LEG/FOOT THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN LEG.

|          |  |    |
|----------|--|----|
| GO TO B7 | Uses both [his/her] legs and feet normally,                  | 1  |
|          | Has a little trouble using one or both,                      | 2  |
|          | Has a lot of trouble using one or both, or                   | 3  |
|          | Has no use at all of one or both of [his/her] legs and feet? | 4  |
|          | DON'T KNOW   | F3 |
|          | REFUSED  | F4 |

**CHECKPOINT:** IF AGE < 12 MONTHS; GO TO B7.

- B6. Does [CHILD] use any equipment to help [him/her] get around such as crutches, a walker, or a wheelchair? NOTE: OTHER APPROPRIATE MOBILITY DEVICES INCLUDE LEG BRACES, PARAPODIUM, SPECIAL OR REGULAR WAGON, SCOOTER, ADAPTED STROLLERS). DO NOT INCLUDE POSITIONING EQUIPMENT (E.G., PRONE BOARDS, SIDE-LYERS, ADAPTED CHAIRS OR CAR SEATS).

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

### Child Engagement

- B7. For the next series of questions, I'd like you to compare [CHILD] to children about the same age who do not have special needs. Some children are fairly quiet and passive, and it takes a lot to get them to react to things. Does this sound ... NOTE: BY "QUIET AND PASSIVE" WE MEAN SLOW TO RESPOND TO THINGS HAPPENING IN THE CHILD'S ENVIRONMENT LIKE WHEN SOMEONE TALKS TO THEM OR SHOWS THEM SOMETHING NEW.

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

- B8. Some children are jumpy and get easily startled by things like loud noises or quick movements. Does this sound ... NOTE: BY "JUMPY AND EASILY STARTLED" WE MEAN HIGHLY REACTIVE TO NOISE OR MOVEMENTS OR VISUAL STIMULI IN THE ENVIRONMENT. PHYSICALLY STARTLED MAY INCLUDE REFLEXIVE MOVEMENTS LIKE CRYING.

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

- B9. Some children are good at paying attention to things and staying focused on what they are doing. Does this sound ... NOTE: BY "STAYING FOCUSED", WE MEAN ABLE TO CONTINUE WHAT HE/SHE IS DOING EVEN WHEN OTHER THINGS ARE GOING ON AROUND HIM/HER.

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

**CHECKPOINT:** IF AGE < 12 MONTHS; GO TO B13.

- B10. Some children like to do things on their own even if it's hard. Does this sound ...

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

- B11. Some children are very active and excitable and have trouble sitting still. Does this sound ... NOTE: BY "VERY ACTIVE AND EXCITABLE" WE MEAN ALWAYS ON THE MOVE EVEN WHEN PRESENTED WITH TASKS APPROPRIATE FOR HIS/HER AGE THAT REQUIRE SITTING STILL.

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

- B12. Some children try to finish things, even if it takes a long time. Does this sound ...

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

- B13. NOTE: IF AGE < 12 MONTHS SUBSTITUTE "playing lap games" FOR "paying attention to conversations." Some children get easily involved in everyday things that go on at home, like playing with toys, or paying attention to conversations. Does this sound ...

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

**CHECKPOINT:** IF AGE < 12 MONTHS; GO TO B15.



B14. Some children get very distracted by sights and sounds, and can't screen them out very well. Does this sound ...

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

B15. NOTE: IF AGE < 12 MONTHS SUBSTITUTE "watch them with great interest" FOR "show interest by talking to them or approaching them." When **adults** are nearby, some children show interest by talking to them or approaching them. Does this sound ...

|                             |    |
|-----------------------------|----|
| Very much like [CHILD],     | 1  |
| A little like [him/her], or | 2  |
| Not like [him/her]?         | 3  |
| DON'T KNOW                  | F3 |
| REFUSED                     | F4 |

**CHECKPOINT:** IF AGE < 12 MONTHS; GO TO B19.

B16. Would you say that [CHILD] ...

|   |    |
|---|----|
| Has no trouble playing with other children,       | 1  |
| Has some trouble playing with other children, or  | 2  |
| Has a lot of trouble playing with other children? | 3  |
| NOT AROUND OTHER CHILDREN                         | 4  |
| DON'T KNOW  | F3 |
| REFUSED   | F4 |

B17. Would you say that [CHILD] is ... IF ASKED, BY PHYSICALLY AGGRESSIVE WE MEAN GRABBING, PUSHING, OR HITTING OTHER CHILDREN.

|   |    |
|---|----|
| Not at all physically aggressive with other children,   | 1  |
| Sometimes physically aggressive with other children, or | 2  |
| Often physically aggressive with other children?        | 3  |
| DON'T KNOW  | F3 |
| REFUSED   | F4 |

B18. Would you say that [CHILD] ...

|                                   |    |
|-----------------------------------|----|
| Rarely has temper tantrums,       | 1  |
| Sometimes has temper tantrums, or | 2  |
| Often has temper tantrums?        | 3  |
| DON'T KNOW                        | F3 |
| REFUSED                           | F4 |

B19. Would you say that [CHILD] is ... [IF AGE < 12 MONTHS, SUBSTITUTE "soothe" FOR "manage" IN RESPONSES.] NOTE: BY "SOOTHE", WE MEAN THE ABILITY FOR AN INFANT TO BE COMFORTED OR CALMED WHEN CRYING OR UNCOMFORTABLE OR OTHERWISE UPSET. BY "MANAGE" WE MEAN ANY BEHAVIORS OR THINGS THE RESPONDENT MIGHT DO TO GET THE TODDLER OR CHILD TO COOPERATE TO THE EXTENT APPROPRIATE IN DAILY ACTIVITIES OR BE REDIRECTED TO OTHER ACTIVITIES WHEN NECESSARY [TO GET (HIM/HER) TO DO WHAT YOU WANT (HIM/HER) TO DO].

|                                       |    |
|---------------------------------------|----|
| Easy to manage (soothe),              | 1  |
| Sometimes hard to manage (soothe), or | 2  |
| Often hard to manage (soothe)?        | 3  |
| DON'T KNOW                            | F3 |
| REFUSED                               | F4 |

B20. Over the past few weeks, how often has [CHILD] had trouble getting to sleep or staying asleep. Would you say . . .

|                   |    |
|-------------------|----|
| Rarely (or Never) | 1  |
| Sometimes, or     | 2  |
| Often?            | 3  |
| DON'T KNOW        | F3 |
| REFUSED           | F4 |

B21. Compared with other children [his/her] age, how easy is it to take [CHILD] with you when you do things like going to the store or keeping an appointment. Would you say [he/she] is ... READ CATEGORIES. CODE ONE CATEGORY.

|  |    |
|--|----|
| Easier to take places than other children, | 1  |
| Just as easy to take places,               | 2  |
| A little harder to take places, or         | 3  |
| Much harder to take places?                | 4  |
| DON'T KNOW                                 | F3 |
| REFUSED                                    | F4 |

B22. How easy is it for you get a babysitter to take care of [CHILD]? Would you say it is ... NOTE: IF RESPONDENT SAYS THEY DON'T USE/HAVEN'T USED A BABYSITTER, SAY "If you were to suddenly need one, how easy would it be to get one?"

|                   |    |
|-------------------|----|
| Very easy,        | 1  |
| Fairly easy,      | 2  |
| Somewhat hard, or | 3  |
| Very hard?        | 4  |
| DON'T KNOW        | F3 |
| REFUSED           | F4 |

**Child Milestone Items.**

Now I'm going to describe things that [CHILD] may or may not be doing yet. For each one, I want you to tell me whether [CHILD] doesn't do it at all; does it, but not well; or does it well.

B23. This first part is about how [CHILD] moves or gets around. How well does [he/she] ...? READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP, OR, IF YOUNGEST AGE GROUP, GO TO NEXT QUESTION. IF ONE OF THE FIRST TWO ITEMS IS >1 CONTINUE UNTIL TWO CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|   | <b>Functional Mobility Milestones</b>   | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|---|---|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT: IF AGE &lt;12 MONTHS, START HERE</b> |   |                      |                      |              |            |         |
| a.  | Roll over from back to stomach? (NOTE: GOING FROM BEING ON HIS/HER STOMACH TO HIS/HER BACK DOES NOT SATISFY THIS DEVELOPMENTAL STAGE AND WOULD BE CODED 1 IF THAT IS THE ONLY WAY THE CHILD CAN ROLL OVER.) | 1                    | 2                    | 3            | F3         | F4      |
| b.  | Crawl, scoot, or creep? (NOTE: ROLLING OVER AND OVER SIDEWAYS ONLY DOES NOT COUNT, AND SHOULD BE CODED 1 IF THAT IS THE ONLY WAY THE CHILD CAN GET AROUND ON THE FLOOR.)                                    | 1                    | 2                    | 3            | F3         | F4      |
| c.  | Sit up alone without leaning against anything?  | 1                    | 2                    | 3            | F3         | F4      |
| d.  | Stand up with someone holding one hand or by holding onto something?  | 1                    | 2                    | 3            | F3         | F4      |

|  |  | Doesn't<br>do it at<br>all | Does<br>it but<br>not<br>well | Does it<br>well | DON'T<br>KNOW | REFUSED |
|--|--|----------------------------|-------------------------------|-----------------|---------------|---------|
| <b>CHECKPOINT:</b> IF AGE > 12 MONTHS, START HERE                                  |  |                            |                               |                 |               |         |
| e.   | Stand up without holding on to anything?   | 1                          | 2                             | 3               | F3            | F4      |
| <b>CHECKPOINT:</b> IF B6 = 1 (USES MOBILITY AIDS), ASK B23f, OTHERWISE GO TO B23g. |  |                            |                               |                 |               |         |
| f.   | Stand up with the help of braces or other aids?  | 1                          | 2                             | 3               | F3            | F4      |
| g.   | Walk while holding someone's hand?   | 1                          | 2                             | 3               | F3            | F4      |
| h.   | Walk without holding on to anything?   | 1                          | 2                             | 3               | F3            | F4      |
| <b>CHECKPOINT:</b> IF B6 = 1 (USES MOBILITY AIDS), ASK B23i, OTHERWISE GO TO B23j. |  |                            |                               |                 |               |         |
| i.   | Get around with the help of a wheelchair, crutches, or other aids?   | 1                          | 2                             | 3               | F3            | F4      |
| j.   | Get up <u>and</u> down one stair in any way? (NOTE: DIFFERENTIAL ABILITY FOR UP AND DOWN (E.G., DOES ONE WELL AND THE OTHER NOT SO WELL) SHOULD BE CODED DOES IT, BUT NOT WELL. CHILD MAY SIT, CLIMB, CRAWL, OR WALK, AND MAY HOLD ON WITH THEIR HANDS TO GO UP AND DOWN. HOW THE CHILD GOES UP MAY BE DIFFERENT FROM HOW THEY GO DOWN.) | 1                          | 2                             | 3               | F3            | F4      |
| k.   | Get up <u>and</u> down six or more stairs in any way? (NOTE: CHILD MAY SIT, CLIMB, CRAWL, OR WALK, AND MAY HOLD ON WITH THEIR HANDS TO GO UP AND DOWN. HOW THE CHILD GOES UP MAY BE DIFFERENT FROM HOW THEY GO DOWN.)  | 1                          | 2                             | 3               | F3            | F4      |
| l.   | Walk quickly or run?   | 1                          | 2                             | 3               | F3            | F4      |
| <b>CHECKPOINT:</b> IF B6= 1 (USES MOBILITY AIDS), ASK B23m OTHERWISE GO TO B24.    |  |                            |                               |                 |               |         |
| m.   | Run or move faster than a walk with the help of braces or other aids?  | 1                          | 2                             | 3               | F3            | F4      |

B24. This part is about how [CHILD] uses [his/her] hands. How well does [CHILD] ... READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP. IF YOUNGEST GROUP, GO TO NEXT QUESTION. GO TO NEXT QUESTION WHEN 2 CONSECUTIVE ITEMS ARE CODED 1.

|  | Hand Use Milestones   | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|--|---|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT:</b> IF AGE <12 MONTHS, START HERE                           |   |                      |                      |              |            |         |
| a.   | Reach for objects or toys?  | 1                    | 2                    | 3            | F3         | F4      |
| b.   | Grasp objects or toys <u>and</u> let go of them?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT:</b> IF B4 = 4 (NO USE OF ARMS OR HANDS AT ALL), GO TO B24d. |   |                      |                      |              |            |         |
| c.   | Change objects or toys from one hand to the other?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT:</b> IF AGE ≥ 12 MONTHS, START HERE                          |   |                      |                      |              |            |         |
| d.   | Pick up small things with the finger and thumb of the same hand?  | 1                    | 2                    | 3            | F3         | F4      |
| e.   | Stack 2 things on top of each other?  | 1                    | 2                    | 3            | F3         | F4      |
| f.   | Take the lid off a box or container? [NOTE: THE CONTAINER MAY BE A TOY BOX OR ANY COMMON ITEMS IN THE HOME (E.G., PLASTIC FOOD CONTAINERS, POTS AND PANS). LIFTING A CLOSED TOILET SEAT IS ACCEPTABLE.] | 1                    | 2                    | 3            | F3         | F4      |
| g.   | Open a door by turning the knob?  | 1                    | 2                    | 3            | F3         | F4      |
| h.   | Hold a crayon or pencil? [NOTE: THE CHILD SHOULD BE HOLDING THE CRAYON OR PENCIL (PENS OR MARKERS ARE ALSO ACCEPTABLE) IN A MANNER SUCH THAT HE/SHE COULD MAKE A SCRIBBLE OR MARK.]                     | 1                    | 2                    | 3            | F3         | F4      |
| i.   | Take the paper off candy to unwrap it?  | 1                    | 2                    | 3            | F3         | F4      |
| j.   | Turn the paper pages of a book one at a time?   | 1                    | 2                    | 3            | F3         | F4      |

B25. Now, let me ask about feeding. How well does [CHILD] ... READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP.

|   | <b>Independence Milestones: Feeding</b>  | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|---|--|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT: IF AGE &lt;12 MONTHS, START HERE</b> |  |                      |                      |              |            |         |
| a.  | Hold a bottle <u>and</u> drink from it? [IF CHILD HAS NEVER HAD A BOTTLE, CODE DON'T KNOW]                                 | 1                    | 2                    | 3            | F3         | F4      |
| b.  | Eat bite size pieces of food with [his/her] fingers? (IF CHILD HAS NEVER EATEN BITE SIZE PIECES OF FOOD, CODE DON'T KNOW.) | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF ≥ 12 MONTHS, START HERE</b>       |  |                      |                      |              |            |         |
| c.  | Lift a cup <u>and</u> drink from it?   | 1                    | 2                    | 3            | F3         | F4      |
| d.  | Use a spoon to eat without much spilling?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE &lt;24 MONTHS, GO TO B26</b>  |  |                      |                      |              |            |         |
| e.  | Spread food, like butter or jelly, on bread or crackers using a utensil (like spoon, fork, or knife)?                      | 1                    | 2                    | 3            | F3         | F4      |

**CHECKPOINT: IF AGE < 12 MONTHS; GO TO B29.**

B26. How about dressing? How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. CONTINUE UNTIL TWO CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|   | <b>Independence Milestones: Dressing</b>                          | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|---|---|----------------------|----------------------|--------------|------------|---------|
| a.  | Raise [his/her] arms so you can put on [his/her] shirt or jacket? | 1                    | 2                    | 3            | F3         | F4      |
| b.  | Take off [his/her] socks without help?                            | 1                    | 2                    | 3            | F3         | F4      |
| c.  | Take off [his/her] shirt without help?                            | 1                    | 2                    | 3            | F3         | F4      |
| d.  | Button one or more buttons without help?                          | 1                    | 2                    | 3            | F3         | F4      |
| e.  | Put on [his/her] shirt or jacket without help/                    | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF B26e = 1, 2, DK, or RE GO TO B27.</b> |   |                      |                      |              |            |         |
| f.  | Dress [him/herself] completely without help, except shoelaces?    | 1                    | 2                    | 3            | F3         | F4      |

**CHECKPOINT: IF AGE < 24 MONTHS; GO TO B29.**

B27. How about toileting? How well does [CHILD] ... READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. 1 CONTINUE UNTIL TWO CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|    | <b>Independence Milestones: Toileting</b>   | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|----|---|----------------------|----------------------|--------------|------------|---------|
| a. | Do what is expected when you put [him/her] on the toilet? (NOTE: THE TOILET MAY BE A REGULAR TOILET OR A SPECIAL "POTTY" DESIGNED FOR CHILDREN.)  | 1                    | 2                    | 3            | F3         | F4      |
| b. | Have bowel control during the day? (NOTE: DAYTIME BOWEL CONTROL MEANS ESSENTIALLY NO BOWEL MOVEMENTS OR "ACCIDENTS" DURING THE TIME THE CHILD IS AWAKE, THAT IS FROM THE TIME THE CHILD WAKES IN THE MORNING UNTIL THEY GO TO BED AT NIGHT. OCCASIONAL ACCIDENTS ARE ACCEPTABLE IF THEY ARE RARE, LESS THAN ONE PER WEEK ON AVERAGE.) | 1                    | 2                    | 3            | F3         | F4      |
| c. | Have bladder control during the day? (NOTE: DAYTIME BLADDER CONTROL MEANS ESSENTIALLY NO URINATION OR "ACCIDENTS" DURING THE TIME THE CHILD IS AWAKE, THAT IS FROM THE TIME THE CHILD WAKES IN THE MORNING UNTIL HE/SHE GOES TO BED AT NIGHT. OCCASIONAL ACCIDENTS ARE ACCEPTABLE IF IT IS RARE, LESS THAN ONE PER WEEK ON AVERAGE.)  | 1                    | 2                    | 3            | F3         | F4      |

B28. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

|    | <b>Independence Milestones: Other</b>  | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|----|--|----------------------|----------------------|--------------|------------|---------|
| a. | Help with simple chores around the house? (NOTE: SIMPLE CHORES MIGHT INCLUDE GIVING THE CHILD A CLOTH TO WIPE THE AREA OF THE TABLE WHERE THEIR PLATE WAS AT MEAL TIME, PUTTING THEIR TOYS AWAY, MATCHING SOCKS WHEN LAUNDRY IS BEING FOLDED, WATERING THE GARDEN, ETC.) | 1                    | 2                    | 3            | F3         | F4      |
| b. | Wash <u>and</u> dry hands thoroughly—so that they're clean and dry?  | 1                    | 2                    | 3            | F3         | F4      |
| c. | Understand and stay away from common dangers, like the stove, the street, or sharp objects, for example?   | 1                    | 2                    | 3            | F3         | F4      |



B29. This next part is about how [CHILD] lets you know what [he/she] wants or needs. How well does [CHILD] ... READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP. CONTINUE UNTIL THREE CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|   |  | Verbally             |                       |              |    |      | WITH SIGN LANGUAGE, COMMUNICATION BOARD OR BOOK, COMPUTER, OR OTHER COMMUNICATION AID |                       |              |    |      |
|---|--|----------------------|-----------------------|--------------|----|------|---|-----------------------|--------------|----|------|
| Expressive Communication Milestones   |  | Doesn't do it at all | Does it, but not well | Does it well | DK | Ref. | Doesn't do it at all  | Does it, but not well | Does it well | DK | Ref. |
| <b>CHECKPOINT:</b> IF AGE <12 MONTHS, START HERE  |  |                      |                       |              |    |      |   |                       |              |    |      |
| a.  | Babble when you talk to [him/her] or when [he/she] wants to get your attention?  | 1                    | 2                     | 3            | F3 | F4   |   |                       |              |    |      |
| b.  | Hold up toys or objects for others to see, like showing you a toy?   | 1                    | 2                     | 3            | F3 | F4   |   |                       |              |    |      |
| c.  | Use motions or gestures as a way to communicate, like shaking [his/her] head "No" or holding [his/her] arms out to be picked up? | 1                    | 2                     | 3            | F3 | F4   |   |                       |              |    |      |
| <b>CHECKPOINT:</b> IF AGE 12 MONTHS, START HERE   |  |                      |                       |              |    |      |   |                       |              |    |      |
| <b>CHECKPOINT:</b> IF B3b = 4-7 (USES COMMUNICATION AIDS), ALSO ASK HOW WELL CHILD DOES EACH ITEM USING COMMUNICATION AIDS, SUBSTITUTE "use" FOR "say" AND CODE IN SECOND SET OF COLUMNS. SAY: <b>"Using (his/her) alternative communication system, how well does (he/she)..."</b> |  |                      |                       |              |    |      |   |                       |              |    |      |
| d.  | Say "mama" or "dada" or something to refer to a parent?  | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| e.  | Repeat or imitate a word that someone says?  | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| f.  | Say 5 or more words other than "mama" or "dada"?   | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| g.  | Ask "what's that?" questions? (NOTE: THE CHILD NEED NOT CLEARLY ARTICULATE THE WORDS "WHAT'S THAT.")                             | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| h.  | Say at least 20 different words?   | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| i.  | Use any of the following words: I, me, he, she, or you?  | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| j.  | Say 2 or 3 words together in a sentence?   | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| k.  | Say at least 50 different words?   | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |
| l.  | Say sentences of 4 to 6 words; for example, "I want more milk"?  | 1                    | 2                     | 3            | F3 | F4   | 1   | 2                     | 3            | F3 | F4   |

B30. Now, I'm interested in how well [CHILD] understands what others say to [him/her]. How well does [CHILD] ...? READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP. IF ONE OF THE FIRST TWO ITEMS IS >1 CONTINUE UNTIL TWO CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|  | <b>Receptive Communication Milestones</b>   | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|--|---|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT: IF AGE &lt; 12 MONTHS, START HERE</b> |   |                      |                      |              |            |         |
| a.   | Look at something you hold in front of [him/her]?   | 1                    | 2                    | 3            | F3         | F4      |
| b.   | Look up or smile when you say [his/her] name?   | 1                    | 2                    | 3            | F3         | F4      |
| c.   | Look at things you point to?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE ≥ 12 MONTHS, START HERE</b>    |   |                      |                      |              |            |         |
| d.   | Respond to simple gestures like someone waving "bye-bye"?   | 1                    | 2                    | 3            | F3         | F4      |
| e.   | Point to things you name, like when you say "where is the ball"? (NOTE: JUST LOOKING AT THE REQUESTED ITEM DOES NOT COUNT.) | 1                    | 2                    | 3            | F3         | F4      |
| f.   | Respond to a simple verbal request like "give me the ball"?   | 1                    | 2                    | 3            | F3         | F4      |
| g.   | Follow a 2-step verbal direction such as "shut the door and come here"?   | 1                    | 2                    | 3            | F3         | F4      |

B31. What about [CHILD] playing with toys and objects? How well does [CHILD] ... READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP. IF ONE OF THE FIRST TWO ITEMS IS >1 CONTINUE UNTIL TWO CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|  | <b>Object Play Milestones</b>  | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|--|--|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT: IF AGE &lt;12 MONTHS, START HERE</b>    |  |                      |                      |              |            |         |
| a.   | Shift attention from one object to another or look back and forth from one thing to another?                                 | 1                    | 2                    | 3            | F3         | F4      |
| b.   | Explore objects by putting them into [his/her] mouth?  | 1                    | 2                    | 3            | F3         | F4      |
| c.   | Explore toys and objects by shaking and banging them?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE = 12 - 24 MONTHS, START HERE</b> |  |                      |                      |              |            |         |
| d.   | Put things into <u>and</u> take them out of things, like a box or container?   | 1                    | 2                    | 3            | F3         | F4      |
| e.   | Use toys in different ways showing that [he/she] knows what they are for, like balls are for rolling, dolls are for holding? | 1                    | 2                    | 3            | F3         | F4      |
| f.   | Stack things like blocks to make something like a house or a bridge?   | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE &gt; 24 MONTHS, START HERE</b>   |  |                      |                      |              |            |         |
| g.   | Do simple pretending in play like feeding a doll or stuffed animal?  | 1                    | 2                    | 3            | F3         | F4      |
| h.   | Pretend that one object is a substitute for something else, like using a towel as a blanket or a box for a house?            | 1                    | 2                    | 3            | F3         | F4      |

B32. This part is about how [CHILD] relates to adults and other children. How well does [CHILD] ...?  
 ERAD FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP. IF ONE OF THE FIRST TWO ITEMS IS >1 CONTINUE UNTIL TWO CONSECUTIVE ITEMS ARE CODED 1. THEN GO TO THE NEXT QUESTION.

|  | <b>Social Play Milestones</b>  | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|--|--|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT: IF AGE &lt;12 MONTHS, START HERE</b>    |  |                      |                      |              |            |         |
| a.   | Smile in response to something [he/she] likes?   | 1                    | 2                    | 3            | F3         | F4      |
| b.   | Laugh in response to a peek-a-boo game?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE = 12 - 24 MONTHS, START HERE</b> |  |                      |                      |              |            |         |
| c.   | Greet people with a wave, a smile, or by saying "Hi"?  | 1                    | 2                    | 3            | F3         | F4      |
| d.   | Show interest in playing with other children?  | 1                    | 2                    | 3            | F3         | F4      |
| e.   | Play alongside other children but not together?  | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE &gt; 24 MONTHS, START HERE</b>   |  |                      |                      |              |            |         |
| f.   | Play a simple give-and-take game with another child like rolling a ball back and forth?                            | 1                    | 2                    | 3            | F3         | F4      |
| g.   | Cooperate with another child to do something together, like building a tower together with blocks?                 | 1                    | 2                    | 3            | F3         | F4      |
| h.   | Play pretend games with other children by using props, like dressing up or using kitchen tools when playing house? | 1                    | 2                    | 3            | F3         | F4      |
| i.   | Play group games with other children that have rules like tag, hide-n-seek, or duck-duck goose?                    | 1                    | 2                    | 3            | F3         | F4      |

B33. This next part is about how [CHILD] responds to [his/her] environment. How well does [CHILD] ...? READ FIRST CATEGORY APPROPRIATE TO AGE. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF THE FIRST TWO ITEMS ARE BOTH 1, MOVE TO THE ITEMS FOR THE NEXT YOUNGER AGE GROUP. SKIP TO B34 WHEN THERE ARE 3 CONSECUTIVE "1s". NOTE: FOR ITEMS 35e-k CHILD DOES NOT NEED TO TALK, ANY MEANS OF COMMUNICATION IS ACCEPTABLE.

|   | <b>Cognitive Milestones</b>  | Doesn't do it at all | Does it but not well | Does it well | DON'T KNOW | REFUSED |
|---|--|----------------------|----------------------|--------------|------------|---------|
| <b>CHECKPOINT: IF AGE &lt;12 MONTHS, START HERE</b>         |  |                      |                      |              |            |         |
| a.  | Reach out <u>and</u> grab things that interest [him/her]?  | 1                    | 2                    | 3            | F3         | F4      |
| b.  | Look for a toy or object that has gone out of sight, like when a spoon falls off the table or a ball rolls under a sofa? | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE = 12 - 24 MONTHS, START HERE</b>      |  |                      |                      |              |            |         |
| c.  | Show interest in [himself/herself] in a mirror by smiling?   | 1                    | 2                    | 3            | F3         | F4      |
| d.  | Respond to [his/her] name?   | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF AGE &gt; 24 MONTHS, START HERE</b>        |  |                      |                      |              |            |         |
| e.  | Show that (he/she) knows 2 body parts by touching or naming them when asked, for example, "Where is your nose?"          | 1                    | 2                    | 3            | F3         | F4      |
| f.  | Give [his/her] first name?   | 1                    | 2                    | 3            | F3         | F4      |
| <b>CHECKPOINT: IF B33f = 1, CODE B33g = 1 AND ASK B33h.</b> |  |                      |                      |              |            |         |
| g.  | Give both [his/her] first <u>and</u> last name?  | 1                    | 2                    | 3            | F3         | F4      |
| h.  | Refer to things as "mine"?   | 1                    | 2                    | 3            | F3         | F4      |
| i.  | Answer correctly when asked if [he/she] is a boy or a girl?  | 1                    | 2                    | 3            | F3         | F4      |
| j.  | Know [his/her] age, [he/she] can either say the number or show the right number of fingers?                              | 1                    | 2                    | 3            | F3         | F4      |
| k.  | Identify [him/herself] and other family members in photographs by pointing or saying the right name?                     | 1                    | 2                    | 3            | F3         | F4      |

**CHECKPOINT: ASK B34 THROUGH B37 ONLY IN THE TRANSITION (36-MONTH) INTERVIEW. OTHERWISE, GO TO SECTION C.**

B34. Can [CHILD] recognize... [READ CATEGORIES. CODE ONE CATEGORY]

|                                  |    |
|----------------------------------|----|
| All the letters of the alphabet, | 1  |
| Most of them,                    | 2  |
| Some of them, or                 | 3  |
| None of them?                    | 4  |
| DON'T KNOW                       | F3 |
| REFUSED                          | F4 |

B35. How high can [CHILD] count? [NOTE: IF B3b = 4-7 (USES COMMUNICATION AIDS), ADD: verbally or however (he/she) communicates?] Would you say ... READ CATEGORIES. CODE ONE CATEGORY.

|                    |    |
|--------------------|----|
| Not at all,        | 1  |
| Up to five,        | 2  |
| Up to 10,          | 3  |
| Up to 20,          | 4  |
| Up to 50, or       | 5  |
| Up to 100 or more? | 6  |
| DON'T KNOW         | F3 |
| REFUSED            | F4 |

**CHECKPOINT:** IF A9a or A9e = BLINDNESS, GO TO B37.

B36. In the past week, how often did [CHILD] look at books on [his/her] own? Would you say..... READ CATEGORIES. CODE ONE CATEGORY. [NOTE: THESE CAN BE PICTURE BOOKS OR STORY BOOKS, BUT DO NOT INCLUDE COLORING BOOKS.]

|                  |    |
|------------------|----|
| Never            | 1  |
| Once or twice    | 2  |
| 3 to 6 times, or | 3  |
| Every day        | 4  |
| DON'T KNOW       | F3 |
| REFUSED          | F4 |

B37. How often has [CHILD] been invited to play at another child's house? Would you say... READ CATEGORIES. CODE ONE CATEGORY.

|                   |    |
|-------------------|----|
| Never             | 1  |
| Once or twice     | 2  |
| Several times, or | 3  |
| Quite often       | 4  |
| DON'T KNOW        | F3 |
| REFUSED           | F4 |

**C. IFSP Process and Early Intervention Services OR Transition Process and Services  
(if transition [36-month] Interview)**

**CHECKPOINT:**

IF INTERIM INTERVIEW: IF CHILD LEFT SERVICE BEFORE PRECEDING INTERVIEW AS INDICATED ON SAMPLE FILE (Z\_FLG = 1) AND CHILD IS NOT ENROLLED IN OR RECEIVING EARLY INTERVENTION SERVICES (A7a = NO), GO TO SECTION D. ELSE, GO TO C6.

IF TRANSITION INTERVIEW: IF CHILD LEFT SERVICE BEFORE PRECEDING INTERVIEW AS INDICATED ON SAMPLE FILE (Z\_FLG = 1), GO TO C41a. ELSE, GO TO C30.

IF H INTERVIEW, GO TO C6.

IF S INTERVIEW, GO TO C30.

Now I'm going to ask you about [CHILD'S] services.

**CHECKPOINT:** IF C11 = 3, GO TO C13.



## Ratings about Services

### CHECKPOINT:

IF ENROLLMENT INTERVIEW AND C6 NE 1 AND C10 NE 1 AND C16 NE 1, GO TO SECTION D.

IF INTERIM (I OR H) INTERVIEW AND C6 NE 1 AND C10 NE 1 AND C16 NE 1, GO TO C30.

### Exit From Service - Overall Ratings

- C30. For the next set of questions, I want you to think about the entire time that [CHILD] was receiving (IF INTERIM INTERVIEW OR "H" INTERVIEW USE: "has received") early intervention services (IF TRANSITION OR "S" INTERVIEW USE "before [he/she] turned three. Were you aware of a written plan that described goals for [CHILD] and the services [he/she] received? It may have been called an IFSP, Child and Family Service Plan, or something like that.

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO C32 | NO         | 2  |
| GO TO C32 | DON'T KNOW | F3 |
| GO TO C32 | REFUSED    | F4 |

- C31. Overall, who came up with the goals or "outcomes" for [CHILD] on [his/her] service plan? Was it...

|                                     |    |
|-------------------------------------|----|
| Mostly your family,                 | 1  |
| Mostly the professionals, or        | 2  |
| You and the professionals together? | 3  |
| DOESN'T KNOW ABOUT ANY OUTCOMES     | 4  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |

- C32. Overall, who decided on the kinds of services for [CHILD]? Was it ...

|                                     |    |
|-------------------------------------|----|
| Mostly your family,                 | 1  |
| Mostly the professionals, or        | 2  |
| You and the professionals together? | 3  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |

- C33. Overall, who decided on the amount of services for [CHILD]? Was it ...

|                                     |   |
|-------------------------------------|---|
| Mostly your family,                 | 1 |
| Mostly the professionals, or        | 2 |
| You and the professionals together? | 3 |

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

C34. Overall, how did you feel about your involvement in the decisions about [CHILD'S] services? Do you feel you ...

|  |    |
|--|----|
| Wanted to be more involved,              | 1  |
| Were involved about the right amount, or | 2  |
| Wanted to be less involved?              | 3  |
| NO OPINION                               | 4  |
| DON'T KNOW                               | F3 |
| REFUSED                                  | F4 |

**CHECKPOINT:** IF INTERIM (I OR H) INTERVIEW AND C6 = 1 OR C10 = 1 OR C16 = 1, GO TO SECTION D.. IF Z\_FLG = 1 AND TRANSITION (T OR S) INTERVIEW, GO TO C41a.

C35a. I'm going to ask you to rate different aspects of the services. I'll ask about therapy services separately from general early intervention services. Did [CHILD] ever get any speech, occupational, or physical therapy?

|            |            |    |
|------------|------------|----|
|            | YES        | 1  |
| GO TO C36a | NO         | 2  |
| GO TO C36a | DON'T KNOW | F3 |
| GO TO C36a | REFUSED    | F4 |

C35b. Overall, how would you rate the amount of therapy services [CHILD] received? Would you say it was ...

|                                  |    |
|----------------------------------|----|
| More than needed,                | 1  |
| About the right amount, or       | 2  |
| Less than needed?                | 3  |
| ENOUGH OF SOME BUT NOT OF OTHERS | 4  |
| DON'T KNOW                       | F3 |
| REFUSED                          | F4 |

C35c. Overall, how would you rate the quality of therapy services [CHILD] received? Would you say it was ...

|                          |    |
|--------------------------|----|
| Excellent,               | 1  |
| Good,                    | 2  |
| Fair, or                 | 3  |
| Poor?                    | 4  |
| MIXED; SOME OK, SOME NOT | 5  |
| DON'T KNOW               | F3 |
| REFUSED                  | F4 |

C36a. Overall, how would you rate the general amount of other early intervention services [CHILD] received? Would you say they were ...

|           |                                  |    |
|-----------|----------------------------------|----|
|           | More than needed,                | 1  |
|           | About the right amount, or       | 2  |
|           | Less than needed?                | 3  |
|           | ENOUGH OF SOME BUT NOT OF OTHERS | 4  |
| GO TO C37 | DIDN'T GET ANYTHING BUT THERAPY  | 5  |
|           | DON'T KNOW                       | F3 |
|           | REFUSED                          | F4 |

C36b. Overall, how would you rate the general quality of other early intervention services [CHILD] received? Would you say they were ...

|                          |    |
|--------------------------|----|
| Excellent,               | 1  |
| Good,                    | 2  |
| Fair, or                 | 3  |
| Poor?                    | 4  |
| MIXED; SOME OK, SOME NOT | 5  |
| DON'T KNOW               | F3 |
| REFUSED                  | F4 |

C37. Overall, what do you think about the number of professionals who worked with [CHILD]? Do you think there were ...

|                            |    |
|----------------------------|----|
| Too many.                  | 1  |
| About the right number, or | 2  |
| Not enough?                | 3  |
| DON'T KNOW                 | F3 |
| REFUSED                    | F4 |

C38. How well did the professionals who worked with [CHILD] and your family communicate with each other? Do you think their communication was...

|                            |    |
|----------------------------|----|
| Excellent,                 | 1  |
| Good,                      | 2  |
| Fair, or                   | 3  |
| Poor?                      | 4  |
| MIXED, SOME DO, SOME DON'T | 5  |
| ONLY ONE PROFESSIONAL      | 6  |
| DON'T KNOW                 | F3 |
| REFUSED                    | F4 |

C38a. Do you feel you were offered services that were . . .

|  |    |
|--|----|
| Highly individualized to your child's needs, | 1  |
| Somewhat individualized, or                  | 2  |
| Not individualized at all?                   | 3  |
| MIXED  | 4  |
| DON'T KNOW                                   | F3 |
| REFUSED                                      | F4 |

C39. For each statement I read, please tell me whether you strongly agree, agree, disagree, or strongly disagree that it sounds like how you feel. READ FIRST STATEMENT. Do you strongly agree, agree, disagree, or strongly disagree that this sounds like you?

|    |  | Strongly Agree | Agree | Disagree | Strongly Disagree | DON'T KNOW | REFUSED |
|----|--|----------------|-------|----------|-------------------|------------|---------|
| a. | I have good feelings about the professionals who work with children with special needs and their families. | 1              | 2     | 3        | 4                 | F3         | F4      |
| b. | The early intervention professionals respect the values and cultural background of my family.              | 1              | 2     | 3        | 4                 | F3         | F4      |
| c. | The early intervention professionals giving services to my family ignore my opinions.                      | 1              | 2     | 3        | 4                 | F3         | F4      |
| d. | The early intervention professionals make me feel optimistic and hopeful about [CHILD's] future.           | 1              | 2     | 3        | 4                 | F3         | F4      |

C40. Overall, how much impact have the early intervention and therapy services [CHILD] received had on [his/her] development? Would you say ...

|                     |    |
|---------------------|----|
| No impact,          | 1  |
| A little impact, or | 2  |
| A lot of impact?    | 3  |
| TOO SOON TO TELL    | 4  |
| NEGATIVE IMPACT     | 5  |
| DON'T KNOW          | F3 |
| REFUSED             | F4 |

**CHECKPOINT:** IF INTERIM (I OR H) INTERVIEW, GO TO SECTION D.

## Transition Process

In many places, there is a change in services for children with special needs when the child turns three years of age. I want to ask about any changes that may have occurred.

C41. Before [CHILD'S] third birthday, did someone from [CHILD'S] early intervention program ....

|    |  | YES | NO | DON'T KNOW | REFUSED |
|----|--|-----|----|------------|---------|
| a. | Talk about options for preschool or other services [CHILD] might get when [he/she] turned 3.                                 | 1   | 2  | F3         | F4      |
| b. | Encourage you to visit preschools, centers, or other service programs that might serve your child when [he/she] turns 3.     | 1   | 2  | F3         | F4      |
| c. | Suggest options for preschool or other programs where [CHILD] would be included with children who do not have special needs. | 1   | 2  | F3         | F4      |
| d. | Help with developing a written plan for services [CHILD] would get after [he/she] turned 3.                                  | 1   | 2  | F3         | F4      |

C42. Has there been a change in [CHILD'S] services because [he/she] turned three?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

C43. Is [CHILD] now receiving any special services like special education, preschool, or therapy services?

|                             |            |    |
|-----------------------------|------------|----|
| YES                         | 1          |    |
| GO TO C47                   | NO         | 2  |
| GO TO CHECKPOINT BEFORE C48 | DON'T KNOW | F3 |
| GO TO CHECKPOINT BEFORE C48 | REFUSED    | F4 |

**CHECKPOINT:** IF C42 = 2, DK, OR RE, GO TO C48. ELSE, CONTINUE.

C44. Is [CHILD] now receiving...

|  |    |
|--|----|
| More service than before [he/she] turned 3,    | 1  |
| About the same amount of service as before, or | 2  |
| Less service than before?                      | 3  |
| DON'T KNOW                                     | F3 |
| REFUSED  | F4 |

C45. Who decided on the kind of services [CHILD] would receive after (he/she) turned three? Was it ...

|                                     |    |
|-------------------------------------|----|
| Mostly your family,                 | 1  |
| Mostly the professionals, or        | 2  |
| You and the professionals together? | 3  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |

C46. Who decided on the amount of services [CHILD] would receive after (he/she) turned three? Was it ...

|                                     |    |
|-------------------------------------|----|
| Mostly your family,                 | 1  |
| Mostly the professionals, or        | 2  |
| You and the professionals together? | 3  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |

**CHECKPOINT:** GO TO NEXT CHECKPOINT.

C47. Why isn't [CHILD] receiving special services or therapies? Is it that (he/she)...

|           |  |    |
|-----------|--|----|
| GO TO C54 | No longer needs services ,                     | 1  |
| GO TO C54 | Services are not available,                    | 2  |
| GO TO C54 | (He/She) is on a waiting list for services, or | 3  |
| GO TO C54 | Some other reason? SPECIFY: _____              | 4  |
| GO TO C54 | DON'T KNOW                                     | F3 |
| GO TO C54 | REFUSED  | F4 |

**CHECKPOINT:** IF C42 = 2, DON'T KNOW, OR REFUSED, ASK C48. ELSE, GO TO C54.

C48. Do you think there will be a change in [CHILD'S] services because [he/she] turned three?

|                 |            |    |
|-----------------|------------|----|
|                 | YES        | 1  |
| GO TO SECTION D | NO         | 2  |
| GO TO SECTION D | DON'T KNOW | F3 |
| GO TO SECTION D | REFUSED    | F4 |



C49. Do you think [CHILD] will receive special services or therapies after the change?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO C53 | NO         | 2  |
| GO TO C54 | DON'T KNOW | F3 |
| GO TO C54 | REFUSED    | F4 |

C50. Do you think [CHILD] will be receiving...

|                                      |    |
|--------------------------------------|----|
| More service than before the change, | 1  |
| About the same amount of service, or | 2  |
| Less service than before the change? | 3  |
| DON'T KNOW                           | F3 |
| REFUSED                              | F4 |

C51. Who decided on the kinds of services [CHILD] would receive after (he/she) turned three? Was it...

|                                     |    |
|-------------------------------------|----|
| Mostly your family,                 | 1  |
| Mostly the professionals, or        | 2  |
| You and the professionals together? | 3  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |

C52. Who decided on the amount of services [CHILD] would receive after (he/she) turned three? Was it ...

|                                     |    |
|-------------------------------------|----|
| Mostly your family,                 | 1  |
| Mostly the professionals, or        | 2  |
| You and the professionals together? | 3  |
| DON'T KNOW                          | F3 |
| REFUSED                             | F4 |

**CHECKPOINT:** GO TO C54.

C53. Why won't [CHILD] be receiving special services or therapies? Is it that (he/she)...

|  |    |
|--|----|
| No longer needs services,                      | 1  |
| Services are not available,                    | 2  |
| (He/She) is on a waiting list for services, or | 3  |
| Some other reason? SPECIFY: _____              | 4  |
| DON'T KNOW                                     | F3 |
| REFUSED  | F4 |

C54. How well did the early intervention program prepare your family for the change in services? Would you say the preparation they gave you was. . .

|            |    |
|------------|----|
| Excellent, | 1  |
| Good,      | 2  |
| Fair, or   | 3  |
| Poor?      | 4  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

C55. Overall, how satisfied are you with the process of leaving early intervention? Would you say you are...

|                           |    |
|---------------------------|----|
| Very satisfied,           | 1  |
| Somewhat satisfied,       | 2  |
| Somewhat dissatisfied, or | 3  |
| Very dissatisfied?        | 4  |
| DON'T KNOW                | F3 |
| REFUSED                   | F4 |

## D. Family Services and Perceptions

Now I want to ask you about any services that were offered for your family rather than those specifically for [CHILD].

- D1. Did anyone from the early intervention program help you ... IN SUBSEQUENT INTERVIEWS, SAY: "Since we last spoke in [MONTH, YEAR] with (RESPONDENT/you), has anyone from the early intervention program helped you ..."

|    |   | A                 |    | B   |    |    |     |
|----|---|-------------------|----|---|----|----|-----|
|    |   | Received Service? |    | (ASK IF A = NO): Did you need this service? |    |    |     |
|    |   | YES               | NO | YES   | NO | DK | REF |
| a. | Understand [CHILD'S] development or special needs?  | 1                 | 2  | 1   | 2  | F3 | F4  |
| b. | Learn how to play with, talk with, or teach [CHILD]?  | 1                 | 2  | 1   | 2  | F3 | F4  |
| c. | Find and/or pay for special equipment, toys, or therapy?<br>NOTE: SPECIAL EQUIPMENT MAY INCLUDE COMMUNICATION DEVICES, SUCH AS HEARING AIDS, COMMUNICATION BOARDS, OR COMPUTERS; MOBILITY DEVICES, SUCH AS WHEEL CHAIRS, WALKERS, CRUTCHES OR BRACES; OR GLASSES.                               | 1                 | 2  | 1   | 2  | F3 | F4  |
| d. | Find and/or pay for respite care?<br>NOTE: RESPITE CARE IS CARE FOR THE CHILD SO THAT THE FAMILY CAN HAVE A BREAK FROM ONGOING CARE OF THE CHILD. RESPITE CARE CAN BE THOUGHT OF AS CHILD CARE OR BABYSITTING BY AN INDIVIDUAL OR PROGRAM TRAINED TO MEET ANY SPECIAL NEEDS THE CHILD MAY HAVE. | 1                 | 2  | 1   | 2  | F3 | F4  |
| e. | Find information about recreational activities for [CHILD]?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| f. | Get transportation for [CHILD]?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| g. | Find child care for [CHILD]?  | 1                 | 2  | 1   | 2  | F3 | F4  |
| h. | Find and/or pay for medical or dental services?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| i. | Find out about other agencies and services that might help [CHILD]?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| j. | Understand your legal rights and protections?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| k. | Include [CHILD] in your regular family routines?  | 1                 | 2  | 1   | 2  | F3 | F4  |
| l. | Find or talk with other families who have children with special needs?  | 1                 | 2  | 1   | 2  | F3 | F4  |
| m. | Find a counselor, minister, or other helpers?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| n. | Meet basic household needs, such as food, clothing, or shelter?   | 1                 | 2  | 1   | 2  | F3 | F4  |
| o. | Find solutions to other problems your family might have?  | 1                 | 2  | 1   | 2  | F3 | F4  |

**CHECKPOINT:** IF TRANSITION (T OR S) INTERVIEW, GO TO D5.

**CHECKPOINT:** ASK THE NEXT SERIES OF ITEMS ONLY IN TRANSITION (T OR S) INTERVIEW. OTHERWISE, GO TO D8.

D5. Thinking about the whole time you have received services, overall, how would you rate the help and information your family had received through early intervention? Would you say the quality has been... READ CATEGORIES. CODE ONE CATEGORY.

|                          |    |
|--------------------------|----|
| Excellent,               | 1  |
| Good,                    | 2  |
| Fair, or                 | 3  |
| Poor?                    | 4  |
| MIXED; SOME OK, SOME NOT | 5  |
| DON'T KNOW               | F3 |
| REFUSED                  | F4 |

D6. Thinking about the whole time you have received services, how has the help and information affected your family? Do you think your family is ... READ CATEGORIES. CODE ONE CATEGORY.

|  |    |
|--|----|
| Much better off than you would have been without it, | 1  |
| Somewhat better off,                                 | 2  |
| About the same, or                                   | 3  |
| Worse off?   | 4  |
| TOO SOON TO TELL                                     | 5  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

D7a. During the whole time you have received services, if early intervention professionals gave you advice about [CHILD's] needs and about how to help [him/her] did you make use of that advice ... READ CATEGORIES, CODE ONE CATEGORY.

|           |                                       |    |
|-----------|---------------------------------------|----|
| GO TO D8a | All or most of the time,              | 1  |
|           | Some of the time, or                  | 2  |
|           | Hardly ever?                          | 3  |
| GO TO D8a | NOT APPLICABLE, HAS GOTTEN NO ADVICE. | 4  |
| GO TO D8a | DON'T KNOW                            | F3 |
| GO TO D8a | REFUSED                               | F4 |

D7b. Why did you sometimes decide not to use their advice? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

|  |    |
|--|----|
| DIDN'T UNDERSTAND WHAT TO DO                 | 01 |
| TOO HARD TO DO WHAT THEY SAID                | 02 |
| DIDN'T AGREE WITH WHAT THEY SAID             | 03 |
| COULDN'T AFFORD TO DO WHAT THEY SAID         | 04 |
| GOT CONFLICTING ADVICE FROM DIFFERENT PEOPLE | 05 |
| OTHER FAMILY MEMBER DIDN'T APPROVE           | 06 |
| DIDN'T FIT IN TO FAMILY ROUTINES             | 07 |
| OTHER, SPECIFY: _____                        | 08 |
| OTHER, SPECIFY: _____                        | 09 |
| DON'T KNOW                                   | F3 |
| REFUSED                                      | F4 |

D8. For each statement I read, please tell me whether you strongly agree, agree, disagree, or strongly disagree that it sounds like how you feel. Do you ... (READ IF NECESSARY)

|    |  | Strongly agree | Agree | Disagree | Strongly disagree | DON'T KNOW | REFUSED |
|----|--|----------------|-------|----------|-------------------|------------|---------|
| a. | I know how to care for [CHILD's] basic needs, like feeding, bathing, and dressing.<br>NOTE: BASIC NEEDS INCLUDE EVERYTHING RELATED TO THE DAY-TO-DAY CARE OF THE CHILD (E.G., FEEDING, BATHING, DRESSING, GETTING THE CHILD TO SLEEP AT NIGHT, TOILETING, TAKING CARE OF THE CHILD WHEN HE/SHE IS SICK). | 1              | 2     | 3        | 4                 | F3         | F4      |
| b. | I know how to help [CHILD] learn and develop.  | 1              | 2     | 3        | 4                 | F3         | F4      |
| c. | I know how to work with professionals and advocate for what [CHILD] needs.<br>NOTE: BY "ADVOCATE," WE MEAN DOING WHATEVER THE RESPONDENT FEELS IS NECESSARY FOR THE CHILD'S BEST INTERESTS (E.G., TO GET NEEDED SERVICES).   | 1              | 2     | 3        | 4                 | F3         | F4      |
| d. | I have relatives or friends to turn to for help or support when I need it.   | 1              | 2     | 3        | 4                 | F3         | F4      |
| e. | I often have a difficult time figuring out what to do about [CHILD's] behavior.  | 1              | 2     | 3        | 4                 | F3         | F4      |
| f. | I know what to do if I'm worried that [CHILD] isn't getting good services.   | 1              | 2     | 3        | 4                 | F3         | F4      |
| g. | I have little chance to take part in community activities, such as religious, school, or social events.  | 1              | 2     | 3        | 4                 | F3         | F4      |
| h. | I have relatives, friends, or others who help me deal with the challenges I face because of [CHILD's] special needs.   | 1              | 2     | 3        | 4                 | F3         | F4      |
| i. | Our ability to work and to play together as a family is pretty normal, even though we have a child with special needs.   | 1              | 2     | 3        | 4                 | F3         | F4      |

D9. When early intervention professionals talk with you about [CHILD], do they...

|  |    |
|--|----|
| Usually focus on strengths,                  | 1  |
| Focus on both strengths and difficulties, or | 2  |
| Usually focus on difficulties?               | 3  |
| DON'T KNOW                                   | F3 |
| REFUSED                                      | F4 |

D11. Thinking about your family's overall life situation now, would you describe it as...

|            |    |
|------------|----|
| Excellent, | 1  |
| Very good, | 2  |
| Good,      | 3  |
| Fair, or   | 4  |
| Poor?      | 5  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

D12. Thinking about [CHILD's] overall life situation now, would you say it is...

|            |    |
|------------|----|
| Excellent, | 1  |
| Very good, | 2  |
| Good,      | 3  |
| Fair, or   | 4  |
| Poor?      | 5  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

D13. Looking toward the future, do you expect that your family's overall life situation will be ...

|            |    |
|------------|----|
| Excellent, | 1  |
| Very good, | 2  |
| Good,      | 3  |
| Fair, or   | 4  |
| Poor?      | 5  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

D14. Looking toward the future, do you expect that [CHILD's] overall life situation will be...

NOTE: USE OPTION 6 (CHILD IS TERMINALLY ILL) ONLY IF RESPONDENT MENTIONS IT WITHOUT CHOOSING ONE OF THE OTHER CATEGORIES.

|                         |    |
|-------------------------|----|
| Excellent,              | 1  |
| Very good,              | 2  |
| Good,                   | 3  |
| Fair, or                | 4  |
| Poor?                   | 5  |
| CHILD IS TERMINALLY ILL | 6  |
| DON'T KNOW              | F3 |
| REFUSED                 | F4 |



**E. CHILD CARE, PRESCHOOL, OTHER PROGRAMS**

**CHECKPOINT:** IF ENROLLMENT INTERVIEW, START HERE. OTHERWISE GO TO E2.

**Child Care**

- E2. Is [CHILD] now being regularly cared for by someone other than a parent or guardian? FOR SUBSEQUENT INTERVIEWS, ADD: By regular, we mean for more than 10 hours a week most weeks. This includes child care while a parent or guardian works or goes to school and preschool or nursery school.

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO E28 | NO         | 2  |
| GO TO E28 | DON'T KNOW | F3 |
| GO TO E28 | REFUSED    | F4 |

- E3. How many different childcare arrangements is [he/she] in now?

Number \_\_\_\_\_ (RANGE = 1-6)

|           |            |    |
|-----------|------------|----|
|           | DON'T KNOW | F3 |
| GO TO E28 | REFUSED    | F4 |

IF MORE THAN THREE ARRANGEMENTS IN E2: I want to ask about the 3 arrangements at which [CHILD] spends the most time.

Arrangement 1:

E4. (Thinking of the arrangement at which [CHILD] spends the most time,) do you consider this arrangement to be ... READ CATEGORIES.

|          |                      |    |
|----------|----------------------|----|
|          | Child care/Day Care, | 1  |
|          | Babysitting,         | 2  |
| GO TO E7 | Preschool, or        | 3  |
| GO TO E7 | Nursery school?      | 4  |
|          | OTHER, SPECIFY _____ | 5  |
|          | Special nursing Care | 6  |
|          | DON'T KNOW           | F3 |
|          | REFUSED              | F4 |

NOTE: INSERT RESPONSE FROM E4 IN [BRACKET] IN E5-E10.

E5. Is this [ARRANGEMENT FROM E4] in ... READ CATEGORIES.

|          |                               |    |
|----------|-------------------------------|----|
|          | [CHILD'S] home,               | 1  |
|          | Someone else's home, or       | 2  |
| GO TO E7 | A child care center?          | 3  |
|          | OTHER, SPECIFY _____          | 4  |
|          | Child's home and another home | 5  |
|          | DON'T KNOW                    | F3 |
|          | REFUSED                       | F4 |

E6. Is this [ARRANGEMENT FROM E4] provided by a relative of [CHILD'S]?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E7. How many hours a week is [CHILD] in this [ARRANGEMENT FROM E4]?

# of hours per week \_\_\_\_\_ (RANGE = 1-100)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E8. How many other children is [CHILD] usually with when [he/she] is in this [ARRANGEMENT FROM E4]? NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

# of children \_\_\_\_\_ (RANGE = 0-80)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E9. How many adults is [CHILD] usually with when [he/she] is in this [ARRANGEMENT FROM E4]?

# of adults \_\_\_\_\_ (RANGE = 1-20)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

**CHECKPOINT:** IF E8 = 0, GO TO NEXT CHECKPOINT.

E10. How many of the other children in [CHILD'S] [ARRANGEMENT FROM E4] have special needs or disabilities? Is it ... READ CATEGORIES. CODE ONE.

|                  |    |
|------------------|----|
| All of them,     | 1  |
| Some of them, or | 2  |
| None of them?    | 3  |
| DON'T KNOW       | F3 |
| REFUSED          | F4 |

**CHECKPOINT:** IF E3 = 1 (ONLY ONE ARRANGEMENT), GO TO E25.

SECOND CHILD CARE ARRANGEMENT:

E11\_CK. IF NUMBER OF CARE ARRANGEMENTS = DK: Is [CHILD] in another care arrangement now?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO E25 | NO         | 2  |
| GO TO E25 | DON'T KNOW | F3 |
| GO TO E25 | REFUSED    | F4 |

E11. FOR TWO OR MORE ARRANGEMENTS: Now I want to ask you about the second arrangement for [CHILD]. Do you consider the second arrangement to be ...

|           |                      |    |
|-----------|----------------------|----|
|           | Child care/Day care, | 1  |
|           | Babysitting,         | 2  |
| GO TO E14 | Preschool, or        | 3  |
| GO TO E14 | Nursery school?      | 4  |
|           | OTHER, SPECIFY _____ | 5  |
|           | Special Nursing Care | 6  |
|           | DON'T KNOW           | F3 |
|           | REFUSED              | F4 |

NOTE: INSERT RESPONSE TO E11 IN [BRACKET] IN QUESTIONS E12-E17.

E12. Is this [ARRANGEMENT FROM E11] in ...

|           |                               |    |
|-----------|-------------------------------|----|
|           | [CHILD's] home,               | 1  |
|           | Someone else's home, or       | 2  |
| GO TO E14 | A child care center?          | 3  |
|           | OTHER, SPECIFY _____          | 4  |
|           | Child's home and another home | 5  |
|           | DON'T KNOW                    | F3 |
|           | REFUSED                       | F4 |

E13. Is the [ARRANGEMENT FROM E11] provided by a relative of [CHILD'S]?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E14. How many hours a week is [CHILD] in this [ARRANGEMENT FROM E11]?

# of hours per week \_\_\_\_\_ (RANGE = 1-100)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E15. How many other children is [CHILD] usually with when [he/she] is in this [ARRANGEMENT FROM E11]? NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

# of children \_\_\_\_\_ (RANGE = 0-80)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E16. How many adults is [CHILD] usually with when [he/she] is in this [ARRANGEMENT FROM E11]?

# of adults \_\_\_\_\_ (RANGE = 1-20)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

**CHECKPOINT:** IF E15 = 0, GO TO NEXT CHECKPOINT.

E17. How many of the other children in [CHILD'S] [ARRANGEMENT FROM E11] have special needs or disabilities? Is it ... READ CATEGORIES. CODE ONE.

|                  |    |
|------------------|----|
| All of them,     | 1  |
| Some of them, or | 2  |
| None of them?    | 3  |
| DON'T KNOW       | F3 |
| REFUSED          | F4 |

**CHECKPOINT:** IF E3 = 2, (TWO ARRANGEMENTS) GO TO E25.

THIRD CHILD CARE ARRANGEMENT

E18\_CK. (IF NUMBER OF CARE ARRANGEMENTS = DK): Is [CHILD] in another care arrangement now?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO E25 | NO         | 2  |
| GO TO E25 | DON'T KNOW | F3 |
| GO TO E25 | REFUSED    | F4 |

E18. FOR THREE ARRANGEMENTS: Now I want to ask you about the third arrangement. Do you consider the third arrangement to be ...

|           |                      |    |
|-----------|----------------------|----|
|           | Child care/Day care, | 1  |
|           | Babysitting,         | 2  |
| GO TO E21 | Preschool, or        | 3  |
| GO TO E21 | Nursery school?      | 4  |
|           | OTHER, SPECIFY _____ | 5  |
|           | Special Nursing Care | 6  |
|           | DON'T KNOW           | F3 |
|           | REFUSED              | F4 |

NOTE: INSERT RESPONSE TO E18 IN [BRACKET] IN QUESTIONS E19-E24.

E19. Is this [ARRANGEMENT FROM E18] in ...

|           |                               |    |
|-----------|-------------------------------|----|
|           | [CHILD'S] home,               | 1  |
|           | Someone else's home, or       | 2  |
| GO TO E21 | A child care center?          | 3  |
|           | OTHER, SPECIFY _____          | 4  |
|           | Child's home and another home | 5  |
|           | DON'T KNOW                    | F3 |
|           | REFUSED                       | F4 |

E20. Is the [ARRANGEMENT FROM E18] provided by a relative of [CHILD'S]?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E21. How many hours a week is [CHILD] in this [ARRANGEMENT FROM E18]?

# of hours per week \_\_\_\_\_ (RANGE = 1-100)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E22. How many other children is [CHILD] usually with when [he/she] is in this [ARRANGEMENT FROM E18]? NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

# of children \_\_\_\_\_ (RANGE = 0-80)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

E23. How many adults is [CHILD] usually with when [he/she] is in this [ARRANGEMENT FROM E18]?

# of adults \_\_\_\_\_ (RANGE = 1-20)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

**CHECKPOINT:** IF E22 = 0, GO TO E25.

E24. How many of the other children in [CHILD'S] [INSERT TERM] have special needs or disabilities? Is it ...

|                  |    |
|------------------|----|
| All of them,     | 1  |
| Some of them, or | 2  |
| None of them?    | 3  |
| DON'T KNOW       | F3 |
| REFUSED          | F4 |

- E25. Overall, how hard was it for you to find (an) appropriate child care arrangement(s) for [CHILD] given (his/her) special needs? Would you say it was NOTE: "CHILD CARE ARRANGEMENTS" INCLUDES CHILD CARE, BABYSITTING, PRESCHOOL, NURSERY SCHOOL, OR WHATEVER TERM THEY USED EARLIER. IF THE RESPONDENT DOES NOT CONSIDER THE CHILD TO HAVE SPECIAL NEEDS, CODE DON'T KNOW.

|                        |    |
|------------------------|----|
| Very difficult,        | 1  |
| Somewhat difficult, or | 2  |
| Not at all difficult?  | 3  |
| DON'T KNOW             | F3 |
| REFUSED                | F4 |

- E26. Overall, how satisfied are you with the ability of [CHILD'S] child care arrangements to meet [his/her] special needs? Would you say you are generally ... NOTE: IF THE RESPONDENT DOES NOT CONSIDER THE CHILD TO HAVE SPECIAL NEEDS, CODE DON'T KNOW.

|                           |    |
|---------------------------|----|
| Very satisfied,           | 1  |
| Somewhat satisfied,       | 2  |
| Somewhat dissatisfied, or | 3  |
| Very dissatisfied?        | 4  |
| MIXED                     | 5  |
| DON'T KNOW                | F3 |
| REFUSED                   | F4 |

- E27. If all child care arrangements cost the same as you pay now, would you use the same child care arrangements?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| MIXED      | 3  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |



Other Activities

E28. Are there any other children's group activities that [CHILD] goes to regularly, such as story hours, play groups, gym programs, or other preschool programs? NOTE: BY REGULARLY, WE MEAN AT LEAST MONTHLY.

|                 |            |    |
|-----------------|------------|----|
|                 | YES        | 1  |
| GO TO SECTION F | NO         | 2  |
| GO TO SECTION F | DON'T KNOW | F3 |
| GO TO SECTION F | REFUSED    | F4 |

E29. What is that [are those]? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. DO NOT INCLUDE THERAPEUTIC GROUP/SERVICES IN THIS SECTION. IT SHOULD HAVE BEEN CAPTURED IN SECTION C.

|  |    |
|--|----|
| PLAY GROUP (AT SOMEONE'S HOME OR AT A PROGRAM, MOMMY AND ME, BABYSITTING WITH OTHER CHILDREN, PARK/REC PLAY TIME ) | 1  |
| STORY HOUR (E.G., AT LIBRARY)  | 2  |
| SUNDAY SCHOOL/CHURCH CHILD CARE  | 3  |
| LESSONS (E.G., SWIMMING, GYMBOREE, ART)  | 4  |
| PRESCHOOL  | 5  |
| NURSERY SCHOOL   | 6  |
| OTHER, SPECIFY _____   | 7  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |
| DAY CARE   | 10 |

E30. In this activity [these activities], how many of the other children have special needs or disabilities?  
Is it . . .

|                  |    |
|------------------|----|
| All of them,     | 1  |
| Some of them, or | 2  |
| None of them?    | 3  |
| DON'T KNOW       | F3 |
| REFUSED          | F4 |

**F. Household Characteristics**

My next questions are about your household.

F1. How many persons live in your household? By household, we mean persons who live in the same housing unit at least five nights a week most weeks.

Number of persons in household \_\_\_\_\_ (RANGE = 1-24)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F2. How many adults are there in your household, including you? By adults, we mean anyone 18 years old or older **and** anyone under 18 years of age who is a parent.

Number of adults in household \_\_\_\_\_ (RANGE = 1-10)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F3. (IF S8a = YES): How many children are in your household, **including** [CHILD]? (ELSE: How many children are in your household?) By children, we mean those under 18 years of age who aren't parents.

Number of children in household \_\_\_\_\_ (RANGE = 0-14)

|           |            |    |
|-----------|------------|----|
| GO TO F6a | DON'T KNOW | F3 |
| GO TO F6a | REFUSED    | F4 |

**EDIT CHECK:** F2 AND F3 SHOULD ADD UP TO F1. CLARIFY WITH RESPONDENT IF THEY DON'T. ALSO VERIFY THAT F3 EQUALS AT LEAST 1 IF S8a = YES.

F\_3vrfy I have the number of adults in your household as [RESPONSE FROM F2] and the number of children as [RESPONSE FROM F3].

The total of these numbers does not match the household total of [RESPONSE FROM F1] which you gave earlier. What needs to change?

1 = HOUSEHOLD TOTAL

2 = NUMBER OF CHILDREN IN THE HOUSEHOLD

3 = NUMBER OF ADULTS IN THE HOUSEHOLD

**CHECKPOINT:** IF S8a = YES AND F3 = 1 (ONLY STUDY CHILD IN THE HOUSEHOLD), GO TO F6a. IF F3 = 0, GO TO F6a.

F4. IF S8a = 2 AND F3 = 1: What is the age of that child? (NOTE: [CHILD] IS NOT IN THIS HOUSEHOLD.) ELSE, IF S8a = 2 AND F3 > 2: What are the ages of the children in the household? Let's start with the oldest. (PROBE: And the next oldest?)

ELSE, IF S8a = 1 and F3 > 2: What are the ages of the other children in the household? Do not include [CHILD].

WE ALREADY KNOW [CHILD]'S AGE—[age\_mnths] MONTH(S).

Let's start with the oldest. (PROBE: And the next oldest?)

ELSE, IF S8a = 1 AND F3 = 2: What is the age of the other child in the household?

WE ALREADY KNOW [CHILD]'S AGE—[age\_mnths] MONTH(S).

NOTE: AGES OF CHILDREN UNDER 36 MONTHS SHOULD BE RECORDED TO THE MONTH, EITHER AS MONTHS ONLY OR AS A COMBINATION OF YEARS AND MONTHS.

PRESS ENTER TO SEE NEXT SCREEN

IF S8a = 2: THE HOUSEHOLD HAS [number of children] CHILD(REN). [CHILD] DOES NOT LIVE IN THE HOUSEHOLD. ELSE: THE HOUSEHOLD HAS [number of children] CHILD(REN) NOT INCLUDING [CHILD].

ONE RESPONSE HAS TO BE GREATER THAN 0.

| Years            | Months    | Years            | Months    |
|------------------|-----------|------------------|-----------|
| (0, 1-17)        | (0, 1-36) | (0, 1-17)        | (0, 1-36) |
| first child      |           | second child     |           |
| third child      |           | fourth child     |           |
| fifth child      |           | sixth child      |           |
| seventh child    |           | eighth child     |           |
| ninth child      |           | tenth child      |           |
| eleventh child   |           | twelfth child    |           |
| thirteenth child |           | fourteenth child |           |
|                  |           | fifteenth child  |           |

INTERVIEWER: THE AGES OF THE FOLLOWING CHILDREN HAVE DUPLICATE VALUES. THEY COULD BE TWINS, TRIPLETS, ETC., BUT IT COULD BE A TYPO. PLEASE VERIFY WITH THE RESPONDENT THAT THE VALUES ARE CORRECT.

INTERVIEWER: NOTE THAT SOME OF THE CHILDREN ARE OF THE SAME AGE. IS THIS CORRECT?

1 = YES

2 = NO (NEED TO CORRECT THE AGES)

F3 = DON'T KNOW

F4 = REFUSED

F5a. IF (S8a = 2 AND F3 = 1) OR (S8a = 1 AND F3 = 2): Does that child have a special need, delay, or disability?

ELSE: Do any other children besides [CHILD] have a special need, delay, or disability?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO F6a | NO         | 2  |
| GO TO F6a | DON'T KNOW | F3 |
| GO TO F6a | REFUSED    | F4 |

**CHECKPOINT:** IF (S8a = 2 AND F3 = 1) OR (S8a = 1 AND F3 = 2), GO TO F6a.

F5b. How many other children have a special need, delay, or disability?

\_\_\_\_\_ # CHILDREN (RANGE 1-10)

|           |            |    |
|-----------|------------|----|
| GO TO F6a | DON'T KNOW | F3 |
| GO TO F6a | REFUSED    | F4 |

F\_5bver Earlier you said there were [FILL #] children in the household. Now you are saying that there are [FILL #] children in the household not including [CHILD] with a special need, delay, or disability. Please correct.

F5c. Which of the other child(ren) have special needs? (Please do not include [CHILD].) CODE ALL THAT APPLY 1=FIRST CHILD, 2=SECOND CHILD, and so on.

| Years            | Months | Years            | Months |
|------------------|--------|------------------|--------|
| first child      |        | second child     |        |
| third child      |        | fourth child     |        |
| fifth child      |        | sixth child      |        |
| seventh child    |        | eighth child     |        |
| ninth child      |        | tenth child      |        |
| eleventh child   |        | twelfth child    |        |
| thirteenth child |        | fourteenth child |        |
|                  |        | fifteenth child  |        |

F3 = DON'T KNOW  
F4 = REFUSED

ENTER 1 THROUGH [number of children], F3, F4, OR F9  
YOU HAVE TO CHOOSE AT LEAST ONE OF THE OPTIONS  
YOU MUST IDENTIFY [f\_5b@a] CHILD(REN) HERE

F6a. Now I'd like to ask some questions about you. Do you have a paid job now? NOTE: WORKING AS A TEMP WOULD BE INCLUDED IF IT IS DONE USUALLY (MOST WEEKS).

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO F7a | NO         | 2  |
| GO TO F7a | DON'T KNOW | F3 |
| GO TO F7a | REFUSED    | F4 |

F6b. In an average week, about how many hours do you work for pay? NOTE: IF RESPONDENT DOESN'T KNOW EXACT NUMBER, CODE "DK" TO GET LIST OF CATEGORIES.

Number of hours per week \_\_\_\_\_ (RANGE = 1-80)

IF DON'T KNOW: Do you usually work...

READ CATEGORIES. CODE ONE CATEGORY.

|                     |    |
|---------------------|----|
| Less than 20 hours  | 91 |
| 20 to 35 hours, or  | 92 |
| More than 35 hours? | 93 |
| DON'T KNOW          | F3 |
| REFUSED             | F4 |

F7a. Are you now taking any courses from a school, college, or university?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO F8a | NO         | 2  |
| GO TO F8a | DON'T KNOW | F3 |
| GO TO F8a | REFUSED    | F4 |

F7b. Are you involved in this full-time or part-time? (PROBE: BY FULL-TIME, WE MEAN 12 OR MORE SEMESTER UNITS, 15 OR MORE QUARTER UNITS, OR YOU ARE GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR SCHOOL PURPOSES.)

|            |    |
|------------|----|
| FULL TIME  | 1  |
| PART TIME  | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F8a. Are you now in any kind of job training program? NOTE: IF F6a = 1 (HAS A PAID JOB NOW), ADD: We mean separate from your job.

|                  |            |    |
|------------------|------------|----|
|                  | YES        | 1  |
| GO TO CHECKPOINT | NO         | 2  |
| GO TO CHECKPOINT | DON'T KNOW | F3 |
| GO TO CHECKPOINT | REFUSED    | F4 |

F8b. Are you involved in this full-time or part-time? (PROBE: BY FULL-TIME, WE MEAN GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR THE JOB TRAINING PROGRAM.)

|           |   |
|-----------|---|
| FULL TIME | 1 |
|-----------|---|

|            |    |
|------------|----|
| PART TIME  | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

**CHECKPOINT:** IF F6a, F7a, AND F8a = 2 (NO JOB, JOB TRAINING, OR SCHOOL), ASK F9. OTHERWISE, GO TO F10.

F9. Would you work, be in job training, or go to school if you had someone to care for [CHILD]?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F10. What is the highest year or grade you finished in school? (READ CATEGORIES IF NECESSARY. CODE ONE CATEGORY.)

|  |    |
|--|----|
| Less than high school diploma, with no GED                               | 1  |
| High school diploma or GED   | 2  |
| Some college/some postsecondary vocational courses                       | 3  |
| 2-year or 3-year college degree (AA degree) or vocational school diploma | 4  |
| 4-year college degree (BA, BS degree)                                    | 5  |
| Some graduate work/no graduate degree                                    | 6  |
| Graduate degree (MA, MBA, Ph.D., JD, MD)                                 | 7  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

F11. What is your birth date?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM      DD      YY

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

(Range for YY is calculated based on today's date, minus *n* years to allow for 15-70 years old)

**CHECKPOINT:** IF F2 > 1 OR F2 = DK OR RE, ASK F12a. ELSE, GO TO CHECKPOINT AT F19.

F12a. Do you now have a partner or spouse living with you?

|                         |            |    |
|-------------------------|------------|----|
|                         | YES        | 1  |
| GO TO CHECKPOINT AT F19 | NO         | 2  |
| GO TO CHECKPOINT AT F19 | DON'T KNOW | F3 |
| GO TO CHECKPOINT AT F19 | REFUSED    | F4 |

F12b. Are you married to that person?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F12c. What is that person's relationship to [CHILD]? (NOTE: IF RESPONSE IS 'MOTHER' OR 'FATHER' PROBE FOR BIOLOGIC, ADOPTIVE, STEP, OR FOSTER.)

|                      |    |
|----------------------|----|
| BIOLOGICAL MOTHER    | 01 |
| BIOLOGICAL FATHER    | 02 |
| ADOPTIVE MOTHER      | 03 |
| ADOPTIVE FATHER      | 04 |
| STEPMOTHER           | 05 |
| STEPFATHER           | 06 |
| FOSTER MOTHER        | 07 |
| FOSTER FATHER        | 08 |
| LEGAL GUARDIAN       | 09 |
| GRANDMOTHER          | 10 |
| GRANDFATHER          | 11 |
| OTHER ADULT RELATIVE | 12 |
| UNRELATED ADULT      | 13 |
| DON'T KNOW           | F3 |
| REFUSED              | F4 |

**CHECKPOINT:** (NOTE FOR F13a THROUGH F18: IF F12b = 1 USE "SPOUSE" AS FILL. ELSE, USE "PARTNER.")

F13a. Does your [partner/spouse] have a paid job now?

|            |            |    |
|------------|------------|----|
|            | YES        | 1  |
| GO TO F14a | NO         | 2  |
| GO TO F14a | DON'T KNOW | F3 |
| GO TO F14a | REFUSED    | F4 |

F13b. In an average week, about how many hours does your [partner/spouse] work for pay?  
NOTE: IF RESPONDENT DOESN'T KNOW EXACT NUMBER, CODE "DK" TO GET LIST OF CATEGORIES.

Number of hours per week \_\_\_\_\_ Range (1-80)

IF RESPONDENT SAYS DON'T KNOW: Does that person usually work...

READ CATEGORIES. CODE ONE CATEGORY.

|                     |    |
|---------------------|----|
| Less than 20 hours  | 91 |
| 20 to 35 hours, or  | 92 |
| More than 35 hours? | 93 |
| DON'T KNOW          | F3 |
| REFUSED             | F4 |

F14a. Is your [partner/spouse] now taking any courses from a school, college, or university?

|            |            |    |
|------------|------------|----|
|            | YES        | 1  |
| GO TO F15a | NO         | 2  |
| GO TO F15a | DON'T KNOW | F3 |
| GO TO F15a | REFUSED    | F4 |

F14b. Is your [partner/spouse] involved in this full-time or part-time? NOTE: BY FULL-TIME WE MEAN PARTNER IS TAKING 12 OR MORE SEMESTER UNITS, 15 OR MORE QUARTER UNITS, OR IS GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR SCHOOL PURPOSES.

|            |    |
|------------|----|
| FULL TIME  | 1  |
| PART TIME  | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |



F15a. Is your [partner/spouse] now in any kind of job training program? NOTE: IF F13a = 1 (HAS A PAID JOB NOW), ADD: We mean separate from a job?

|                             |            |    |
|-----------------------------|------------|----|
|                             | YES        | 1  |
| GO TO CHECKPOINT BEFORE F16 | NO         | 2  |
| GO TO CHECKPOINT BEFORE F16 | DON'T KNOW | F3 |
| GO TO CHECKPOINT BEFORE F16 | REFUSED    | F4 |

F15b. Is your [partner/spouse] involved in this full-time or part-time? NOTE: BY FULL-TIME WE MEAN GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR THE JOB TRAINING PROGRAM.

|            |    |
|------------|----|
| FULL TIME  | 1  |
| PART TIME  | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

**CHECKPOINT:** IF F13a, F14a, AND F15a = 2 (NO JOB, JOB TRAINING OR SCHOOL), ASK F16. OTHERWISE, GO TO F17.

F16. Would your (spouse/partner) work, be in job training, or go to school if they had someone to care for [CHILD]?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F17. What is the highest year or grade that your [spouse/partner] finished in school? OK TO READ CATEGORIES. CODE ONE CATEGORY.

|  |    |
|--|----|
| Less than high school diploma, with no GED                               | 1  |
| High school diploma or GED   | 2  |
| Some college/some postsecondary vocational courses                       | 3  |
| 2-year or 3-year college degree (AA degree) or vocational school diploma | 4  |
| 4-year college degree (BA, BS degree)                                    | 5  |
| Some graduate work/no graduate degree                                    | 6  |
| Graduate degree (MA, MBA, Ph.D., JD, MD)                                 | 7  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

F18. What is your [partner's/spouse's] birth date?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM          DD          YY

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

(Range for YY is calculated based on today's date, minus *n* years to allow for 15-70 years old)

**CHECKPOINT:** IF RESPONDENT IS BIOLOGICAL MOTHER (S5a =2 AND S6 = 1), GO TO CHECKPOINT BEFORE BIOLOGICAL FATHER SERIES AT F23. IF R IS MARRIED TO OR PARTNERED WITH BIOLOGICAL MOTHER (F12c = 1), GO TO CHECKPOINT BEFORE BIOLOGICAL FATHER SERIES AT F23. ELSE, CONTINUE.

BIOLOGICAL MOTHER SERIES:

My next questions are about [CHILD's] biological mother.

F19. Does [CHILD's] biological mother live in the household with [him/her]?

|           |                                     |    |
|-----------|-------------------------------------|----|
| GO TO F21 | YES                                 | 1  |
|           | NO                                  | 2  |
| GO TO F23 | DECEASED                            | 3  |
| GO TO F23 | DON'T KNOW WHO BIOLOGICAL MOTHER IS | 4  |
|           | DON'T KNOW                          | F3 |
|           | REFUSED                             | F4 |

F20a. How much contact does [CHILD] have with [his/her] biological mother? Is it ... READ CATEGORIES.

|           |                        |    |
|-----------|------------------------|----|
| GO TO F21 | No contact,            | 1  |
|           | Occasional contact, or | 2  |
|           | Frequent contact?      | 3  |
| GO TO F21 | DON'T KNOW             | F3 |
| GO TO F21 | REFUSED                | F4 |

F20b. About how many days has [CHILD] spent time with [his/her] biological mother in the last month?  
NOTE: COUNT EACH DAY THAT THE BIOLOGICAL MOTHER SPENT A MINIMUM OF AN HOUR WITH HIM/HER AND TOTAL THE NUMBER OF SUCH DAYS OVER THE PAST MONTH.

Number of days \_\_\_\_\_ (RANGE = 0-31)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F21. What is [CHILD'S] biological mother's date of birth?

\_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
MM DD YY

(Range for YY is calculated based on today's date, minus *n* years to allow for 13-50 years old)

NOTE: IF RESPONDENT SAYS "DON'T KNOW," ASK "Do you know her approximate age?"

Age in years \_\_\_\_\_ (Range 13-50)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F22. What is the highest year or grade [CHILD's] biological mother finished in school? (READ CATEGORIES IF NECESSARY. CODE ONE CATEGORY.)

|  |    |
|--|----|
| Less than high school diploma, with no GED                               | 1  |
| High school diploma or GED   | 2  |
| Some college/some postsecondary vocational courses                       | 3  |
| 2-year or 3-year college degree (AA degree) or vocational school diploma | 4  |
| 4-year college degree (BA, BS degree)                                    | 5  |
| Some graduate work/no graduate degree                                    | 6  |
| Graduate degree (MA, MBA, Ph.D., JD, MD)                                 | 7  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

**CHECKPOINT:** IF RESPONDENT IS BIOLOGICAL FATHER (S5a = 1 and S7 = 1), GO TO CHECKPOINT AT F27. IF RESPONDENT IS MARRIED TO BIOLOGICAL FATHER (F12c = 2), GO TO CHECKPOINT AT F27. ELSE, CONTINUE.

BIOLOGICAL FATHER SERIES:

My next questions are about [CHILD's] biological father.

F23. Does [CHILD's] biological father live in the household with [him/her]?

|                             |                                     |    |
|-----------------------------|-------------------------------------|----|
| GO TO F25                   | YES                                 | 1  |
|                             | NO                                  | 2  |
| GO TO CHECKPOINT BEFORE F27 | DECEASED                            | 3  |
| GO TO CHECKPOINT BEFORE F27 | DON'T KNOW WHO BIOLOGICAL FATHER IS | 4  |
|                             | DON'T KNOW                          | F3 |
|                             | REFUSED                             | F4 |

F24a. How much contact does [CHILD] have with [his/her] biological father? Is it ... READ CATEGORIES.

|           |                        |    |
|-----------|------------------------|----|
| GO TO F25 | No contact,            | 1  |
|           | Occasional contact, or | 2  |
|           | Frequent contact?      | 3  |
| GO TO F25 | DON'T KNOW             | F3 |
| GO TO F25 | REFUSED                | F4 |

F24b. About how many days has [CHILD] spent time with [his/her] biological father in the last month?  
NOTE: COUNT EACH DAY THAT THE BIOLOGICAL FATHER SPENT A MINIMUM OF AN HOUR WITH CHILD AND TOTAL THE NUMBER OF SUCH DAYS OVER THE PAST MONTH.

Number of days \_\_\_\_\_ (RANGE = 0-31)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F25. What is [CHILD'S] biological father's date of birth?

\_\_\_\_\_ / \_\_\_\_\_ /19\_\_\_\_\_  
 MM            DD            YY

(Range for YY is calculated based on today's date, minus *n* years to allow for 13-60 years old)

NOTE: IF RESPONDENT SAYS "DON'T KNOW," ASK "Do you know his approximate age?"

Age in years \_\_\_\_\_ (Range 13-60)

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F26. What is the highest year or grade [CHILD's] biological father finished in school? (READ CATEGORIES IF NECESSARY. CODE ONE CATEGORY.)

|  |    |
|--|----|
| Less than high school diploma, with no GED                               | 1  |
| High school diploma or GED   | 2  |
| Some college/some postsecondary vocational courses                       | 3  |
| 2-year or 3-year college degree (AA degree) or vocational school diploma | 4  |
| 4-year college degree (BA, BS degree)                                    | 5  |
| Some graduate work/no graduate degree                                    | 6  |
| Graduate degree (MA, MBA, Ph.D., JD, MD)                                 | 7  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

|   |
|---|
| <p><b>CHECKPOINT:</b> IF F2 = 2 AND R NOT LIVING WITH PARTNER (F12a NE 1), ASK F27. IF F2 &gt; 2, ASK F27. IF F2 = DK OR RE, GO TO F28a. ELSE, GO TO F28a</p> |
|---|

F27. (IF F2 = 2 AND F12a = YES): What is the relationship of the other adult in **your** household to [CHILD]? Is that person ...

(ELSE): What is the relationship of the other adults in the household to [CHILD]? READ CATEGORIES IF NECESSARY. CODE ALL THAT APPLY.

|                         |    |
|-------------------------|----|
| ADOPTIVE PARENT(S)      | 1  |
| STEP-PARENT(S)          | 2  |
| FOSTER PARENT(S)        | 3  |
| LEGAL GUARDIAN(S)       | 4  |
| GRANDPARENT(S)          | 5  |
| OTHER ADULT RELATIVE(S) | 6  |
| UNRELATED ADULT(S)      | 7  |
| DON'T KNOW              | F3 |
| REFUSED                 | F4 |

F28a. My next questions are about government benefits you or others in your household may receive. Do you or anyone in the household now receive money from AFDC (Aid to Families with Dependent Children), TANF (Temporary Assistance to Needy Families) or the state welfare program?

|           |            |    |
|-----------|------------|----|
| GO TO F29 | YES        | 1  |
|           | NO         | 2  |
|           | DON'T KNOW | F3 |
|           | REFUSED    | F4 |

F28b. Did you or anyone in the household get any of these welfare benefits anytime in the last year?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO F29 | NO         | 2  |
| GO TO F29 | DON'T KNOW | F3 |
| GO TO F29 | REFUSED    | F4 |

F28b1. Who got those welfare benefits in the past year? Was it...

|           |  |    |
|-----------|--|----|
|           | You,   | 1  |
| GO TO F29 | Someone else in the household, or              | 2  |
| GO TO F29 | Or both you and someone else in the household? | 3  |
| GO TO F29 | DON'T KNOW                                     | F3 |
| GO TO F29 | REFUSED  | F4 |

F28c. Did you stop getting these welfare benefits because you ... READ CATEGORIES 1-3.

|                  |   |
|------------------|---|
| Started working, | 1 |
|------------------|---|

|           |   |    |
|-----------|---|----|
| GO TO F29 | Got married, or                                       | 2  |
| GO TO F29 | Some other reason? Specify _____                      | 3  |
| GO TO F29 | FAMILY MOVED  | 4  |
| GO TO F29 | SSI RECEIVED  | 5  |
| GO TO F29 | CHANGE IN LIVING SITUATION (E.G., BOYFRIEND MOVED IN) | 6  |
| GO TO F29 | INCOME TOO HIGH                                       | 7  |
| GO TO F29 | DIDN'T WANT BENEFITS                                  | 8  |
| GO TO F29 | ON WAITING LIST, WAITING FOR APPROVAL                 | 9  |
| GO TO F29 | OTHER HOUSEHOLD MEMBER STARTED WORKING                | 10 |
| GO TO F29 | STARTED GETTING CHILD SUPPORT                         | 11 |
| GO TO F29 | WELFARE REFORM/TIME RAN OUT                           | 12 |
| GO TO F29 | PREGNANCY/BIRTH OF CHILD                              | 13 |
| GO TO F29 | DON'T KNOW  | F3 |
| GO TO F29 | REFUSED   | F4 |

F28d. Did you start working because you wanted to or because your welfare benefits were ending?

|                              |    |
|------------------------------|----|
| RESPONDENT WANTED TO         | 1  |
| WELFARE BENEFITS WERE ENDING | 2  |
| BOTH                         | 3  |
| DON'T KNOW                   | F3 |
| REFUSED                      | F4 |

F29. Do you or anyone in the household receive food stamps now?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F30. Do you now get food or food vouchers from WIC (or the Women, Infants, and Children's program)?

|            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F31a. Do you now receive money for [CHILD] from the Supplemental Security Income or SSI program?

|           |            |    |
|-----------|------------|----|
| GO TO F32 | YES        | 1  |
|           | NO         | 2  |
|           | DON'T KNOW | F3 |
|           | REFUSED    | F4 |

F31b. Did you ever get money for [CHILD] from the Supplemental Security Income or SSI program?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO F32 | NO         | 2  |
| GO TO F32 | DON'T KNOW | F3 |
| GO TO F32 | REFUSED    | F4 |

F31c. Did you stop getting money from SSI for [CHILD] because ... READ CATEGORIES

|  |    |
|--|----|
| Your household income was too high, or             | 1  |
| [CHILD] no longer qualified?                       | 2  |
| BOTH; INCOME TOO HIGH AND CHILD NO LONGER ELIGIBLE | 3  |
| OTHER (SPECIFY): _____                             | 4  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |



F32. Is your housing ... READ CATEGORIES. CODE ONE CATEGORY.

|  |    |
|--|----|
| Public housing - either subsidized or Section 8,       | 1  |
| Rented by the household, or                            | 2  |
| Owned by someone in the household?                     | 3  |
| FAMILY IS HOMELESS, LIVES IN A SHELTER                 | 4  |
| OTHER (SPECIFY): _____                                 | 5  |
| Living with others (family/friends)                    | 6  |
| Military housing                                       | 7  |
| Housing owned by family or friend not in the household | 8  |
| DON'T KNOW   | F3 |
| REFUSED  | F4 |

F33. How well does your current housing meet your family's needs? Would you say the way it meets your needs is....

|            |    |
|------------|----|
| Excellent, | 1  |
| Good,      | 2  |
| Fair, or   | 3  |
| Poor?      | 4  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F34. How well does your current transportation meet your family's needs? Would you say the way it meets your needs is..

|            |    |
|------------|----|
| Excellent, | 1  |
| Good,      | 2  |
| Fair, or   | 3  |
| Poor?      | 4  |
| DON'T KNOW | F3 |
| REFUSED    | F4 |

F35a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household in over the past year, including salaries or other earnings, money from public assistance, retirement, and so on for all household members. Was your household income in the past year ...

READ CATEGORIES. CODE ONE CATEGORY.

|            |                      |    |
|------------|----------------------|----|
| GO TO F35b | \$25,000 or less, or | 1  |
| GO TO F35c | More than \$25,000?  | 2  |
| GO TO F36  | DON'T KNOW           | F3 |
| GO TO F36  | REFUSED              | F4 |

F35b. Was it... READ CATEGORIES. CODE ONE CATEGORY.

|                          |    |
|--------------------------|----|
| \$5,000 or less,         | 1  |
| \$5,001 to \$10,000,     | 2  |
| \$10,001 to \$15,000,    | 3  |
| \$15,001 to \$20,000, or | 4  |
| \$20,001 to \$25,000?    | 5  |
| DON'T KNOW               | F3 |
| REFUSED                  | F4 |

**CHECKPOINT:** GO TO F36.

F35c. Was it ... READ CATEGORIES. CODE ONE CATEGORY.

|            |                      |    |
|------------|----------------------|----|
| GO TO F35d | \$50,000 or less, or | 1  |
| GO TO F35e | More than \$50,000?  | 2  |
| GO TO F36  | DON'T KNOW           | F3 |
| GO TO F36  | REFUSED              | F4 |

F35d. Was it... READ CATEGORIES. CODE ONE CATEGORY.

|                          |    |
|--------------------------|----|
| \$25,001 to \$30,000,    | 1  |
| \$30,001 to \$35,000,    | 2  |
| \$35,001 to \$40,000,    | 3  |
| \$40,001 to \$45,000, or | 4  |
| \$45,001 to \$50,000?    | 5  |
| DON'T KNOW               | F3 |
| REFUSED                  | F4 |

**CHECKPOINT:** GO TO F36.

F35e. Was it... READ CATEGORIES. CODE ONE CATEGORY.

|                          |    |
|--------------------------|----|
| \$50,001 to \$55,000     | 1  |
| \$55,001 to \$60,000,    | 2  |
| \$60,001 to \$65,000,    | 3  |
| \$65,001 to \$70,000,    | 4  |
| \$70,001 to \$75,000, or | 5  |
| Over \$75,000?           | 6  |
| DON'T KNOW               | F3 |
| REFUSED                  | F4 |

F36. Now, I have just a few more questions. We'll also be eager to talk with you again [IF LESS THAN 28 MONTHS OLD: in about a year] [IF 28 MONTHS OR OLDER, when (CHILD) turns 3] [IF TRANSITION INTERVIEW, after (CHILD) turns 5] to see how you and [CHILD] are doing then.

We want to make sure we don't lose track of you. Could you please tell me the name and address of someone **who does not currently live with you** who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL: What is their address? RECORD ADDRESS. What is their phone number? RECORD PHONE NUMBER.

Name : \_\_\_\_\_

Address:

(street/avenue) : \_\_\_\_\_

: \_\_\_\_\_

(city/state) : \_\_\_\_\_

(zip) : \_\_\_\_\_

country/postal code: \_\_\_\_\_

phone number : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

[phone check]

INVALID PHONE NUMBER...MUST BE 10 DIGITS

|           |            |    |
|-----------|------------|----|
| GO TO F41 | DON'T KNOW | F3 |
| GO TO F41 | REFUSED    | F4 |

F37. What is this person's relationship to [CHILD]?

|                        |    |
|------------------------|----|
| MOTHER                 | 01 |
| ADOPTIVE MOTHER        | 02 |
| STEPMOTHER             | 03 |
| FOSTER MOTHER          | 04 |
| LEGAL GUARDIAN         | 05 |
| SISTER/STEP SISTER     | 06 |
| AUNT                   | 07 |
| GRANDMOTHER            | 08 |
| FATHER                 | 09 |
| ADOPTIVE FATHER        | 10 |
| STEPFATHER             | 11 |
| FOSTER FATHER          | 12 |
| LEGAL GUARDIAN         | 13 |
| BROTHER/STEP BROTHER   | 14 |
| UNCLE                  | 15 |
| GRANDFATHER            | 16 |
| COUSIN                 | 17 |
| FAMILY FRIEND/NEIGHBOR | 18 |
| GREAT GRANDPARENT      | 19 |
| GODPARENT              | 20 |
| OTHER (SPECIFY) _____  | 97 |
| DON'T KNOW             | F3 |
| REFUSED                | F4 |

F38. Is there someone else who also would know where you are if you move?

|           |            |    |
|-----------|------------|----|
|           | YES        | 1  |
| GO TO F41 | NO         | 2  |
| GO TO F41 | DON'T KNOW | F3 |
| GO TO F41 | REFUSED    | F4 |

F39. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER.

Name : \_\_\_\_\_

Address:

street/avenue : \_\_\_\_\_

: \_\_\_\_\_

city/state : \_\_\_\_\_

zip : \_\_\_\_\_

country/postal code: \_\_\_\_\_

phone number : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

[phone check]

INVALID PHONE NUMBER...MUST BE 10 DIGITS

|           |            |    |
|-----------|------------|----|
| GO TO F41 | DON'T KNOW | F3 |
| GO TO F41 | REFUSED    | F4 |

F40. What is this person's relationship to [CHILD]?

|                        |    |
|------------------------|----|
| MOTHER                 | 01 |
| ADOPTIVE MOTHER        | 02 |
| STEPMOTHER             | 03 |
| FOSTER MOTHER          | 04 |
| LEGAL GUARDIAN         | 05 |
| SISTER/STEP SISTER     | 06 |
| AUNT                   | 07 |
| GRANDMOTHER            | 08 |
| FATHER                 | 09 |
| ADOPTIVE FATHER        | 10 |
| STEPFATHER             | 11 |
| FOSTER FATHER          | 12 |
| LEGAL GUARDIAN         | 13 |
| BROTHER/STEP BROTHER   | 14 |
| UNCLE                  | 15 |
| GRANDFATHER            | 16 |
| COUSIN                 | 17 |
| FAMILY FRIEND/NEIGHBOR | 18 |
| GREAT GRANDPARENT      | 19 |
| GODPARENT              | 20 |
| OTHER (SPECIFY) _____  | 97 |
| DON'T KNOW             | F3 |
| REFUSED                | F4 |

aft\_F41.Let me confirm your name.      INSERT [NAME]

F41.    Let me also confirm your address and telephone number.

(DISPLAY SAMPLE MEMBER ADDRESS AND PHONE NUMBER AND ALLOW INTERVIEWER TO CONFIRM OR UPDATE AS NEEDED.)

Name                    : \_\_\_\_\_

Address:

(street/avenue) : \_\_\_\_\_

: \_\_\_\_\_

(city/state)        : \_\_\_\_\_

(zip)                    : \_\_\_\_\_

country/postal code: \_\_\_\_\_

phone number    : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

[phone check]

INVALID PHONE NUMBER...MUST BE 10 DIGITS

|            |    |
|------------|----|
| DON'T KNOW | F3 |
| REFUSED    | F4 |

Thank you very much for taking time to answer these questions and help us with this important study.