

**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

GOTLTS Recently your family was mailed a letter about this early intervention study. As the letter explained, 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. We need to know what families like yours think is working well and what isn't so that changes can be made to programs and services.

NOTE: Family has been mailed a letter about the study.

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.

A\_V1. First, let me verify the information we have in our records. [CHILD's FIRST NAME] full name is (FIRST NAME, MIDDLE INITIAL, LAST NAME). Is this correct?

1 = YES (GO TO A\_V3)

2 = NO

F3 = DON'T KNOW (ASSUME PRELOAD IS CORRECT)

F4 = REFUSED (ASSUME PRELOAD IS CORRECT)

A\_V2. ENTER CORRECTED NAME: \_\_\_\_\_  
FIRST NAME MI LAST NAME

A\_V3. Is [CHILD] male or female?

1 = MALE

2 = FEMALE

IF DON'T KNOW (F3) OR REFUSED (F4), ASSUME PRELOAD IS CORRECT.

A\_V4. I have (his/her) birthday as [BIRTH DATE FROM SAMPLE FILE]. Is that correct?

1 = YES

2 = NO

F3 = DON'T KNOW (ASSUME PRELOAD IS CORRECT)

F4 = REFUSED (ASSUME PRELOAD IS CORRECT)

A\_V5. What is (his/her) correct birth date?

BIRTH DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

RANGE: UP TO 41 MONTHS.



A\_V6. That would make (CHILD) (AGE FROM CORRECTED DOB) months old. Is that correct?

1 = YES

2 = NO (CORRECT DOB AGAIN)

**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.

PRELOADED CHILD DATA:

NAME

GENDER

BIRTH DATE

AGE

REPORTED CHILD DATA:

NAME

GENDER

BIRTH DATE

AGE

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.

A3a. Was [CHILD] born 3 or more weeks before [he/she] was due? (NOTE: WE MEAN 37 WEEKS OF PREGNANCY OR LESS.)

	YES	1
GO TO A4	NO	2
GO TO A4	DON'T KNOW	F3
GO TO A4	REFUSED	F4

A3b. How many weeks early was [he/she]?

Number of weeks early \_\_\_\_\_ (RANGE = 0,3-20)  
 Number of months early \_\_\_\_\_ (RANGE = 0-4)  
 Born at number of weeks \_\_\_\_\_ (RANGE = 0,20-37)  
 Born at number of months \_\_\_\_\_ (RANGE = 0,5-8)

DON'T KNOW	F3
REFUSED	F4

A3VER. (IF A3b = 10+ WEEKS EARLY, VERIFY): So, [CHILD] was born at \_\_\_\_\_ weeks?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

A4. Exactly how much did [CHILD] weigh at birth? NOTE: IF THEY ANSWER IN KILOGRAMS, CONVERT TO GRAMS. 1 KILOGRAM = 1,000 GRAMS.

Pounds \_\_\_\_\_ (RANGE = 0-20)  
 Ounces \_\_\_\_\_ (RANGE = 0-16)  
 Grams \_\_\_\_\_ (RANGE = 200-9999)

DON'T KNOW	F3
REFUSED	F4

A5a. As a newborn baby, did [CHILD] stay in the hospital after [he/she] was born because of medical problems?

GO TO A5b.	YES	1
GO TO A6.	NO	2
GO TO A6.	DON'T KNOW	F3
GO TO A6.	REFUSED	F4

A5b. How many nights did [CHILD] stay in the hospital when [he/she] was born?  
 PROBE FOR WHOLE NUMBERS, IF NECESSARY, ROUND TO THE SMALLEST UNIT POSSIBLE.

-3 = CHILD HAS BEEN IN HOSPITAL SINCE BIRTH.

Number: \_\_\_\_\_ (RANGE: = 1 - 120)

CODE UNIT:

- 1 = NIGHTS
- 2 = WEEKS
- 3 = MONTHS
- 4 = YEARS
- F3 = DON'T KNOW
- F4 = REFUSED

EDIT CHECK: COMPARE NUMBER OF DAYS OF STAY IN A5b TO AGE OF CHILD.

A5c. Was he/she in intensive care during that time?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

A6. Is [CHILD] .... READ CATEGORIES. CODE ALL THAT APPLY. IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK WHICH RACES THE CHILD REPRESENTS AND CODE EACH.

White	1
African-American or Black	2
Hispanic, Latino, or other Spanish origin	3
American Indian or Alaskan Native	4
Asian	5
Native Hawaiian or Pacific Islander	6
Or another race. (SPECIFY)_____	7
DON'T KNOW	F3
REFUSED	F4

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

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

**Etiology/Identification**

A8a. Was [CHILD's] need for special services due to a diagnosed condition?

GO TO A9a	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

A8b. Have any professionals mentioned [CHILD] having a developmental problem or delay? For example, a delay in learning to talk or walk, a problem understanding things, or a delay in [his/her] emotional or behavioral development.

GO TO A9a	YES	1
GO TO A9a	NO	2
GO TO A9a	DON'T KNOW	F3
GO TO A9a	REFUSED	F4

A9a. What is [his/her] [diagnosed condition/development problem or delay? OR: Why did [CHILD] need early intervention?] PROBE: Does [he/she] have any other diagnosed conditions/developmental problems or delays?

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

**CHECKPOINT:** GO TO A18.

A10a. How many months old was [CHILD] when [he/she] was first diagnosed with this (any of these) condition(s)? IF THERE ARE MULTIPLE CONDITIONS DIAGNOSED AT DIFFERENT TIMES, WE WANT THE EARLIEST AGE AT WHICH ANY OF THE PROBLEMS ON LIST WERE DIAGNOSED. PROBE FOR A WHOLE NUMBER OF MONTHS.

GO TO A13	BEFORE BIRTH	-3
GO TO A13	AT BIRTH	-4
GO TO A13	LESS THAN 1 MONTH	0
GO TO A11	MONTHS: _____ (RANGE = 1-41)	
GO TO A11	DON'T KNOW	F3
GO TO A11	REFUSED	F4

A10b. How many months old was [CHILD] when the delay(s) was (were) first identified? IF THERE ARE MULTIPLE CONDITIONS DIAGNOSED AT DIFFERENT TIMES, WE WANT THE EARLIEST AGE AT WHICH ANY OF THE DELAYS OR PROBLEMS ON LIST WAS IDENTIFIED. PROBE FOR A WHOLE NUMBER OF MONTHS.

GO TO A13	BEFORE BIRTH	-3
GO TO A13	AT BIRTH	-4
GO TO A13	LESS THAN 1 MONTH	0
GO TO A11	MONTHS: _____ (RANGE = 1-41)	
GO TO A11	DON'T KNOW	F3
GO TO A11	REFUSED	F4

A10c. How many months old was [CHILD] when the concern(s) was (were) first identified? IF THERE ARE MULTIPLE CONCERNS RAISED AT DIFFERENT TIMES, WE WANT THE EARLIEST AGE AT WHICH ANY OF THE CONCERNS WAS RAISED. PROBE FOR A WHOLE NUMBER OF MONTHS.

GO TO A13	BEFORE BIRTH	-3
GO TO A13	AT BIRTH	-4
GO TO A13	LESS THAN 1 MONTH	0
GO TO A12	MONTHS: _____ (RANGE = 1-41)	
GO TO A12	DON'T KNOW	F3
GO TO A12	REFUSED	F4

A11. About how many months old was [CHILD] when someone was first **concerned** about [his/her] health or development? PROBE FOR A WHOLE NUMBER OF MONTHS. NOTE: THIS ITEM DOES NOT REFER TO NORMAL HEALTH CONCERNS ("SHE HAD THE FLU WHEN SHE WAS 2"); IT REFERS TO THE CONDITIONS IN A9 AND A10. THE CONCERNS MAY BE IDENTIFIED BY THE RESPONDENT, A PROFESSIONAL, OR ANYONE ELSE.

PRIOR TO BIRTH/DURING PREGNANCY	-3
AT BIRTH	-4
LESS THAN 1 MONTH	0
MONTHS: _____ (RANGE = 1-41)	
DON'T KNOW	F3
REFUSED	F4



- A12. At that time, did you discuss the concern with [CHILD'S] doctor or another medical professional? NOTE: THE PERSON **MUST** BE CONSIDERED A **MEDICAL** PROFESSIONAL. THIS DOES NOT INCLUDE PSYCHOLOGISTS, SPEECH THERAPISTS, PHYSICAL THERAPISTS OR GENERAL EARLY INTERVENTION PROFESSIONALS.

	YES	1
GO TO A14	NO	2
GO TO A14	DON'T KNOW	F3
GO TO A14	REFUSED	F4

- A13. How helpful was [CHILD's] doctor at that time? Would you say ... IF RESPONDENT SAYS IT WASN'T A DOCTOR, ANY MEDICAL PROFESSIONAL IS ACCEPTABLE. IF RESPONDENT SAYS THERE WAS MORE THAN ONE PROFESSIONAL, SAY "Thinking of all of them together, would you say they were ..."

Very helpful,	1
Somewhat helpful,	2
Not at all helpful?	3
MIXED; SOME HELPFUL, SOME NOT	4
DON'T KNOW	F3
REFUSED	F4

- A14. How much effort did it take to find out where to go to try to get early intervention services? Would you say it took ... NOTE: EFFORT MIGHT ENTAIL ASKING PEOPLE ABOUT WHAT COULD BE DONE FOR THEIR CHILD, ASKING ABOUT TESTING, CALLING PLACES TO TRY AND GET INFORMATION ABOUT SERVICES, ETC.

A lot of effort to find out where to go,	1
Some effort,	2
Little effort, or	3
No effort at all?	4
DON'T KNOW	F3
REFUSED	F4

A15. About how many months old was [CHILD] when you first tried to get early intervention services? PROBE FOR A WHOLE NUMBER OF MONTHS.

BEFORE BIRTH	-3
AT BIRTH	-4
LESS THAN 1 MONTH	0
MONTHS: _____ (RANGE = 1-41)	
DON'T KNOW	F3
REFUSED	F4

A16. Once you tried to get services, about how long was it before services started? PROBE FOR WHOLE NUMBERS. ROUND IF NECESSARY.

NUMBER: \_\_\_\_\_ (RANGE = 1-120)

CODE UNIT:

1 = DAYS

2 = WEEKS

3 = MONTHS

4 = YEARS

GO TO A18	HAVEN'T STARTED SERVICES YET	-3
GO TO A17	DON'T KNOW	F3
GO TO A17	REFUSED	F4

EDIT CHECK: COMPARE LENGTH OF TIME IN A16 TO CHILD'S AGE.

A17. After you knew where to go for services, how much **effort** did it take on your part to get services started? Would you say it took... NOTE: IF RESPONDENT ASKS FOR CLARIFICATION ABOUT THE KIND OF EFFORTS WE MEAN, SAY "FOR INSTANCE, THE NUMBER OF PHONE CALLS YOU MADE, OR NUMBER OF APPOINTMENTS YOU HAD, OR THE AMOUNT OF PAPERWORK YOU HAD TO DO TO GET SERVICES STARTED.

A lot of effort,	1
Some effort,	2
Little effort, or	3
No effort at all?	4
DON'T KNOW	F3
REFUSED	F4

**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) _____	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.

AFT B2g. 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 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						
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.

	Object Play Milestones	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] ...? **EREAD 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.**



**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.

C1. Are you aware of a written plan that describes goals for [CHILD] and the services [he/she] should receive? It may have been called an IFSP, Child and Family Service Plan, or something like that.

NOTE: IFSP STANDS FOR "INDIVIDUALIZED FAMILY SERVICE PLAN."

	YES	1
GO TO C3	NO	2
GO TO C3	DON'T KNOW	F3
GO TO C3	REFUSED	F4

C2. 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

C3. 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

C4. 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

C5. 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



**Home Services**

C6. Now I'd like to ask about any early intervention or therapy services [CHILD] may be receiving. Later, I'll ask about other programs [he/she] may be in, such as child care or preschool. Does anyone regularly come to your home (IF S8a = 2: or [CHILD's] home) now to work with [CHILD] or with you to provide early intervention or therapy services? By regularly we mean monthly, or more often.  
 NOTE: THIS INCLUDES SERVICES THAT HAVE JUST STARTED IF THEY ARE PLANNED TO BE REGULAR. DO NOT INCLUDE RESPITE CARE.

	YES	1
GO TO C10	NO	2
GO TO C10	DON'T KNOW	F3
GO TO C10	REFUSED	F4

C7a. How many people regularly come to (IF S8a = 2: [CHILD's] home) or your home to provide early intervention or therapy services? NOTE: THIS INCLUDES SERVICES THAT HAVE JUST STARTED IF THEY ARE PLANNED TO BE REGULAR. DO NOT INCLUDE RESPITE CARE. IF THE ONLY SERVICE PROVIDED IN THE HOME IS RESPITE CARE, CHANGE C6 TO "NO."

# HOME PROVIDERS: \_\_\_\_\_ (RANGE = 1-10)

GO TO C8	DON'T KNOW	F3
GO TO C8	REFUSED	F4

C7b. IF C7a = 1: About how much time does that person spend in (IF S8a = 2: [CHILD's] home) your home? I can take your answer in hours or minutes per week or per month.

IF C7a > 1: For each one, about how much time do they spend in (IF S8a = 2: [CHILD's] home) your home? I can take your answer in hours or minutes per week or per month.

IF C7a > 5, SAY: Please tell me about the five who spend the most time in the home.

PRESS ENTER TO SEE RANGES.

Person #1: # hours \_\_\_\_\_ (RANGE = 0-100)  
# minutes \_\_\_\_\_ (RANGE = 0-120)  
CODE UNIT:  
1 = PER WEEK  
2 = PER MONTH

Person #2: # hours \_\_\_\_\_ (RANGE = 0-100)  
# minutes \_\_\_\_\_ (RANGE = 0-120)  
CODE UNIT:  
1 = PER WEEK  
2 = PER MONTH

Person #3: # hours \_\_\_\_\_ (RANGE = 0-100)  
# minutes \_\_\_\_\_ (RANGE = 0-120)  
CODE UNIT:  
1 = PER WEEK  
2 = PER MONTH

Person #4: # hours \_\_\_\_\_ (RANGE = 0-100)  
# minutes \_\_\_\_\_ (RANGE = 0-120)  
CODE UNIT:  
1 = PER WEEK  
2 = PER MONTH

Person #5: # hours \_\_\_\_\_ (RANGE = 0-100)  
# minutes \_\_\_\_\_ (RANGE = 0-120)  
CODE UNIT:  
1 = PER WEEK  
2 = PER MONTH

DON'T KNOW	F3
REFUSED	F4

C8. Are any of these home services...

	Paid for by you or your insurance, or	1
GO TO C10	Are they all paid for some other way?	2
GO TO C10	DON'T KNOW	F3
GO TO C10	REFUSED	F4

C9. What service[s] or therapies that you get at home does your family or insurance pay for? DON'T READ CATEGORIES. CODE ALL THAT APPLY. DO NOT INCLUDE DAY CARE/PRESCHOOL IN THIS SECTION. RECORD IT IN SECTION E.

PRESS ENTER TO SEE CATEGORIES

SPEECH THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
BEHAVIOR THERAPY (ABA, LOVAAS)	04
MUSIC THERAPY	05
AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
SENSORY INTEGRATION THERAPY	08
ANIMAL THERAPIES	09
VITAMIN THERAPY	10
RESPIRE CARE	11
FEEDING RELATED SERVICES	12
TRANSPORTATION	13
OTHER; SPECIFY _____	14
OTHER; SPECIFY _____	15
DON'T KNOW	F3
REFUSED	F4
NURSING	18
EDUCATIONAL/DEVELOPMENTAL/EARLY INTERVENTION SERVICES	19
PLAY GROUP/THERAPY	20
NUTRITION/DIETICIAN	21

**Center-Based Services**

C10. Is [CHILD] now regularly going to an early intervention program or center for therapy or other services? NOTE: IF ASKED, BY REGULARLY WE MEAN ONCE A MONTH OR MORE OFTEN. IF RESPONDENT SAYS THE CHILD RECEIVES SERVICES IN A CHILD CARE CENTER OR PRESCHOOL, SAY "We have a question about that later. Right now I want to ask about special programs or centers that are primarily for children with special needs." THEN REPEAT QUESTION.

	YES	1
GO TO C16	NO	2
GO TO C16	DON'T KNOW	F3
GO TO C16	REFUSED	F4

C11. How many different early intervention programs is [CHILD] going to now?

Number \_\_\_\_\_ (RANGE = 1-4)

GO TO C13	DON'T KNOW	F3
GO TO C13	REFUSED	F4

C12a. (IF C11 > 1): We want to know the total hours a week [CHILD] spends at all programs. Let's start with the one where (he/she) spends the most time. How many hours does (he/she) usually spend there each week?

(ELSE): How many total hours a week does [CHILD] usually spend at the program or center?

NOTE: IF THE RESPONDENT SAYS THE CHILD ONLY GOES ON A MONTHLY BASIS, RECORD THE NUMBER AS HOURS PER MONTH.

# HOURS: \_\_\_\_\_ (RANGE = 1-80)

CODE UNIT: 1 = PER WEEK

2 = PER MONTH

GO TO CHECKPOINT	DON'T KNOW	F3
GO TO CHECKPOINT	REFUSED	F4

**CHECKPOINT:** IF C11 = 1, GO TO C13.

C12b. How many total hours a week does [CHILD] spend at the second program or center?

NOTE: IF CHILD GOES ON A MONTHLY BASIS, RECORD THE NUMBER AS HOURS PER MONTH.

# HOURS: \_\_\_\_\_ (RANGE = 1-80)

CODE UNIT: 1 = PER WEEK

2 = PER MONTH

GO TO CHECKPOINT	DON'T KNOW	F3
GO TO CHECKPOINT	REFUSED	F4

**CHECKPOINT:** IF C11 = 2, GO TO C13.

C12c. How many total hours a week does [CHILD] spend at the third program or center?

NOTE: IF CHILD GOES ON A MONTHLY BASIS, RECORD THE NUMBER AS HOURS PER MONTH.

# HOURS: \_\_\_\_\_ (RANGE = 1-80)

CODE UNIT: 1 = PER WEEK

2 = PER MONTH

GO TO CHECKPOINT	DON'T KNOW	F3
GO TO CHECKPOINT	REFUSED	F4

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

C12d. How many total hours a week does [CHILD] spend at the fourth program or center?

NOTE: IF CHILD GOES ON A MONTHLY BASIS, RECORD THE NUMBER AS HOURS PER MONTH.

# HOURS: \_\_\_\_\_ (RANGE = 1-80)

CODE UNIT: 1 = PER WEEK

2 = PER MONTH

GO TO C13	DON'T KNOW	F3
GO TO C13	REFUSED	F4

C13. Of the other children [CHILD] plays with or receives services with at the program(s) or center(s), how many have special needs? Is it ...

All of them	1
Some of them, or	2
None of them?	3
NOT WITH OTHER CHILDREN	4
DON'T KNOW	F3
REFUSED	F4

C14. Are any early intervention or therapy services at the center(s) or program(s)...

	Paid for by you or your insurance, or	1
GO TO C16	Are they all paid for some other way?	2
GO TO C16	DON'T KNOW	F3
GO TO C16	REFUSED	F4

- C15. What services or therapies at the center(s) or programs(s) does your family or insurance pay for? DON'T READ CATEGORIES. CODE ALL THAT APPLY. DO NOT INCLUDE DAY CARE/PRESCHOOL IN THIS SECTION. RECORD IT IN SECTION E.  
PRESS ENTER TO SEE CATEGORIES.

SPEECH THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
BEHAVIOR THERAPY (ABA, LOVAAS)	04
MUSIC THERAPY	05
AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
SENSORY INTEGRATION THERAPY	08
ANIMAL THERAPIES	09
VITAMIN THERAPY	10
RESPIRE CARE	11
FEEDING RELATED SERVICES	12
TRANSPORTATION	13
OTHER; SPECIFY _____	14
OTHER; SPECIFY _____	15
DON'T KNOW	F3
REFUSED	F4
NURSING	18
EDUCATIONAL/DEVELOPMENTAL/EARLY INTERVENTION SERVICES	19
PLAY GROUP/THERAPY	20
NUTRITION/DIETICIAN	21

**Services at Other Sites**

- C16. Does [CHILD] receive early intervention or therapy services anywhere else?

	YES	1
GO TO C20	NO	2
GO TO C20	DON'T KNOW	F3
GO TO C20	REFUSED	F4

C17. Where is that? Is it a ... READ CATEGORIES. CODE ALL THAT APPLY

Preschool or nursery school,	1
Center-based child care,	2
Family child care,	3
Hospital/clinic,	4
Therapist's office,	5
Gym/pool/recreation center, or	6
Some other place? Specify _____	7
DON'T KNOW	F3
REFUSED	F4

C18. Are any early intervention or therapy services at [this/these] place(s)...

	Paid for by you or your insurance, or	1
GO TO C20	Are they all paid for some other way?	2
GO TO C20	DON'T KNOW	F3
GO TO C20	REFUSED	F4



C19. What service or therapies not at home and not at an early intervention center or program does your family or insurance pay for? DON'T READ CATEGORIES. CODE ALL THAT APPLY. DO NOT INCLUDE DAY CARE/PRESCHOOL IN THIS SECTION. RECORD IT IN SECTION E.

SPEECH THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
BEHAVIOR THERAPY (ABA, LOVAAS)	04
MUSIC THERAPY	05
AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
SENSORY INTEGRATION THERAPY	08
ANIMAL THERAPIES	09
VITAMIN THERAPY	10
RESPIRE CARE	11
FEEDING RELATED SERVICES	12
TRANSPORTATION	13
OTHER; SPECIFY _____	14
OTHER; SPECIFY _____	15
DON'T KNOW	F3
REFUSED	F4
NURSING	18
EDUCATIONAL/DEVELOPMENTAL/EARLY INTERVENTION SERVICES	19
PLAY GROUP/THERAPY	20
NUTRITION/DIETICIAN	21

## 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.

- C20. Now, I'm going to ask about therapy services, then about other early intervention services. Is [CHILD] now getting any speech, occupational, or physical therapy?

	YES	1
GO TO C22a	NO	2
GO TO C22a	DON'T KNOW	F3
GO TO C22a	REFUSED	F4

- C21a. How would you rate the amount of therapy services [CHILD] is getting? Would you say it is...

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

- C21b. How would you rate the general quality of the therapy services [CHILD] is getting? Would you say it is...

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

C22a. Now, think of any other early intervention services [CHILD] may be getting. Overall, how would you rate the amount of early intervention services (IF C20=YES: other than speech, occupational, or physical therapy)? Would you say it is...

	More than needed,	1
	About the right amount, or	2
	Less than needed?	3
	ENOUGH OF SOME, BUT NOT OF OTHERS	4
GO TO C23	NOT GETTING ANYTHING BUT THERAPY	5
	DON'T KNOW	F3
	REFUSED	F4

C22b. How would you rate the general quality of the early intervention services other than speech, occupational, or physical therapy [CHILD] is getting? Would you say it is...

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

C23. What do you think about the number of professionals who work with [CHILD]? Do you think there are...

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

C24. How well do the professionals who work with [CHILD] communicate with each other about [his/her] needs and services? Do you think their communication is ...

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

C25. 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

C26. How much impact have the services had on [CHILD's] development. Would you say ...

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

C27. Are there any services or therapies that you think [CHILD] needs, but isn't getting?

	YES	1
GO TO C29a	NO	2
GO TO C29a	DON'T KNOW	F3
GO TO C29a	REFUSED	F4

C28. What therapy or services are those? DON'T READ CATEGORIES. CODE ALL THAT APPLY. DO NOT RECORD DAY CARE/PRESCHOOL IN THIS SECTION. RECORD IT IN SECTION E.

SPEECH THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
BEHAVIOR THERAPY (ABA, LOVAAS)	04
MUSIC THERAPY	05
AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
SENSORY INTEGRATION THERAPY	08
ANIMAL THERAPIES	09
VITAMIN THERAPY	10
RESPIRE CARE	11
FEEDING RELATED SERVICES	12
TRANSPORTATION	13
OTHER; SPECIFY _____	14
OTHER; SPECIFY _____	15
DON'T KNOW	F3
REFUSED	F4
NURSING	18
EDUCATIONAL/DEVELOPMENTAL/EARLY INTERVENTION SERVICES	19
PLAY GROUP/THERAPY	20
NUTRITION/DIETICIAN	21

C29. For each statement I read, please tell 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

**CHECKPOINT:** IF ENROLLMENT INTERVIEW, GO TO SECTION D.

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





**CHECKPOINT:** GO TO C54.

## 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? 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? 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.

- D2. Overall, how would you rate the help and information your family has received through early intervention? (FOR SUBSEQUENT INTERVIEWS, INSERT: "Since we last spoke in [MONTH, YEAR] with (RESPONDENT/you)".) 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
GO TO D4a	DIDN'T RECEIVE ANY HELP OR INFORMATION	6
	DON'T KNOW	F3
	REFUSED	F4

- D3. 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

- D4a. If early intervention professionals have given you advice about [CHILD's] needs and about how to help [him/her], would you say you have used 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

D4b. Why do 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 ("I DON'T HAVE ENOUGH TIME.")	07
OTHER, SPECIFY: _____	08
OTHER, SPECIFY: _____	09
DON'T KNOW	F3
REFUSED	F4
ALREADY DOING IT	12
DIDN'T NEED IT	13
ADVICE WASN'T APPROPRIATE	14
ADVICE DIDN'T WORK	15
FORGOT ADVICE	16
PREFERS OWN IDEAS	17

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



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. 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. 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**

- E1. Since [CHILD] was born, has [he/she] ever been regularly cared for by someone other than a parent or guardian? 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, as well as preschool or nursery school. NOTE: RESPONDENT SHOULD INCLUDE RESPITE CARE IF USED MORE THAN 10 HOURS A WEEK MOST WEEKS, OR IF USED IN COMBINATION WITH OTHER CHILD CARE ARRANGEMENTS FOR A TOTAL OF MORE THAN 10 HOURS A WEEK MOST WEEKS.

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

- 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 (0, 1-17)	Months (0, 1-36)	Years (0, 1-17)	Months (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	

F3 = DON'T KNOW

fifteenth child

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>
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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
STEMOTHER	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.