Middle Grades Longitudinal Study of 2017–18 (MGLS:2017) MS1 Parent Survey

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ABOUT MGLS:2017

MGLS:2017 was the first study sponsored by NCES to follow a nationally representative sample of students as they entered and moved through the middle grades (grades 6 through 8). MGLS:2017 aims to enable an understanding of the development and learning that occur during students' middle-grade years (beginning in grade 6) and that are predictive of future success, along with the individual, social, and contextual factors that are related to successful development and academic achievement. The data collected provide a rich, descriptive picture of the experiences and lives of young adolescents during this critical time and permit researchers to examine associations between contextual factors and student outcomes. Because mathematics and literacy skills are important for preparing students for high school, later education, and career opportunities, the study focused on instruction and student growth in these areas.

In the 2017–18 school year (MS1), MGLS:2017 collected data for 14,281 cases where either the sixth-grade student or a parent participated, in 568 schools. The MGLS:2017 school and student samples were supplemented prior to the MS2 data collection in the 2019-20 school year due to low school response rates in MS1. In MS2, 562 of the original 568 schools participated, as well as 167 additional schools. A total of 15,478 students who had been enrolled in sixth grade in the 2017-2018 school year or their parents participated in MS2.

Students participated in in-school sessions facilitated by trained field staff or in a self-administered assessment via the web at home. Each student completed a direct assessment of mathematics, reading, and executive function skills important to learning. Students were also asked to complete a survey about school, social, and home experiences, and had their height and weight measured by field staff during the in-school student session.

The study also administered web-based surveys to school staff. School administrators answered questions about the characteristics of their school's population, staffing, programs, and academic supports and resources. Math teachers of students selected for the study were asked to complete surveys about their backgrounds and experience, their classrooms and instructional practices, and to rate the skills and abilities of specific students in the study. The special education teachers or related service providers for selected students with an Individualized Education Program (IEP) were asked to complete a survey about their backgrounds and the special education services they provided, and to rate the skills and abilities of specific students in the study. Field staff completed a school environment checklist that collected information on attributes of the school's physical environment, such as classroom setup, general upkeep, structure, and security.

A parent or guardian of each selected student was asked to complete a survey regarding household characteristics, their child's school and home life, and their engagement in their child's education.

Detailed information on study design and data elements, including the impact of COVID-19 school closures on the 2020 data collection methodologies, can be found in the *MGLS:2017 Data File User's Manual*.

HOW TO USE THIS DOCUMENT

This section defines the conventions and abbreviations used within this survey document.

Abbreviated Survey items: Item names of the items included in the Abbreviated Survey are marked with gray shading.

Rounds of data collection: MS1 refers to the baseline, grade 6 round of data collection. MS2 refers to the follow-up round of data collection when most students were in grade 8.

Respondent items are in mixed case.

Programmer instructions are in all capitals, in a box labeled "PROGRAMMER INSTRUCTIONS ON [ITEM NUMBER]" that immediately follows the item.

Routing logic is found in three places:

- An entry requirements box above each item, indicating which respondents receive an item. Some items were administered at MS2 only when a response was missing at MS1. Those items are marked with, "MS1 RESPONSE = NULL." NE means "not equal to."

- To the right of response options on items containing a single list of response options. This set of logic indicates which item a respondent is routed to upon selecting a particular response option. If a response option in this item type does not have an item number displayed to its right, it should be assumed that respondents were routed to the next consecutive item in the document.

- In the PROGRAMMER INSTRUCTIONS box following the item. If routing is more complex than can be readily indicated to the right of the response options, it is presented in a PROGRAMMER INSTRUCTIONS box directly following the item.

Respondents were routed to the next item unless otherwise specified. Missing responses follow the "No" response routing except as indicated.

Checkbox items or those marked with squares and an instruction to select all that apply are coded on the data file as 1 for items that were selected and 2 for items that were not selected. **Radio button items** or those marked with circles where only one response selection is permitted are coded on the data file with the number corresponding to the response option selected.

Item ranges are located under dropdowns and textboxes, indicating the minimum and maximum values respondents could enter for an item. Ranges that were presented as dropdowns are noted in a textbox with this symbol: ▼

String length limits are denoted with "STRING" after a text box, indicating the maximum number of characters a respondent could enter in a text box.

"Please specify" text boxes follow "Other" response options. In the programmed instrument, respondents only see the "Please specify" text boxes when they selected the "Other" response option directly above it.

Help text was available on certain items containing terms with which some respondents may have been unfamiliar. Terms where help text was available were identified on screen by a help icon 🌐.

Fills: Logic for item-specific wording fills is specified in a box immediately preceding the item and beneath the routing logic box. Text that varies between different respondents is represented by fills contained within square brackets in the question wording. For example, a "[he/she]" fill indicates that some respondents may see "he" and other respondents may see "she" in place of the fill when taking the survey. For another example, a "[most recent]" fill indicates that some respondents may see "most recent" and other respondents may not see any text in place of the fill.

Common wording fills are defined as follows:

- CNAME was the student's full name.

- CFNAME, CMNAME, CLNAME, and CSUFFIX were the student's first name, middle name, last name, and suffix, respectively.

- FNAME, MNAME, LNAME, and SUFFIX were the parent respondent's first name, middle name, last name, and suffix, respectively.

- CADDRESS1, CADDRESS2, CCITY, CSTATE, and CZIP were the first line, second line, city, state, and zip code, respectively, of the student's address.

- Student pronouns were filled based on parent response to item A050.

- Y_PARINCENTIVE was the incentive amount offered to parents.

- IDP1 and IDP2 referred to the primary parents or guardians in the household, where IDP1 was the primary parent or guardian and IDP2 was the spouse or partner of IDP1.

- HH#NAME and HH#AGE were the name and age, respectively, of the household member on the corresponding roster line.

Hard and soft checks were displayed when respondents left certain items blank or entered values out of range. Hard check messages required the respondent to provide a response. Soft check messages could be bypassed by the respondent without providing a response. Unless a hard check message is specified in the item's programmer instructions box, respondents were able to leave that item blank.

In addition to seeing these form-specific hard and soft check messages, if a respondent skipped three questions in a row, left all items in a grid blank on a screen, or left two consecutive questions blank on a screen with multiple questions, a soft check was displayed:

"Your responses are very important. Please answer as many questions as possible."

If a respondent left a specify field blank, a soft check was displayed:

"You have selected "Other" but have not provided a response to the "Please specify" prompt."

Middle Grades Longitudinal Study of 2017–18 (MGLS:2017)
MS1 Parent Survey

A.   INTRO AND RESPONDENT SCREENING

ALL

Select survey language.

>   Please select the survey language.
>   (Seleccione el idioma de la encuesta.)

>   ❍   English
>   ❍   Español

Click the arrow button below to proceed.

NCES is authorized to conduct MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543) and to collect students' education records from education agencies or institutions for the purposes of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0911. Approval expires 10/31/2020. The time required to complete this information collection is estimated to average approximately 40 minutes per response, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write directly to: The Middle Grades Longitudinal Study of 2017-18 (MGLS:2017), National Center for Education Statistics, Potomac Center Plaza, 550 12th St, SW, Room 4002, Washington, DC 20202.

ALL
DISPLAY "back" WHEN USER RETURNS TO AN INCOMPLETE SURVEY.

Welcome Back.

Welcome[back], [FNAME]! Thanks for participating in the Middle Grades Longitudinal Study. Here are a few things to remember before you begin:

Please don't click your back button during the survey.

DISPLAY IMAGE OF BROWSER BUTTONS WITH RED X THROUGH THEM

Please use the navigation buttons at the bottom of the survey.

DISPLAY IMAGE OF PREVIOUS AND NEXT BUTTONS

You can stop the survey at any time by clicking the "LOG OUT" button at the upper left corner of the screen. When you log in again, you can resume where you left off.

Need more help?

If you have any questions about logging in or about the survey questions, please use the "Help" button at the top of your screen or call our help desk at X-XXX-XXX-XXXX.

Click the arrow button below to get started.

ALL

VERIFICATION1.

To ensure that we have the right person and to help protect the confidentiality of all student participants, we ask that you verify that we have matched you with your child. Please select your child's name from the list of names below.

- ○ STUDENT_NAME1
- ○ STUDENT_NAME2
- ○ STUDENT_NAME3
- ○ STUDENT_NAME4

Click the arrow button below to proceed.

> PROGRAMMER INSTRUCTIONS ON VERIFICATION1
>
> STUDENT NAMES WILL INCLUDE THREE NAMES RANDOMLY GENERATED FROM A PICK-LIST IN ADDITION TO THE SAMPLED STUDENT'S NAME. ORDER IS RANDOMIZED.
>
> IF INCORRECT NAME IS SELECTED, GO TO VERIFICATION ERROR.

INFORMATION PROVIDED IN VERIFICATION1 IS CORRECT

VERIFICATION2.

In the 2017-2018 school year, [CFNAME] attends/has attended which school?

- ○ SCHOOL_NAME1
- ○ SCHOOL_NAME2
- ○ SCHOOL_NAME3
- ○ SCHOOL_NAME4

Click the arrow button below to proceed.

INFORMATION PROVIDED IN VERIFICATION1 OR VERIFICATION2 IS INCORRECT

VERIFICATION ERROR.

The information you provided does not match what we have on file. Please call XXX-XXX-XXXX for immediate assistance from one of our help desk agents, or you can email XXX@XXXX.

SCHOOL REQUIRES EXPLICIT PARENT CONSENT AND PARENT PERMISSION FORM IS MISSING AND SCHOOL ALLOWS ELECTRONIC PERMISSION AND CHILD IS PARTICIPATING IN THE IN-SCHOOL SESSION

PERM1. Thank you for being a part of the Middle Grades Longitudinal Study of 2017–18 (MGLS:2017). This will help us learn about children's development during an important time in their lives.

Before we begin the parent survey, we see that you have not yet provided permission for your child to participate in the student session of MGLS:2017.

SCHOOL REQUIRES EXPLICIT PARENT CONSENT AND PARENT PERMISSION FORM IS MISSING AND SCHOOL ALLOWS ELECTRONIC PERMISSION AND CHILD IS PARTICIPATING IN THE IN-SCHOOL SESSION

PERM2. Your child's school has accepted an invitation from the National Center for Education Statistics (NCES), part of the U.S. Department of Education, to participate in MGLS:2017. A sample of students from your child's school will take part. Your child is one of approximately 20,000 students selected from across the United States to participate.

To have an accurate picture of what U.S. students in grade 6 can do in reading, math, and other (noncognitive) skills important to learning, it is important that each student selected take part in the study. In addition to answering reading and math questions, students will be asked to complete a brief questionnaire about themselves and provide height and weight measurements, which is important to understanding the growth and development of adolescents. I urge you to support this effort by encouraging your child to take part.

PERM3. Completing the survey is voluntary for you and your child and there are no penalties for not participating. Your child may also skip any question he or she does not want to answer. All of the information collected is protected, as required by law. NCES is authorized to conduct MGLS:2017 by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543) and to collect students' education records from education agencies or institutions for the purposes of evaluating federally supported education programs under the Family Educational Rights and Privacy Act (FERPA, 34 CFR §§ 99.31(a)(3)(iii) and 99.35). The data are being collected for NCES by RTI International, a U.S.-based nonprofit research organization. All of the information your child provides may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). The collected information will be combined across respondents to produce statistical reports.

Click here to view the permission cover letter in its entirety.

PROGRAMMER INSTRUCTIONS ON PERM3

HYPERLINK "Click here" TO PDF OF THE EXPLICIT PERMISSION FORM.

PERM4. Your child has been asked to participate in a study of student learning called the Middle Grades Longitudinal Study of 2017-18 (MGLS:2017). Student data will be collected in a 90-minute session during the school day. The student assessment will be administered by a team of researchers from RTI International, on behalf of the National Center for Education Statistics (NCES).

Please select one:

❍ Yes, I give permission for my child to participate in MGLS:2017 1
❍ No, I do not give permission for my child to participate, but I will
   complete the parent survey 2   THANK
❍ No, I do not give permission for my child to participate in MGLS:2017 3

Please provide your contact information below.

First Name:	[_____] (STRING 30)
Middle Name:	[_____] (STRING 30)
Last Name:	[_____] (STRING 30)
Suffix:	[_____] (STRING 12)
Phone Number:	[_____] (STRING 10)
Email:	[_____] (STRING 80)

PROGRAMMER INSTRUCTIONS ON PERM4

IF PERM4 = NULL, DISPLAY SOFT CHECK: "Please consider providing permission for your child to participate in this important study."

IF PERM4 = 1 AND (PERM4A OR PERM4C = NULL), DISPLAY HARD CHECK: "Please provide your first and last name so you may continue."

INTRO1. SURVEY INFORMATION

Thank you for being a part of the Middle Grades Longitudinal Study of 2017-18 (MGLS:2017). This will help us learn about children's development during an important time in their lives.

We also want to learn about family and school experiences that shape children's development. This is where **we need your help**. [This survey should be filled out by the parent, guardian, or person living with [CFNAME] who knows the most about [CFNAME]'s development, schooling, and home life./ This survey should be filled out by a parent, guardian, or person living with [CFNAME].] Your answers are very important to the study's success and we hope you will complete the survey. This survey is voluntary and you can skip questions you do not want to answer. [You will receive a [$XX/$XX] check for completing this survey.].

Please click the "Next" button below.

ALL

INTRO2. Before you get started, here are a few helpful hints.

- To answer the questions, select the answer on the screen that matches your response.

- Answer each question as accurately as possible; if you need to estimate an answer that is okay.

- Press the "Next" button to save your responses and move forward.

- Some questions offer text to help you understand the question or the response options. Click on the HELP icon at the top of the screen or the help icon 🛈 in the survey to see the help text.

- If you need to take a break and leave the survey at any time, click the "LOG OUT" button in the top left-hand corner of your screen. When you log back in, the survey will start from the screen you were on when you logged out.

- To protect your data, you will be logged off if you are idle for more than 20 minutes.

ALL
DISPLAY NAME AND SUFFIX BASED ON SCHOOL ROSTER.

A001.   Are you [FNAME] [MNAME] [LNAME] [SUFFIX]?

- ❍ Yes 1
- ❍ No 2

ALL

A005. Does [CFNAME] [CLNAME] live with you?

- ❍ Yes 1
- ❍ No.. 2   A040

HELP TEXT:

Live with you: Please select "Yes" if [CFNAME] normally lives with you. For example, if [CFNAME] lives with you all the time, every-other week, or some other regularly scheduled times, or if [CFNAME] has been legally placed under your care.

Please select "No" if [CFNAME] does not normally live with you. For example, if [CFNAME] is only visiting or if [CFNAME] used to live with you but is now permanently living with someone else.

A005 = 1

A006. How much of the time does [CFNAME] [CLNAME] live with you?

- ❍ All of the time.. 1   A010
- ❍ More than half of the time.. 2
- ❍ Half of the time 3
- ❍ Less than half of the time... 4

A006 > 1

A007. Who does [CFNAME] [CLNAME] live with most of the time when not living with you?

- ❍ With another parent 1
- ❍ With another adult relative.. 2
- ❍ With a friend 3
- ❍ At a boarding school 4
- ❍ Other 5

Please specify:

A010. Are you the parent, guardian, or person in this household who knows the most about [CFNAME]'s development, schooling, and home life?

❍ Yes 1   A015/A020
❍ No 2   A025

A001 = 1 AND A005 = 1

A015. Please check the spelling of **your** full name.

a. First name: [FNAME]
b. Middle name: [MNAME]
c. Last name: [LNAME]
d. Suffix: [SUFFIX]

If your name is not spelled right, please fix it below. If everything is spelled right, press "Next" to continue.

a. First name: [_____] (STRING 50)
b. Middle name: [_____] (STRING 50)
c. Last name: [_____] (STRING 50)
d. Suffix: [_____] (STRING 50)

PROGRAMMER INSTRUCTIONS ON A015

GO TO A045.

A001 = 2 AND A010 = 1

A020. Please enter **your** full name.

a. First name: [_____] (STRING 50)
b. Middle name: [_____] (STRING 50)
c. Last name: [_____] (STRING 50)
d. Suffix: [_____] (STRING 50)

PROGRAMMER INSTRUCTIONS ON A020

IF A020a = MISSING, DISPLAY HARD CHECK: "Please enter a first name. It will be helpful to you in answering future questions. You may use a nickname if that will help you to know who are asking about."
GO TO A045.

A025. Is the parent, guardian, or other person living in this household who knows the most about [CFNAME]'s development, schooling, and home life available between now and the end of July 2018 to complete this questionnaire?

❍ Yes 1
❍ No 2   A040

A030. Great! Please provide the name and contact information of the person living in this household who knows the most about [CFNAME]'s development, schooling, and home life.

     a. First Name: [_____] (STRING 50)
     b. Middle Name: [_____] (STRING 50)
     c. Last Name: [_____] (STRING 50)
     d. Suffix: [_____] (STRING 50)
     e. Phone Number: [_____] (STRING 10)
     f. Email: [_____] (STRING 40)

> **PROGRAMMER INSTRUCTIONS ON A030**
>
> IF A030a = MISSING AND/OR A030c = MISSING, DISPLAY HARD CHECK: "Please provide the name of the person living in this household who knows the most about [CFNAME]'s development, schooling, and home life so you may continue."

A035. If [NAME FROM A030A] is available now, please select "Next" to be taken back to the introductory page of this questionnaire and ask [NAME FROM A030A] to begin from there. If [NAME FROM A030A] cannot complete the questionnaire right now, please select "LOGOUT" in the top left area of the screen so [NAME FROM A030A] can log back in at a later time. Thank you very much!

❍ Next 1   INTRO1
❍ Log out 2

A040. The MGLS:2017 team would like to contact a parent, guardian, or person who lives with [CFNAME] [and knows about [CFNAME]'s development, schooling, and home life]. Please enter the name and contact information for this person below and a team member will be in touch soon.

     a. First Name: [_____] (STRING 50)
     b. Middle Name: [_____] (STRING 50)
     c. Last Name: [_____] (STRING 50)
     d. Suffix: [_____] (STRING 50)
     e. Phone Number: [_____] (STRING 10)
     f. Email: [_____] (STRING 50)

A025 NE 1 OR A005 = 2

DISPLAY "We will contact [NAME PROVIDED IN A040] soon." WHEN A040 NE BLANK.

DISPLAY NAME FROM A040.

EXIT. Thank you for your time. [We will contact [NAME PROVIDED IN A040] soon.] We appreciate you helping make MGLS:2017 a success!

Please close this window.

ALL

A045. Please check the spelling of [CFNAME]'s full name.

a. First name: [CFNAME]
b. Middle name: [CMNAME]
c. Last name: [CLNAME]
d. Suffix: [CSUFFIX]

If [CFNAME]'s name is not spelled right, please fix it below. If everything is spelled right, press "Next" to continue.

a. First name: [_____] (STRING 50)
b. Middle name: [_____] (STRING 50)
c. Last name: [_____] (STRING 50)
d. Suffix: [_____] (STRING 25)

ALL

A050. What is [CFNAME]'s sex?

❍ Male 1
❍ Female... 2

A055. What is [CFNAME]'s date of birth?

| ▼ | | ▼ | | ▼ | BIRTH DATE |

Month   Day   Year

MONTH RANGE: January - December
DAY RANGE: 1 - 31, DEPENDING ON MONTH SELECTED
YEAR RANGE: 2000 - 2011

> PROGRAMMER INSTRUCTIONS ON A055
>
> DISPLAY NUMBER OF DAYS ACCORDING TO MONTH SELECTED.
>
> IF A055 IS OUT OF RANGE, DISPLAY HARD CHECK: "Please enter a valid date."
>
> IF A055_DAY = MISSING AND CHILD'S A055_MONTH = MONTH (SURVEY_DATE), THEN ROUND UP CHILD'S AGE DISPLAYED IN A060 AND B005A.
>
> IF A055_MONTH OR A055_YEAR IS MISSING, GO TO A065.

A055 IS NOT MISSING

DISPLAY "AGE IN YEARS" WITH CHILD'S AGE BASED ON DOB PROVIDED IN A055.

A060. Just to confirm, is [CFNAME] [AGE IN YEARS] years old?

    ❍ Yes 1   A070
    ❍ No 2

A055_MONTH OR A055_YEAR = MISSING OR A060 = 2

A065. How old is [CFNAME]?

| ▼ |

YEARS OLD
RANGE: 7-18

> PROGRAMMER INSTRUCTIONS ON A065
>
> IF NO RESPONSE, DISPLAY SOFT CHECK: "Please provide [CFNAME]'s age. If you don't know the exact age, please use your best guess."

ALL
DISPLAY ADDRESS INFORMATION FROM SCHOOL ROSTER

A070. Please check that the current home address for [CFNAME] is right.

Street address 1: [CADDRESS1]
Street address 2: [CADDRESS2]
City: [CCITY]
State: [CSTATE]
Zip: [CZIP]

If the current home address is not right, please fix it below. If the current home address is right, press Next to continue.

a. Street address 1:   [_____] (STRING 255)
b. Street address 2:   [_____] (STRING 255)
c. City: [_____] (STRING 255)
d. State: [_____] (STRING 2)
e. Zip code: [_____] (STRING 5)

ALL
DISPLAY ONLY A075A-D IF A010 = 1.

A075. Please provide up-to-date contact information for yourself.

a. Primary phone: [_____] (STRING 10)
b. Alternate phone (if available):   [_____] (STRING 10)
c. Primary email: [_____] (STRING 150)
d. Alternate email (if available):   [_____] (STRING 150)
e. Street address 1:   [_____] (STRING 255)
f. Street address 2:   [_____] (STRING 255)
g. Zip code: [_____] (STRING 5)
h. City: [_____] (STRING 255)
i. State: [_____] (STRING 2)

PROGRAMMER INSTRUCTIONS ON A075

IF A075A = MISSING, DISPLAY SOFT CHECK: "Please provide a phone number."

IF A075C = MISSING, DISPLAY SOFT CHECK: "If available, please provide an email address."

IF PHONE NUMBER IN A075A IS INVALID, DISPLAY SOFT CHECK: "Please provide a valid phone number. Phone number entered = [PHONE NUMBER ENTERED]".

B. FAMILY ROSTER

ALL
DISPLAY CFNAME FROM A045

Now, we have a few questions about you and the other members of your household. We are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.

B001. In addition to you and [CFNAME], does anyone else live in the household?

◯ Yes 1
◯ No 2   B010

> **PROGRAMMER INSTRUCTIONS ON B001**
>
> IF B001 = 1, LOOP THROUGH B005A AND B005B UNTIL B005B = 2.
>
> IF B001 = 2, DISPLAY SOFT CHECK: "Is this everyone in the household? Please be sure to include anyone who usually lives here but may be temporarily away from home on business or living in a dorm at school, or any babies, small children, grandparents, or other adults living in the household."

B001 = 1
DISPLAY HH2FNAME AND HH2LNAME FROM A015 (IF A001 = 1 AND A005 = 1) OR A020 (IF A001 = 2 OR MISSING AND A010 = 1).
DISPLAY CFNAME AND CLNAME FROM A045.
DISPLAY CHILDAGE FROM A055 (OR FROM A060 IF A055 = MISSING).

B005A.

First name	Last name	Suffix	Age
[HH2FNAME]	[HH2LNAME]	[HH2SUFFIX]	
[CFNAME]	[CLNAME]	[CSUFFIX]	[CHILDAGE]

Who else lives in the household?

We are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.

First name	Last name	Suffix	Age
[HH#FNAME]	[HH#LNAME]	[HH#SUFFIX]	[HH#AGE]

B001 = 1

DISPLAY HH2FNAME, HH2LNAME, AND HH2SUFFIX FROM A015 (IF A001 = 1 AND A005 = 1) OR A020 (IF A001 = 2 OR MISSING AND A010 = 1).

DISPLAY CFNAME AND CLNAME FROM A045.

DISPLAY CHILDAGE FROM A055 (OR FROM A060 IF A055 = MISSING).

B005B.

First name	Last name	Suffix	Age
[HH2FNAME]	[HH2LNAME]	[HH2SUFFIX]	[HH2AGE]
[CFNAME]	[CLNAME]	[CSUFFIX]	[CHILDAGE]
[HH#FNAME]	[HH#LNAME]	[HH#SUFFIX]	[HH#AGE]

In addition to those shown above, does anyone else live in the household?

Recall that we are only interested in knowing about people who normally live in your household. Please do not include anyone staying with you temporarily, such as someone visiting the household who usually lives somewhere else.

❍ .... Yes 1   B005A
❍ .... No 2

PROGRAMMER INSTRUCTIONS ON B005A AND B005B

IN ADDITION TO CHILD AND RESPONDENT, RESPONDENT PERMITTED TO ADD UP TO 23 HOUSEHOLD MEMBERS (FOR 25 TOTAL). IF LIMIT IS MET, AND RESPONDENT INDICATES B005B = 1, A POP-UP SHOULD APPEAR:

Thanks for listing your additional household members up to this point. We will now move on to the next section.

AFTER COMPLETING THE PROCESS OF ADDING HOUSEHOLD MEMBERS, WHEN B005B = 2 OR MISSING A POP-UP SHOULD APPEAR:

Is this everyone in the household?

[LIST OF HOUSEHOLD MEMBERS]

Please be sure to include anyone who usually lives here, but may be temporarily away from home on business or living in a dorm at school, or any babies, small children, grandparents, or other adults living in the household.

A "Yes" AND "No" BUTTON SHOULD BE ON THE POP-UP WITH "Yes" ADVANCING THE RESPONDENT THROUGH THE SURVEY, AND "No" RETURNING TO THE FAMILY ROSTER DATA.

INTRO TEXT DISPLAY FOR FIRST ITERATION (HH MEMBER 2) SHOULD READ: "Please tell us about the members of your household." DO NOT DISPLAY FOR SECOND ITERATION (CHILD). FOR THIRD ITERATION DISPLAY: "For the remaining household member(s), provide the relationship to [CFNAME] and sex. If you are not sure of something, your best guess is fine." DO NOT DISPLAY FOR ALL OTHER ITERATIONS.

DISPLAY FROM A015 (IF A001 = 1 AND A005 = 1) OR A020 (IF A001 = 2 OR MISSING AND A010 = 1): HH2FNAME = RESPONDENT'S FIRST NAME; HH2LNAME= RESPONDENT'S LAST NAME.

B010. [INTRO TEXT DISPLAY: Please tell us a little bit about the members of your household. For the remaining household member(s), provide the relationship to [CFNAME] and sex. If you are not sure of something, your best guess is fine.]

Please answer the following questions about [NAME FROM B005B].

Item	[HH2FNAME] [HH2LNAME]	[CFNAME] [CLNAME]	[HH3FNAME] [HH3LNAME]	[HH#FNAME] [HH#DELNAME]
B010a. What is [your/[HHNAME]'s] **age**?	Select age…			
B010b What is [your/[HHNAME]'s] **relationship** to [CFNAME]?	Select specific relationship…		Select specific relationship…	Select specific relationship…
B010c. Which of the following best describes this relationship with [CFNAME]?	Select relationship…		Select relationship…	Select relationship…
B010d. What is [your/[CFNAME]/ [HHNAME]'s] sex?	Select sex…	Select sex…	Select sex…	Select sex…

AGE RANGE: Less than 1, 1-98, 99 or older, Don't know

HELP TEXT:

Biological or birth mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child.

Adoptive mother: The female who has taken the child into her own family by legal process to raise as her own child.

Step mother: The female other than the child's mother who is married to the child's father.

Foster mother: The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

Female legal guardian: The female legally placed in charge of the affairs of the child.

Other female parent or guardian: This person acts as the mother of the child, but does not fit into one of the other categories. For example, in a household with two mothers, one of the mothers may not classify herself as biologically related and she may not be legally in charge of the affairs of the child even though she is another

parent to the child. This category may also be used if a mother has a child through a surrogate mother, or with a donated egg, and does not classify the child as biologically related or adopted through a legal process.

Biological or birth father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.

Adoptive father: The male who has taken the child into his own family by legal process to raise as his own child.

Step father: The male other than the child's father who is married to the child's mother.

Foster father: The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

Male legal guardian: The male legally placed in charge of the affairs of the child.

Other male parent or guardian: This person acts as the father of the child, but does not fit into one of the other categories. For example, in a household with two fathers, one of the fathers may not classify himself as biologically related and he may not be legally in charge of the affairs of the child even though he is another parent to the child. This category may also be used if a father has donated sperm, and does not classify the child as biologically related or adopted through a legal process.

Full sister: A female with whom the child shares the same biological parents.

Half sister: A female with whom the child shares one biological parent.

Step sister: A female to whom the child is unrelated except by the marriage of one parent.

Adoptive sister: A female to whom the child is unrelated except that they are in the same family in which she or the child has been legally adopted by the family.

Foster sister: A female to whom the child is unrelated except that they are in the same family in which she or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

Full brother: A male with whom the child shares the same biological parents.

Half brother: A male with whom the child shares one biological parent.

Step brother: A male to whom the child is unrelated except by the marriage of one parent.

Adoptive brother: A male to whom the child is unrelated except that they are in the same family in which he or the child has been legally adopted by the family.

Foster brother: A male to whom the child is unrelated except that they are in the same family in which he or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

Girlfriend or female partner of [CFNAME]'s parent/guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Boyfriend or male partner of [CFNAME]'s parent/guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Female guardian: The female placed in charge of the affairs of the child.

Male guardian: The male placed in charge of the affairs of the child.

Daughter/son of [CFNAME]'s parent's partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other relative of [CFNAME]'s parent's partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.

PROGRAMMER INSTRUCTIONS ON B010

THE RESPONDENT SHOULD BE LOOPED THROUGH SEX AND RELATIONSHIP QUESTIONS FOR EACH HOUSEHOLD MEMBER IDENTIFIED IN B001. RESPONDENT'S LOOP SHOULD INCLUDE AGE. THE ORDER SHOULD BE ACCORDING TO THE B001 MEMBER TYPE ORDERING.

1. RESPONDENT (HH MEMBER #2)
2. CHILD (HH MEMBER #1)
3. HH MEMBER #3
4. HH MEMBER #4, ETC.

B010B WILL BE ASKED OF EVERY MEMBER IN THE HOUSEHOLD, WITH THE RESPONSE FOR CHILD PREFILLED. OTHER RESPONSE OPTIONS FOR B010B INCLUDE:

1. Mother/Female guardian
2. Father/Male guardian
3. Sister
4. Brother
5. Girlfriend or partner of [CFNAME]'s parent/guardian
6. Boyfriend or partner of [CFNAME]'s parent/guardian
7. Grandmother
8. Grandfather
9. Aunt
10. Uncle
11. Cousin
12. Other relative (please specify)
13. Other non-relative
14. Focus child

B010C WILL BE POPULATED BASED ON RESPONSES TO B010B. IF B010B = 5-12, B010C WILL NOT BE DISPLAYED.

IF B010B = 1, B010C OPTIONS WILL BE:

1. Biological or birth mother
2. Adoptive mother
3. Step mother
4. Foster mother or female legal guardian
5. Other female parent or guardian (please specify)

IF B010B = 2, B010C OPTIONS WILL BE:

1. Biological or birth father
2. Adoptive father
3. Step father
4. Foster father or male legal guardian
5. Other male parent or guardian (please specify)

IF B010B = 3, B010C OPTIONS WILL BE:

1. Full sister
2. Half sister
3. Step sister
4. Adoptive sister
5. Foster sister

IF B010B = 4, B010C OPTIONS WILL BE:

1. Full brother
2. Half brother
3. Step brother
4. Adoptive brother
5. Foster brother

IF B010B = 13, B010C OPTIONS WILL BE:

1. Girlfriend or partner of [CFNAME]'s parent/guardian
2. Boyfriend or partner of [CFNAME]'s parent/guardian
3. Female guardian
4. Male guardian
5. Daughter/son of [CFNAME]'s parent's partner
6. Other relative of [CFNAME]'s parent's partner (please specify)
7. Other non-relative (please specify)

B010D WILL HAVE THE FOLLOWING RESPONSE OPTIONS:

1. Male
2. Female

ONLY DISPLAY B010D FOR CHILD WHEN A050 = MISSING.

ALL

ROSTER_CONFIRMATION.

Now you'll get a chance to double-check the information just collected for each household member. If you would like to add another household member, please use the "Previous" button to go back to the list of members in your household.

PROGRAMMER INSTRUCTIONS ON ROSTER_CONFIRMATION

DISPLAY A TABLE WITH COLUMN HEADINGS "Name," "Age," "Sex," "Relation to [CFNAME]" AND "Edit?" DISPLAY HOUSEHOLD MEMBER INFORMATION WITH EACH HOUSEHOLD MEMBER AS THEIR OWN ROW. UNDER THE "Edit?" COLUMN DISPLAY CLICKABLE BUTTONS LABELED "Edit this person." WHEN CLICKED, DISPLAY POP-UP OF B010 FOR SELECTED HOUSEHOLD MEMBER TO BE EDITED. TITLE THE POP UP WITH "Household Member:" AND HAVE THE BUTTONS "Close" AND "Save" AT THE BOTTOM RETURNING THE USER TO ROSTER_CONFIRMATION.

B015. Who is the primary caregiver (provides the most care) for [CFNAME]?

Select all that apply.

☐ [HH2FNAME] [HH2LNAME] [HH2SUFFIX].. 1
☐ [HH#FNAME] [HH#LNAME] [HH#SUFFIX].. UP TO 24

PROGRAMMER INSTRUCTIONS ON B015

POPULATE RESPONSE OPTIONS WITH NAME OF EACH MEMBER OF THE HOUSEHOLD WHO IS 16 YEARS OLD OR OLDER.

IF B015 = NO RESPONSE, DISPLAY SOFT CHECK: "Your response is important for this survey. Please provide an answer for this question."

PROGRAMMER INSTRUCTIONS ON B020A THROUGH B025B

RESPONDENT SHOULD ONLY BE ROUTED THROUGH B020A THROUGH B025B ONCE. THE NAME OF THE HOUSEHOLD MEMBER IDENTIFIED AS THE SUBJECT OF EACH QUESTION SHOULD BE IDENTIFIED IN THE FOLLOWING ORDER:

1) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE, B010B = 1) IN THE HOUSEHOLD, ASK FOR THAT HOUSEHOLD MEMBER.

2) IF THERE IS ONLY ONE FATHER (OF ANY TYPE, B010B = 2) IN THE HOUSEHOLD, ASK FOR THAT HOUSEHOLD MEMBER.

3) IF THERE ARE TWO MOTHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE MOTHER, WITH THE ORDER SPECIFIED AS BIOLOGICAL (B010B = 1 AND B010C = 1), ADOPTIVE (B010B = 1 AND B010C = 2), STEP (B010B = 1 AND B010C = 3), FOSTER MOTHER OR FEMALE GUARDIAN (B010B = 1 AND B010C = 4), THEN OTHER FEMALE PARENT OR GUARDIAN (B010B = 1 AND B010C = 5).

4) IF THERE ARE TWO FATHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED, WITH THE ORDER SPECIFIED AS BIOLOGICAL (B010B = 2 AND B010C = 1), ADOPTIVE (B010B = 2 AND B010C = 2), STEP- (B010B = 2 AND B010C = 3), FOSTER FATHER OR MALE GUARDIAN (B010B = 2 AND B010C = 4), THEN OTHER MALE PARENT OR GUARDIAN (B010B = 2 AND B010C = 5).

5) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, ASK FOR OTHER FEMALE PARENT FIGURE, IN THE FOLLOWING ORDER OF PREFERENCE: GRANDMOTHER (B010B = 7), AUNT (B010B = 9), OTHER RELATIVE OVER AGE OF 18 (B010B = 3, 5, 11, 12).

6) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, AND THERE IS NO FEMALE FIGURE IN THE HOUSEHOLD, ASK FOR OTHER MALE PARENT FIGURE, IN THE FOLLOWING ORDER OF PREFERENCE: GRANDFATHER (B010B = 8), UNCLE (B010B = 10), OTHER RELATIVE OVER AGE OF 18 (B010B = 4, 6, 11, 12).

7) IF B010B = MISSING FOR ALL MEMBERS OF THE HOUSEHOLD, ASK FOR RESPONDENT IF B010A ≥ 16 FOR AT LEAST 2 PEOPLE IN THE HOUSEHOLD.

ELSE GO TO SECTION C.

B020A. [Are you/Is [HH#FNAME HH#LNAME HH#SUFFIX]] married to someone in the household?

❍ Yes 1
❍ No.. 2   B025A

B020B. Here is a list of household members who are 16 years old or older. From this list, please pick the person [you are/[HH#FNAME HH#LNAME is]] married to.

❍ [HH#FNAME HH#LNAME HH#SUFFIX].. 1
❍ [HH#FNAME HH#LNAME HH#SUFFIX].. 2
❍ None of the above... 99

B025A. [Are you/Is [HH#FNAME HH#LNAME HH#SUFFIX]] in a domestic partnership or civil union with someone in the household?

❍ Yes 1
❍ No.. 2   C001

HELP TEXT:

Domestic partnership: An interpersonal relationship between two individuals who live together and share a common domestic life but are not married.

Civil union: A legally recognized union of a same-sex couple, with rights similar to those of marriage.

B025A = 1
DISPLAY HH#FNAME HH#LNAME HH#SUFFIX WITH INFORMATION FOR INDIVIDUAL IDENTIFIED IN PROGRAMMER INSTRUCTIONS ON B020A THROUGH B025B (SPOUSE/PARTNER QUESTIONS)

B025B. Here is a list of household members who are 16 years old or older. From this list, please pick the person [you are/HH#FNAME HH#LNAME HH#SUFFIX is] in a domestic partnership or civil union with.

❍   [HH#FNAME HH#LNAME HH#SUFFIX]... 1
❍   [HH#FNAME HH#LNAME HH#SUFFIX]... 2
❍   None of the above... 99

PROGRAMMER INSTRUCTIONS ON B025B

POPULATE RESPONSE OPTIONS WITH THE FIRST NAME, LAST NAME AND SUFFIX OF EACH MEMBER OF THE HOUSEHOLD WHO IS 16 YEARS OLD OR OLDER, AS WELL AS A "None of the above" OPTION.

IF ANY B010A = M FOR ANY HH MEMBER THEN LIST THE ASSOCIATED HH#FNAME HH#LNAME HH#SUFFIX AS A RESPONSE OPTION FOR B025B.

IDENTIFICATION OF PARENT 1 AND PARENT 2

1) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE) AND ONLY ONE FATHER (OF ANY TYPE) IN THIS HOUSEHOLD, CODE THE MOTHER AS PARENT 1 (IDP1) AND CODE THE FATHER AS PARENT 2 (IDP2).

2) IF THERE IS ONLY ONE MOTHER (OF ANY TYPE) IN THE HOUSEHOLD, CODE THE MOTHER AS PARENT 1. IF THERE IS A MOTHER AND SHE HAS A MALE SPOUSE/PARTNER IN THE HOUSEHOLD, CODE THE SPOUSE/PARTNER AS PARENT 2 (IDP2). IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD, PARENT 2 IS CODED AS NOT APPLICABLE.

3) IF THERE IS ONLY ONE FATHER (OF ANY TYPE) IN THE HOUSEHOLD AND NO MOTHER, CODE THE FATHER AS PARENT 1 (IDP1). IF THERE IS A FATHER AND HE HAS A FEMALE SPOUSE/PARTNER IN THE HOUSEHOLD, CODE THE SPOUSE/PARTNER AS PARENT 1 (IDP1) AND CODE THE FATHER AS PARENT 2 (IDP2). IF THERE IS NO SPOUSE/PARTNER IN THE HOUSEHOLD, PARENT 2 IS CODED AS NOT APPLICABLE.

4) IF THERE ARE TWO MOTHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE MOTHER TO BE PARENT 1 (IDP1), WITH THE ORDER SPECIFIED AS BIOLOGICAL, ADOPTIVE, STEP-, FOSTER MOTHER OR FEMALE GUARDIAN, THEN OTHER FEMALE PARENT OR GUARDIAN. THE OTHER MOTHER IS IDENTIFIED AS PARENT 2 (IDP2).IF THERE ARE TWO MOTHERS OF THE SAME TYPE (E.G., TWO ADOPTIVE MOTHERS), THE MOTHER WITH THE LOWEST PERSON NUMBER IN THE HOUSEHOLD ROSTER IS IDENTIFIED AS PARENT 1 (IDP1) AND THE OTHER MOTHER IS IDENTIFIED AS PARENT 2 (IDP2).

5) IF THERE ARE TWO FATHERS IN THE HOUSEHOLD, AN ORDER OF PREFERENCE WILL BE USED TO IDENTIFY ONE FATHER TO BE PARENT 1 (IDP1), WITH THE ORDER SPECIFIED AS BIOLOGICAL, ADOPTIVE, STEP-, FOSTER FATHER OR MALE GUARDIAN, THEN OTHER MALE PARENT OR GUARDIAN. THE OTHER FATHER IS IDENTIFIED AS PARENT 2 (IDP2). IF THERE ARE TWO FATHERS OF THE SAME TYPE (E.G., TWO ADOPTIVE FATHERS), THE FATHER WITH THE LOWEST PERSON NUMBER IN THE HOUSEHOLD ROSTER IS IDENTIFIED AS PARENT 1 (IDP1) AND THE OTHER FATHER IS IDENTIFIED AS PARENT 2 (IDP2).

6) IF THERE IS NO ONE IN THE HOUSEHOLD IDENTIFIED AS A MOTHER OR FATHER, THEN A FEMALE PARENT FIGURE IS IDENTIFIED AS PARENT 1, IN THE FOLLOWING ORDER: GRANDMOTHER (B010B = 7), AUNT (B010B = 9), SISTER (B010B = 3), GIRLFRIEND/PARTNER (B010B = 5), COUSIN (B010B = 11), OTHER RELATIVE (B010B = 12), OTHER NONRELATIVE (B010B = 13). IF THE FEMALE PARENT FIGURE HAS A SPOUSE OR PARTNER, THE SPOUSE/PARTNER IS IDENTIFIED AS PARENT 2. FOR EXAMPLE, IF A CHILD LIVES WITH HIS GRANDMOTHER (THE RESPONDENT) AND GRANDFATHER, AND NEITHER HIS MOTHER NOR FATHER ALSO LIVE IN THE HOUSEHOLD, THEN THE GRANDMOTHER IS IDENTIFIED AS PARENT 1 AND THE GRANDFATHER IS IDENTIFIED AS PARENT 2. IF THERE IS NO FEMALE PARENT FIGURE IS IN THE HOUSEHOLD, A MALE PARENT FIGURE IS IDENTIFIED AS PARENT, IN THE FOLLOWING ORDER: GRANDFATHER (B010B = 8), UNCLE (B010B = 10), BROTHER (B010B = 4), BOYFRIEND/PARTNER (B010B = 6), COUSIN (B010B = 11), OTHER RELATIVE (B010B = 12), OTHER NONRELATIVE (B010B = 13).

C. FAMILY AND PARENT BACKGROUND

PROGRAMMER INSTRUCTIONS ON SECTION C
FOR ALL QUESTIONS CONCERNING IDP1 AND IDP2:
ORDER OF QUESTIONS WILL BE DETERMINED BY WHETHER RESPONDENT IS IDP1, IDP2, OR NEITHER. IF RESPONDENT IS IDP2, QUESTIONS CONCERNING IDP2 WILL BE ASKED BEFORE QUESTIONS ABOUT IDP1. IF RESPONDENT IS IDP1, OR NEITHER IDP1 NOR IDP2, QUESTIONS CONCERNING IDP1 WILL BE ASKED FIRST.

ALL
ASK FOR IDP1 IF RESPONDENT = IDP1 OR IF RESPONDENT = NON-IDP; ASK FOR IDP2 IF RESPONDENT = IDP2.
IF RESPONDENT IS IDP1 OR IDP2, USE "**you have**." IF RESPONDENT = NON-IDP, USE "**[IDP1] has**".

Now we would like to know about the educational background of [CFNAME]'s family.

C001. What is the highest level of education **[you have/[IDP1] has]** completed?

Select one only.

- ❍ 8th grade or lower.. 1
- ❍ 9th to 11th grade 2
- ❍ 12th grade but no diploma 3
- ❍ High school diploma or equivalent (for example: GED) 4
- ❍ Vocational/technical program after high school but no vocational/ technical diploma 5
- ❍ Vocational/technical diploma after high school 6
- ❍ Some college but no degree... 7
- ❍ Associate's degree (for example: AA, AS) 8
- ❍ Bachelor's degree (for example: BA, BS).. 9
- ❍ Graduate or professional school but no degree 10
- ❍ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11
- ❍ Doctorate degree (for example: PhD, EdD).. 12
- ❍ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, JD)... 13
- ❍ Do not know 14

DISPLAY IDP2 NAME IF RESPONDENT = IDP1 OR IF RESPONDENT = NON-IDP; DISPLAY IDP1 NAME IF RESPONDENT = IDP2. IF NO IDP2 IDENTIFIED GO TO C010 (IF RESPONDENT = IDP1) OR C020 (IF RESPONDENT NE IDP).

C005. What is the highest level of education **[[IDP1]/[IDP2]]** has completed?

Select one only.

- ❍ 8th grade or lower.. 1
- ❍ 9th to 11th grade 2
- ❍ 12th grade but no diploma 3
- ❍ High school diploma or equivalent (for example: GED) 4
- ❍ Vocational/technical program after high school but no vocational/technical diploma 5
- ❍ Vocational/technical diploma after high school 6
- ❍ Some college but no degree... 7
- ❍ Associate's degree (for example: AA, AS) 8
- ❍ Bachelor's degree (for example: BA, BS)... 9
- ❍ Graduate or professional school but no degree 10
- ❍ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11
- ❍ Doctorate degree (for example: PhD, EdD)... 12
- ❍ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, JD).. 13
- ❍ Do not know.. 14

C010. What is the highest level of education **your** mother completed?

Select one only.

- ❍ Did not live with mother growing up 15
- ❍ 8th grade or lower.. 1
- ❍ 9th to 11th grade 2
- ❍ 12th grade but no diploma 3
- ❍ High school diploma or equivalent (for example: GED) 4
- ❍ Vocational/technical program after high school but no vocational/technical diploma 5
- ❍ Vocational/technical diploma after high school 6
- ❍ Some college but no degree... 7
- ❍ Associate's degree (for example: AA, AS) 8
- ❍ Bachelor's degree (for example: BA, BS)... 9
- ❍ Graduate or professional school but no degree 10
- ❍ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11
- ❍ Doctorate degree (for example: PhD, EdD)... 12
- ❍ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, JD).. 13
- ❍ Do not know.. 14

C015. What is the highest level of education **your** father completed?

Select one only.

- ❍ Did not live with father growing up 15
- ❍ 8th grade or lower.. 1
- ❍ 9th to 11th grade 2
- ❍ 12th grade but no diploma 3
- ❍ High school diploma or equivalent (for example: GED) 4
- ❍ Vocational/technical program after high school but no vocational/technical diploma 5
- ❍ Vocational/technical diploma after high school 6
- ❍ Some college but no degree... 7
- ❍ Associate's degree (for example: AA, AS) 8
- ❍ Bachelor's degree (for example: BA, BS).. 9
- ❍ Graduate or professional school but no degree 10
- ❍ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) 11
- ❍ Doctorate degree (for example: PhD, EdD).. 12
- ❍ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, JD)... 13
- ❍ Do not know.. 14

C020. During the past week did **[you/[IDP1]** work at a **job for pay**?

- ❍ Yes 1
- ❍ No.. 2

C025. During the past week did **[you/[IDP2]]** work at a **job for pay**?

- ❍ Yes 1
- ❍ No.. 2

Now we want to learn about the race and ethnicity of your household members.

C026A. Which of the following choices describes [your/[IDP1]'s] race? You may choose more than one.

Select all that apply.

☐ White.. 1
☐ Black or African American 2
☐ Asian.. 3
☐ Native Hawaiian or other Pacific Islander 4
☐ American Indian or Alaska Native 5

HELP TEXT:

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

C026B. Which of the following best describes [your/[IDP1]'s] Asian heritage?

Select all that apply.

☐ Asian Indian... 1
☐ Chinese... 2
☐ Filipino.. 3
☐ Japanese... 4
☐ Korean 5
☐ Vietnamese 6
☐ Other 7

Please specify: [   ]   (STRING 50)

IDP1 IS IDENTIFIED
DISPLAY "Are you" IF RESPONDENT = IDP1
DISPLAY "Is [IDP1]" IF RESPONDENT = IDP2 OR NON-IDP

C026C. [Are you/Is [IDP1]] of Hispanic or Latino origin?

    ◌ Yes 1
    ◌ No 2

HELP TEXT:

Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

IDP1 IS IDENTIFIED AND C026C = 1
DISPLAY "your" IF RESPONDENT = IDP1
DISPLAY "[IDP1]'s" IF RESPONDENT = IDP2 OR NON-IDP

C026D. Which of the following best describes [your/[IDP1]'s] Hispanic or Latino heritage?

Select all that apply.

    ☐ Mexican, Mexican-American, or Chicano 1
    ☐ Cuban 2
    ☐ Dominican 3
    ☐ Puerto Rican 4
    ☐ Central American 5
    ☐ South American 6
    ☐ Other 7

        Please specify: [   ]   (STRING 50)

HELP TEXT:

By Central American, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.

By South American, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.

IDP1 IS IDENTIFIED
DISPLAY "your" IF RESPONDENT = IDP1
DISPLAY "[IDP1]'s" IF RESPONDENT = IDP2 OR NON-IDP

C027A. Which of the following choices describes [your/[IDP1]'s] race? You may choose more than one.

Select all that apply.

- ☐ White.. 1
- ☐ Black or African American 2
- ☐ Asian... 3
- ☐ Native Hawaiian or other Pacific Islander 4
- ☐ American Indian or Alaska Native 5

HELP TEXT:

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

C027A = 3
DISPLAY "your" IF RESPONDENT = IDP1
DISPLAY "[IDP1]'s" IF RESPONDENT = IDP2 OR NON-IDP

C027B. Which of the following best describes [your/[IDP1]'s] Asian heritage?

Select all that apply.

- ☐ Asian Indian.. 1
- ☐ Chinese.. 2
- ☐ Filipino... 3
- ☐ Japanese.. 4
- ☐ Korean... 5
- ☐ Vietnamese 6
- ☐ Other 7

Please specify: [   ]   (STRING 50)

C027C. [Are you/Is [IDP2]] of Hispanic or Latino origin?

- ❍ Yes 1
- ❍ No 2

HELP TEXT:

Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

C027D. Which of the following best describes [your/[IDP2]'s] Hispanic or Latino heritage?

Select all that apply.

- ☐ Mexican, Mexican-American, or Chicano 1
- ☐ Cuban 2
- ☐ Dominican 3
- ☐ Puerto Rican 4
- ☐ Central American 5
- ☐ South American 6
- ☐ Other 7

Please specify: [   ]   (STRING 50)

HELP TEXT:

By Central American, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.

By South American, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.

C028A. Which of the following choices describes [CFNAME]'s race? You may choose more than one.

Select all that apply.

☐ White... 1
☐ Black or African American 2
☐ Asian.. 3
☐ Native Hawaiian or other Pacific Islander 4
☐ American Indian or Alaska Native 5

HELP TEXT:

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

C028A = 3

C028B. Which of the following best describes [CFNAME]'s Asian heritage?

Select all that apply.

☐ Asian Indian... 1
☐ Chinese 2
☐ Filipino.. 3
☐ Japanese... 4
☐ Korean 5
☐ Vietnamese 6
☐ Other 7

Please specify: [   ]   (STRING 50)

C028C. Is [CFNAME] of Hispanic or Latino origin?

○ Yes 1
○ No.. 2

HELP TEXT:

Hispanic or Latino origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

C028D. Which of the following best describes [CFNAME]'s Hispanic or Latino heritage?

Select all that apply.

☐ Mexican, Mexican-American, or Chicano.. 1
☐ Cuban 2
☐ Dominican 3
☐ Puerto Rican 4
☐ Central American... 5
☐ South American 6
☐ Other 7

Please specify: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ (STRING 50)

HELP TEXT:

By Central American, we mean, for example, people who describe themselves as Guatemalan, Salvadoran, Nicaraguan, Costa Rican, Panamanian, or Honduran.

By South American, we mean, for example, people who describe themselves as Colombian, Argentine, or Peruvian.

Next, we would like to know about languages used in your home.

C030. Is English the primary language used in your home?

○ Yes 1
○ No... 2   C045

C035. Is any language other than English used in your home?

○ Yes 1
○ No... 2   D001

C035 = 1

C040. Please select the language(s) other than English that are used in your home from the alphabetical list below. You may select more than one.

Select all that apply.

☐ a. Arabic 1
☐ b. Chinese language/dialect 2
☐ c. Farsi 3
☐ d. Filipino language 4
☐ e. French.. 5
☐ f. German 6
☐ g. Greek 7
☐ h. Hmong... 8
☐ i. Italian... 9
☐ j. Japanese 10
☐ k. Korean 11
☐ l. Polish 12
☐ m. Portuguese 13
☐ n. Sign Language... 14
☐ o. Spanish 15
☐ p. Vietnamese 16
☐ q. Some other language 99

Please specify: [   ]   (STRING 50)

C030 = 2

C045. Please select the language(s) that are used in your home from the alphabetical list below. You may select more than one.

Select all that apply.

☐ a. Arabic 1
☐ b. Chinese language/dialect 2
☐ c. Farsi 3
☐ d. Filipino language 4
☐ e. French 5
☐ f. German 6
☐ g. Greek 7
☐ h. Hmong 8
☐ i. Italian 9
☐ j. Japanese 10
☐ k. Korean 11
☐ l. Polish 12
☐ m. Portuguese 13
☐ n. Sign Language 14
☐ o. Spanish 15
☐ p. Vietnamese 16
☐ q. Some other language 99
☐ r. English 17

Please specify: [   ]   (STRING 50)

PROGRAMMER INSTRUCTIONS ON C045

SHOW ANY RESPONSE OPTIONS THAT WERE SELECTED IN C040, PLUS "English".

C050. What is the primary language used in your home?

Select one only.

❍ a. Arabic 1
❍ b. Chinese language/dialect 2
❍ c. English.. 3
❍ d. Farsi 4
❍ e. Filipino language 5
❍ f. French 6
❍ g. German.. 7
❍ h. Greek 8
❍ i. Hmong 9
❍ j. Italian.. 10
❍ k. Japanese 11
❍ l. Korean 12
❍ m. Polish.. 13
❍ n. Portuguese 14
❍ o. Sign Language.. 15
❍ p. Spanish 16
❍ q. Vietnamese 17
❍ r. Some other language 18

Please specify: [   ] (STRING 50)

❍ s. More than one language used equally 19

PROGRAMMER INSTRUCTIONS ON C050

DISPLAY LANGUAGES THAT WERE SELECTED IN C045 AS RESPONSE OPTIONS HERE.

IF C050 = 99 AND C050_OTHER = NO RESPONSE, DISPLAY SOFT CHECK: "You have selected "Some other language", but have not provided a response to the "Please specify" prompt."

D. CHILD'S SCHOOL EXPERIENCES

ALL

Great! We really appreciate you taking the time to answer all of our questions about your household. The study doesn't happen without you. Let's keep moving along.

D001. Thinking about the current school year, how much do you agree or disagree with each of the following statements?

In our household…

Please select one response per row.	Strongly agree	Agree	Slightly agree	Slightly disagree	Disagree	Strongly disagree
a. We make it our business to stay on top of things at school.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. We like to spend time at [CFNAME]'s school when we can.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c. It's important to us that we let the teachers know about things that relate to [CFNAME].	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d. We find it helpful to talk with [CFNAME]'s teachers.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
e. [CFNAME]'s current teachers know us.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

ALL

D005. During this school year, how often have you or someone else in your household done the following?

Please select one response per row.	Never	Once or twice	Once a month	Once every two weeks	Once a week	Daily
a. Contacted [CFNAME]'s teachers with questions about schoolwork.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. Exchanged phone calls or notes with [CFNAME]'s teachers for questions not related to schoolwork.	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

D010. Now we would like to know how often you or someone in your household talked with any staff at [CFNAME]'s school. How many times this school year did you or someone in your household talk with any staff at school about…

Please select one response per row.	Never	Once or twice	Three or four times	More than four times
a. [CFNAME]'s school schedule for this year?	1 ○	2 ○	3 ○	4 ○
b. [CFNAME] missing too many days of school?	1 ○	2 ○	3 ○	4 ○
c. [CFNAME]'s positive or good behavior in school?	1 ○	2 ○	3 ○	4 ○
d. how to help [CFNAME] at home with specific skills or homework?	1 ○	2 ○	3 ○	4 ○
e. [CFNAME]'s plans after leaving high school?	1 ○	2 ○	3 ○	4 ○
f. [CFNAME]'s course selection for entry into college, vocational, or technical school after completing high school?	1 ○	2 ○	3 ○	4 ○

ALL

D015. For each of the following statements, please tell me how well [CFNAME]'s school has done with each activity during this school year…

Please select one response per row.	Does this very well	Does this OK	Doesn't do this at all
a. The school lets you know between report cards how [CFNAME] is doing in school.	1 ○	2 ○	3 ○
b. The school helps you understand what children at [CFNAME]'s age are like.	1 ○	2 ○	3 ○
c. The school provides workshops, materials, or advice about how to help [CFNAME] learn at home.	1 ○	2 ○	3 ○
d. The school provides information on community services to help [CFNAME] or your family.	1 ○	2 ○	3 ○

The next questions are about disciplinary actions [CFNAME]'s school may have taken.

D020. Since starting kindergarten, how many times has [CFNAME] been suspended or expelled from school? Do not count detentions.

[▼]

RANGE: 0-9, 10 or more, Don't know

> PROGRAMMER INSTRUCTIONS ON D020
>
> IF D020 = 0, Don't know, OR MISSING GO TO D035.

D025. What was the reason for the [most recent] suspension or expulsion?

Select all that apply.

- ☐ a. Repeated violation of the school rules 1
- ☐ b. Use of profanity (swearing) 2
- ☐ c. Threatening students or teachers 3
- ☐ d. Defacing or destroying school property 4
- ☐ e. Bringing a weapon to school 5
- ☐ f. Fighting with another student 6
- ☐ g. Ganging up (with one or more other students) on another student 7
- ☐ h. Threatening to use or making a false report of the use of an explosive device at school 8
- ☐ i. Assaulting a teacher, principal, or other school personnel 9
- ☐ j. Other 10

    Please specify: [   ]   (STRING 50)

- ☐ k. Don't know 11

D020 > 0
IF D020 > 1, DISPLAY "most recent".

D030. How many days was the [most recent] suspension or expulsion?

|_____| DAYS FOR [MOST RECENT] SUSPENSION OR EXPULSION

☐ Check this box if [CFNAME] was expelled permanently

> **PROGRAMMER INSTRUCTIONS ON D030**
>
> IF RESPONDENT ENTERS NUMBERS IN "Days for [most recent] suspension or expulsion" AND SELECTS CHECK BOX, DISPLAY HARD CHECK: "You may not select "[CFNAME] was expelled permanently" if you have entered a response for "Days for [most recent] suspension or expulsion.""

ALL

The next questions are about grade levels [CFNAME] may have repeated or skipped.

D035. What grade levels, if any, has [CFNAME] **repeated** since starting school?

Select all that apply.

☐ Has not repeated any grade levels 1
☐ Kindergarten 2
☐ Grade 1 3
☐ Grade 2 4
☐ Grade 3 5
☐ Grade 4 6
☐ Grade 5 7
☐ Grade 6 8

ALL

D040. What grade levels, if any, has [CFNAME] **skipped** since starting school?

Select all that apply.

☐ Has not skipped any grade levels 1
☐ Kindergarten 2
☐ Grade 1 3
☐ Grade 2 4
☐ Grade 3 5
☐ Grade 4 6
☐ Grade 5 7
☐ Grade 6 8

The following questions are about programs [CFNAME] may participate in at school.

D045. Has [CFNAME] ever been enrolled in a program for English language learners (ELLs) such as English as a Second Language (ESL), English immersion, or bilingual education?

❍ Yes 1
❍ No... 2   D055

D050. Is [CFNAME] currently enrolled in a program for English language learners (ELLs) such as English as a Second Language (ESL), English immersion, or bilingual education?

❍ Yes 1
❍ No... 2

D055. Does [CFNAME] receive free or reduced price meals at school?

❍ Yes 1
❍ No... 2   D065
❍ Don't know 3   D065

D060. Are these meals free or reduced price?

❍ Free 1
❍ Reduced price.. 2

D065. During the current school year, has [CFNAME] taken a field trip focused on science, for example to a science museum or center, a science lab, a planetarium, or a nature center?

❍ Yes 1
❍ No... 2   D075
❍ Don't know 3   D075

D070. During the current school year, **how many times** did [CFNAME] take a field trip focused on science, for example to a science museum or center, a science lab, a planetarium, or a nature center?

[▼] NUMBER OF TIMES
RANGE: 0–9, 10 or more, Don't know

D075. Other than school field trips, how many times did [CFNAME] visit a science museum or center, a science lab, a planetarium, or a nature center during the current school year?

[▼] NUMBER OF TIMES
RANGE: 0–9, 10 or more, Don't know

D080. During the current school year, has [CFNAME] taken a field trip focused on the arts, for example to visit an art museum or center, or to see a live music, dance, or theater performance?

❍ Yes 1
❍ No.. 2
❍ Don't know 3

D085. Other than field trips, have you or someone in your household taken [CFNAME] to visit an art museum or center, or to see a live music, dance, or theater performance during the current school year?

❍ Yes 1
❍ No.. 2
❍ Don't know 3

E. PARENTAL DISCUSSIONS WITH CHILD

ALL

This section asks about your expectations for [CFNAME]'s future and conversations you may have had with [CFNAME] about school or [CFNAME]'s future plans.

E001. Since the start of this school year, how often have you discussed the following with [CFNAME]?

Please select one response per row.	Never	Rarely	Sometimes	Often	Very often
a. Selecting a math course to take next school year.	1 ○	2 ○	3 ○	4 ○	5 ○
b. Selecting courses other than math to take next school year.	1 ○	2 ○	3 ○	4 ○	5 ○
c. Preparing for college entrance exams such as the ACT, SAT, or ASVAB.	1 ○	2 ○	3 ○	4 ○	5 ○
d. Applying to college or other schools after high school.	1 ○	2 ○	3 ○	4 ○	5 ○
e. Careers [CFNAME] might be interested in.	1 ○	2 ○	3 ○	4 ○	5 ○

ALL

E005. How far in school do you expect [CFNAME] to go? Would you say you expect [CFNAME]…

Select one only.

- ○ Won't finish high school?.. 1
- ○ Will graduate from high school, but won't go any further?................................. 2
- ○ Will go to a technical or trade school after high school?...................................... 3
- ○ Will attend college?... 4
- ○ Will graduate from college? 5
- ○ Will attend a higher level of school after graduating from college?..................... 6
- ○ You don't know. 7

F. CHILD HEALTH AND WELL-BEING

Now, we would like to ask you about [CFNAME]'s health.

ALL

F001. In general, would you say that [CFNAME]'s health is…

Select one only.

❍ Excellent 1
❍ Very good 2
❍ Good... 3
❍ Fair.. 4
❍ Poor 5

ALL

F005. Does [CFNAME] have difficulty seeing objects in the distance, letters on paper, or the board in the classroom?

❍ Yes 1
❍ No... 2
❍ Don't know... 3

ALL

F010. Has [CFNAME]'s vision ever been evaluated by an eye care professional?

❍ Yes 1
❍ No... 2   F025
❍ Don't know... 3   F025

F010 = 1

F015. Has [CFNAME] been prescribed eyeglasses or contact lenses to improve [CFNAME]'s vision?

❍ Yes 1
❍ No... 2   F025
❍ Don't know... 3   F025

F015 = 1

F020. How often does [CFNAME] wear eyeglasses or contact lenses to help [CFNAME] see better?

❍ Always 1
❍ Most of the time 2
❍ Often 3
❍ Sometimes.. 4
❍ Rarely 5
❍ Never.. 6

F025. Has a doctor, nurse, or other medical professional ever told you that [CFNAME] has had a concussion?

❍ Yes 1
❍ No 2   F035

F030. How many times has [CFNAME] been diagnosed by a doctor, nurse, or other medical professional as having had a concussion?

| ▼ | NUMBER OF TIMES
RANGE: 1–20

F035. Has a doctor, nurse, or other medical professional ever told you that [CFNAME] has asthma?

❍ Yes 1
❍ No 2   F045

F040. Has [CFNAME] ever been taken to an emergency room or hospitalized for at least one night because of asthma?

❍ Yes 1
❍ No 2

The next set of questions is about professional evaluations [CFNAME] may have had in the past.

F045. Has [CFNAME] ever been evaluated by a professional because of an issue with…

Select all that apply

- ☐ a. Independently taking care of [himself/herself]?
- ☐ b. Paying attention?
- ☐ c. Reading, learning, thinking, or solving problems?
- ☐ d. Coordinating or moving [CFNAME]'s whole body, arms, or legs?
- ☐ e. Behaving or relating to other children?
- ☐ f. Behaving or relating to adults?
- ☐ g. [CFNAME]'s activity level?
- ☐ h. [CFNAME]'s emotional or mental health?
- ☐ i. Anxiety or fear?
- ☐ j. Harming [himself/herself]?
- ☐ k. Over-sensitivity or under-sensitivity to touch, sound, or temperature?
- ☐ l. Communicating or understanding what is said in the primary language?
- ☐ m. Eating too much or eating too little?
- ☐ n. Sleeping too much or sleeping too little?
- ☐ o. Chronic health problem (e.g., asthma, seizure, sickle cell anemia)?

HELP TEXT:

Professional: This includes health and mental health professionals such as doctors, pediatricians, nurse practitioners, optometrists, ophthalmologists, school or other psychologists, psychiatrists, social workers, speech-language pathologists, physical therapists, etc. Do not include teachers, principals or guidance counselors.

F050. You said that [CFNAME] was evaluated by a professional[for [TEXT FROM F045A-O]]. Did a professional give you a diagnosis or diagnoses of a problem?

- ◌ Yes 1
- ◌ No 2   F085

HELP TEXT:

Professional: This includes health and mental health professionals such as doctors, pediatricians, nurse practitioners, optometrists, ophthalmologists, school or other psychologists, psychiatrists, social workers, speech-language pathologists, physical therapists, etc. Do not include teachers, principals or guidance counselors.

F050 = 1

F055. What was the diagnosis or diagnoses?

If you don't see [CFNAME]'s diagnosis or diagnoses in the list below, please select "Other" and type it in the "Please specify" box.

Select all that apply.

- ☐ a. Learning disability LD—Reading disability (or dyslexia) 1
- ☐ b. Learning disability LD—Math disability 2
- ☐ c. Learning disability (LD)—other 3
- ☐ d. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) 4
- ☐ e. Autism Spectrum Disorder (ASD); such as Autistic Disorder/Asperger's Disorder/Pervasive Developmental Disorder (PDD) 5
- ☐ f. Speech or language disorder 6
- ☐ g. Intellectual disability (or severe cognitive disability) 7
- ☐ h. Health impairment (such as seizures, asthma, diabetes) 8
- ☐ i. Physical disability (such as cerebral palsy, spina bifida, amputee, contractures) 9
- ☐ j. Sensory impairment (such as hypersensitivity; sensory processing problems; sensory integration problems; sensory deficit, or sensory organization problems) 10
- ☐ k. Emotional disturbance 11
- ☐ l. Conduct disorder or oppositional defiant disorder 12
- ☐ m. Post Traumatic Stress Disorder (PTSD) 13
- ☐ n. Anxiety disorder or phobia 14
- ☐ o. Obsessive compulsive disorder (OCD) 15
- ☐ p. Eating disorder 16
- ☐ q. Depression 17
- ☐ r. Bipolar disorder 18
- ☐ s. Tourette's syndrome 19
- ☐ t. Traumatic brain injury 20
- ☐ u. Diagnosis not yet determined 21   F085
- ☐ v. Other 99

Please specify: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚   (STRING 50)

HELP TEXT:

Learning disability involves problems with one or more of the basic processes used in understanding or in using language (spoken or written), listening, thinking, reading, writing, spelling, or solving problems in math. This may be referred to as a reading disability or math disability. In some cases a child with a learning disability can perform at grade level with special help.

Reading disability is a learning disability that affects a child's ability to read and often also affects his or her writing.

Math disability Math disability is a learning disability that affects the child's ability to understand and solve math problems.

Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD): ADD and ADHD are health impairments that make it hard for a child to focus and pay attention. With ADHD, a child is also often hyperactive (always on the go) and may have trouble being patient. A child may act without thinking, and struggle to sit still (more than is appropriate for his or her age).

Autism Spectrum Disorder (ASD) or autism: ASD or autism affects a child's ability to communicate (verbally and nonverbally) and interact socially. A child with autism has difficulty understanding emotions and the perspective of others. The characteristics may include a lack of responsiveness to other people, facial expressions that do not seem appropriate for the situation, responding in other socially inappropriate ways, and repetitive activities and movements (such as hand-flapping or rocking). A child with autism may show resistance to change and hypersensitivity to sensory experiences such as the texture of some clothes for example. A child with autism may be advanced or gifted in one or more areas. Autism Spectrum Disorder (ASD) includes children with Asperger's syndrome and pervasive developmental disorder (PDD).

Speech or language impairment refers to a communication disorder. A child with a speech disorder may have voice disorders, stutter, or have problems distinguishing sounds. Speech disorders range from difficulty with using a particular sound (for example, the "th" sound in this) to difficulty with speaking loudly. A child with a language impairment may have difficulty understanding and forming sentences, using words correctly, finding words for what she or he wants to say, or his or her ability to repeat information just heard.

Intellectual disability (Severe cognitive disability): A child's mental development is noticeably behind what is expected for a child of his or her age. A child with an intellectual disability also has difficulty with performing some daily life activities or functions on his or her own. A child's learning in school is very slow and far behind other children of that age. Previously called "mental retardation."

Health impairment includes health issues that cause problems with strength, vitality, and alertness. A child with a health condition may function intellectually or cognitively as well as his or her peers, but have difficulty "keeping up" in general. Health impairments include problems such as epilepsy or other seizure disorder, asthma, diabetes, sickle cell anemia, or hemophilia.

Physical disability affects a child's ability to move or balance. Disabling physical problems can include for example, cerebral palsy, amputations, bone tuberculosis, polio, and contractures (difficulty straightening a joint such as knees, elbows, and fingers).

Sensory impairments involve being hypersensitive (overly responsive) to touch, sound, movement, or temperature; or very under responsive to those sensory input. Sensory impairments may also involve a lack of control over what sensory information to pay attention to. A child may have an increased alertness to very small changes in the environment making it difficult to maintain attention to what she or he is supposed to be learning.

Emotional Disturbance (ED) involves difficulty with emotions over a long period of time that hurts a child's school performance. ED may include (a) difficulty learning that cannot be explained by other factors; (b) difficulty with interpersonal relationships (i.e., getting along) with peers and teachers; (c) behavior or feelings that do not match what is happening; d) a general mood of unhappiness or depression; and/or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. Emotional disturbance includes schizophrenia. It does not apply to a child who is socially maladjusted (extreme behavior problems), unless he or she also has an emotional disturbance.

Conduct disorder involves a pattern of behavior that is frequently defiant, angry, hostile, and disrespectful, and disrupts child's normal functioning. Before the age of ten, a child exhibiting these negative behaviors is usually diagnosed with oppositional defiant disorder. If behavioral symptoms after age ten are not severe, a child may also be diagnosed with oppositional defiant disorder.

Post Traumatic Stress Disorder, also known as PTSD, is a condition that some people develop after experiencing a shocking, terrifying, or dangerous event. PTSD can cause high anxiety, nightmares, flashbacks to the event, and can interfere with a child's ability to function.

Anxiety Disorders: A child who has an anxiety disorder worries much more than other children and may worry all the time. She or he may worry about nothing in particular or themselves, other's safety, her or his health, and/or the world. She or he often has physical signs of anxiety such as headache, abdominal pain, cramps, diarrhea, vomiting, and dizziness. Anxiety disorders include generalized anxiety disorder, social anxiety disorder (also called social phobia), and other specific phobias that interfere with a child's ability to function.

Obsessive Compulsive Disorder: A child must have obsessions or compulsions or both to have this disorder, and these obsessions and/or compulsions must be disabling to the child. Obsessions are thoughts that occur over and over and cause distress. A child spends so much time on the thoughts that she or he has a hard time taking care of herself or himself or relating to others. Compulsions are acts that a child feels driven to repeat over and over, such as a need to clean or organize excessively, to keep everything the same.

Eating disorders may involve eating too little and an obsession with staying thin (anorexia) or binge eating (gorging food). A child may make his or herself throw-up (vomit) after binge eating and/or taking laxatives (bulimia) or a child may vomit without trying after overeating.

Depression is a general or pervasive mood of sadness or unhappiness. It includes feeling helpless, hopeless, and worthless. Depression lasts for many days to weeks keeping a child from functioning normally.

Bipolar Disorder (also known as manic depressive disorder or manic depression) causes unusual swings in mood, energy, and activity levels in a child. This disability can make it difficult to carry out day-to-day tasks and can lead to poor decisions. The intense emotional swings are often unrelated to life events.

Tourette's syndrome is a nervous system disorder that involves movements or vocalizations that are repetitive and involuntary (not under the control of the child). These involuntary movements and vocalizations are called tics. Some examples include repeated facial grimaces, eye blinking, throat clearing, or grunting. Tics often get worse if a child is excited or anxious. Early symptoms are often first noticed between 3 and 9 years of age.

Traumatic Brain Injury (TBI) is an injury to the brain from an impact to the head such as a bad fall or a car accident. A TBI makes it hard for a child to learn and may affect day to day functioning. TBI applies to open or closed head injuries that lead to difficulties in one or more areas, such as understanding; memory; attention; reasoning; abstract thinking; judgment; problem-solving; language; sensory, perceptual, and motor abilities; social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are there or that occur at birth, or that grow worse over time.

F060. What was [CFNAME]'s **first** diagnosis?

- ❍ a. Learning disability LD—Reading disability (or dyslexia) 1
- ❍ b. Learning disability LD—Math disability 2
- ❍ c. Learning disability (LD)—other 3
- ❍ d. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) 4
- ❍ e. Autism Spectrum Disorder (ASD); such as Autistic Disorder/Asperger's Disorder/Pervasive Developmental Disorder (PDD) 5
- ❍ f. Speech or language disorder 6
- ❍ g. Intellectual disability (or severe cognitive disability) 7
- ❍ h. Health impairment (such as seizures, asthma, diabetes) 8
- ❍ i. Physical disability (such as cerebral palsy, spina bifida, amputee, contractures) 9
- ❍ j. Sensory impairment (such as hypersensitivity; sensory processing problems; sensory integration problems; sensory deficit, or sensory organization problems) 10
- ❍ k. Emotional disturbance 11
- ❍ l. Conduct disorder or oppositional defiant disorder 12
- ❍ m. Post Traumatic Stress Disorder (PTSD) 13
- ❍ n. Anxiety disorder or phobia 14
- ❍ o. Obsessive compulsive disorder (OCD) 15
- ❍ p. Eating disorder 16
- ❍ q. Depression 17
- ❍ r. Bipolar disorder 18
- ❍ s. Tourette's syndrome 19
- ❍ t. Traumatic brain injury 20
- ❍ u. [OTHER DIAGNOSIS SPECIFIED IN F055] 21
- ❍ v. More than one diagnosed at the same time 22
- ❍ w. Other 99

Please specify: [_____] (STRING 50)

F065. How old was [CFNAME] when diagnosed [with [DIAGNOSIS]]?

[_____ ▼] AGE OF DIAGNOSIS
RANGE: Less than 1, 1–18, Don't know

F070. Is [CFNAME] taking any prescription medication for ADD or ADHD?

❍ Yes 1
❍ No 2   F080

F075. Is [CFNAME] medicated for ADD or ADHD at school, at home, or both?

❍ At school 1
❍ At home 2
❍ Both at school and at home 3

F080. Is [CFNAME] taking any prescription medication for any [other] [diagnosis/diagnoses]?

❍ Yes 1
❍ No 2

Now we would like to ask about experiences [CFNAME] and your family may have had with special education services.

F085. Does [CFNAME] currently have a 504 plan based on section 504 of the Rehabilitation Act that describes accommodations to support [CFNAME]'s learning?

❍ Yes 1
❍ No 2
❍ Don't know 3

HELP TEXT:

Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.

F090. Has [CFNAME] ever had an Individualized Education Program (IEP)?

❍ Yes 1
❍ No 2   G001
❍ Don't know 3   G001

HELP TEXT:

Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with students without disabilities, and lists accommodations or modifications needed to measure what the student knows through tests.

F090 = 1

F095. Does [CFNAME] still have an IEP?

❍ Yes 1   F105
❍ No... 2
❍ Don't know... 3   F105

HELP TEXT:

Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with students without disabilities, and lists accommodations or modifications needed to measure what the student knows through tests.

F095 = 2

F100. Why does [CFNAME] no longer have an IEP?

Select all that apply.

☐ a. [CFNAME] no longer needs special education services...................................... 1
☐ b. [CFNAME] met IEP goals 2
☐ c. School says [CFNAME] does not need services 3
☐ d. [CFNAME] is no longer eligible, doesn't qualify 4
☐ e. School doesn't have the programs [CFNAME] needs …………………………… 5
☐ f. I don't want [CFNAME] in special education.. 6
☐ g. [CFNAME] did not want to be in special education... 7
☐ h. [CFNAME] has a 504 Plan 8
☐ i. Other 99

Please specify: [   ]   (STRING 50)

HELP TEXT:

Individualized Education Program (IEP) is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with students without disabilities, and lists accommodations or modifications needed to measure what the student knows through tests.

F105. In the last 12 months, has there been an IEP meeting about [CFNAME]'s special education program or services?

❍ Yes 1
❍ No.. 2　F120
❍ Don't know .... 3　F120

F110. Did you or another adult in the household go to the meeting?

❍ Yes 1
❍ No.. 2
❍ Don't know 3

F115. Did [CFNAME] go to the meeting?

❍ Yes 1
❍ No.. 2
❍ Don't know 3

F120. How active was [CFNAME] in developing [CFNAME]'s IEP? For example, did [CFNAME] participate in discussions about [CFNAME]'s disability, strengths, needs, the accommodations that would help [CFNAME] achieve in class, goals for the future, and the goals [CFNAME] feels are most important to work on?

Select one only.

❍ Very active; took a leadership role in IEP development 1
❍ Active; participated regularly in IEP development... 2
❍ Somewhat active; participated occasionally in IEP development.......................... 3
❍ Not active; did not participate in IEP development 4
❍ Don't know 5

F125. Overall, how satisfied are you with the progress [CFNAME] has made towards [CFNAME]'s IEP goals this year? Are you...

Select one only.

❍ Very satisfied.. 1
❍ Satisfied.. 2
❍ Somewhat satisfied 3
❍ Somewhat dissatisfied 4
❍ Dissatisfied 5
❍ Very dissatisfied 6

F130. During the past 12 months, has [CFNAME] had any services to help [CFNAME] with academics (schoolwork), social and emotional skills, or behavior that are paid for by you or someone other than the school?

- ❍ Yes 1
- ❍ No 2
- ❍ Don't know 3

HELP TEXT:

Other than the school could include community mental health, your medical insurance, free clinics, other family members, or the military.

F135. The next questions ask how often you discussed with [CFNAME]'s school staff about developing [CFNAME]'s skills in different areas.

Please select one response per row.	Never	Rarely	Sometimes	Often	Very often
a. How often did you talk with the school about how [CFNAME] can learn to advocate for [CFNAME] and decide about [CFNAME]'s own future goals?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
b. How often did you talk about how [CFNAME] can increase social and community support networks?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
c. How often did you talk about how [CFNAME] can learn "soft" skills for getting a job (such as appropriate dress, working well in a group, following instructions)?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
d. How often did you talk about how [CFNAME] can practice skills in handling money such as counting money, making change, saving money for a desired object or event?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
e. How often did you talk about how [CFNAME] can prepare for change (for example, change in schools; graduating; and moving to adulthood)?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

HELP TEXT:

Advocate: To tell others about what is needed to be successful and to explain the disability that child has.

G. HOME LIFE

Now we have some questions about how much parents and guardians keep an eye on children around this age.

G001. How many of [CFNAME]'s friends do you know?

Select one only.
- ❍ None.. 1
- ❍ Some 2
- ❍ About half... 3
- ❍ Most 4
- ❍ All or almost all... 5

G005. Please think about **all** of [CFNAME]'s friends. About how many parents of [CFNAME]'s friends do you talk or text with regularly, either in person, online, or on the phone?[1]

☐ NUMBER OF PARENTS

> **PROGRAMMER INSTRUCTIONS ON G005**
>
> IF RESPONDENT ENTERS SOMETHING OTHER THAN A WHOLE NUMBER, DISPLAY HARD CHECK: "Please enter a whole number."

G010. Now, please think about the children [CFNAME] **goes to school with**. About how many parents of children in [CFNAME]'s school do you talk or text with regularly, either in person, online, or on the phone?

☐ NUMBER OF PARENTS

> **PROGRAMMER INSTRUCTIONS ON G010**
>
> IF RESPONDENT ENTERS SOMETHING OTHER THAN A WHOLE NUMBER, DISPLAY HARD CHECK: "Please enter a whole number."

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[1] This question is from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Information on how to obtain the Add Health data files is available on the Add Health website (https://addhealth.cpc.unc.edu/).

G015. How often do you…[2]

Please select one response per row.	Never	Rarely	Sometimes	Often	Very often	Always
a. Know what [CFNAME] does during free time?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
b. Know what type of homework [CFNAME] has?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
c. Know when [CFNAME] has an exam or paper due at school?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
d. Know what [CFNAME]'s grades are in different subjects at school?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
e. Know where [CFNAME] goes after school?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
f. Know what [CFNAME] spends money on?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍

ALL

G020. During this school year, how often…

Please select one response per row.	Never	Rarely	Sometimes	Often	Very often	Always
a. Does [CFNAME] do homework at home?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
b. Do you or someone else in your household help [CFNAME] with homework?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
c. Do you check that [CFNAME] completed all homework?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍

ALL

IF A050 = 1, DISPLAY "his"

IF A050 = 2, DISPLAY "her"

ELSE IF A050 = MISSING, DISPLAY "HIS OR HER"

G025. How often does [CFNAME] tell you about…

Please select one response per row.	Never	Rarely	Sometimes	Often	Very often	Always
a. [His/her/his or her] friends without you asking (for example, which friends [CFNAME] hangs out with and how these friends feel about things)?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
b. School without you asking (for example, how each subject is going or [CFNAME]'s relationships with teachers)?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍

---

[2] Adapted with permission from Hakan Stattin and Margaret Kerr, "Parental Monitoring: A Reinterpretation," *Child Development*, July/August 2000, volume 71, number 4, pages 1072-1085. © 2000 by the Society for Research in Child Development, Inc. All rights reserved. 0009-3920/2000/7104-0023.

G030. How often does [CFNAME] keep secrets from you about what [CFNAME] does during free time?[3]

Select one only.

- ❍ a. Never 1
- ❍ b. Rarely 2
- ❍ c. Sometimes 3
- ❍ d. Often 4
- ❍ e. Very often.. 5
- ❍ f. Always 6
- ❍ g. Don't know 7

G035. Does your family have rules about…

Please select one response per row.	Yes	No
a. **Who** [CFNAME] can text, message, video chat, email, or play online games with?	1 ❍	2 ❍
b. **When** [CFNAME] can text, message, video chat, email, or play online games?	1 ❍	2 ❍
c. **How much time** [CFNAME] can spend using technology (for example, a limit on "screen time" hours per day)?	1 ❍	2 ❍

Next, we'd like to ask you some questions about things children sometimes do around this age.

G040. Have any of the following things happened to [CFNAME]? Has [CFNAME]…

Select all that apply.

- ☐ a. Gotten involved with the wrong kinds of people around [CFNAME]'s age?
- ☐ b. Ever used drugs (for example, marijuana, cocaine, ecstasy, or 'bath salts')?
- ☐ c. Ever used alcohol?
- ☐ d. Gotten in trouble with the police?
- ☐ e. Run away?

G045. During this school year, how often have other children…

Please select one response per row.	Never	Rarely	Sometimes	Often	Very often	Always
a. Teased, made fun of, or called [CFNAME] names?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
b. Told lies or untrue stories about [CFNAME]?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍
c. Pushed, shoved, slapped, hit, or kicked [CFNAME]?	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	6 ❍

---

[3] Adapted with permission from Hakan Stattin and Margaret Kerr, "Parental Monitoring: A Reinterpretation," *Child Development*, July/August 2000, volume 71, number 4, pages 1072-1085. © 2000 by the Society for Research in Child Development, Inc. All rights reserved. 0009-3920/2000/7104-0023.

The next set of questions is about the neighborhood in which you live.

G050. How true are the following statements about your neighborhood?

Please select one response per row.	Not at all true	A little bit true	Somewhat true	True	Very true
a. I worry about people with guns and knives in this neighborhood.	1 ○	2 ○	3 ○	4 ○	5 ○
b. People in this neighborhood do not get along with each other.	1 ○	2 ○	3 ○	4 ○	5 ○
c. Drug dealers are a problem in this neighborhood.	1 ○	2 ○	3 ○	4 ○	5 ○
d. I worry about the kind of people my children will meet in this neighborhood.	1 ○	2 ○	3 ○	4 ○	5 ○
e. This neighborhood is safe for children during the daytime.	1 ○	2 ○	3 ○	4 ○	5 ○
f. This neighborhood is safe for children during the nighttime.	1 ○	2 ○	3 ○	4 ○	5 ○
g. There are lots of run down homes in this neighborhood.	1 ○	2 ○	3 ○	4 ○	5 ○

HELP TEXT:

By "run down homes", we mean houses in very bad condition because of age or lack of care.

H. EMPLOYMENT AND INCOME

ALL

Now we have a few questions about jobs and work people in [CFNAME]'s household do for a living.

Press the "Next" button to continue.

PROGRAMMER INSTRUCTIONS ON SECTION H
LOOP FIRST FOR RESPONDENT IF RESPONDENT = IDP1 OR IDP2. ELSE LOOP FOR IDP1. IF C020 NE 1, BEGIN WITH H001.
ELSE BEGIN WITH H025.
AFTER LOOPING THROUGH SECTION H, IF RESPONDENT=IDP2 LOOP FOR IDP1 OR IF RESPONDENT NE IDP2 AND IDP2 IDENTIFIED, LOOP FOR IDP2. FOR BOTH, IF C025 NE 1, LOOP THROUGH SECTION H BEGINNING WITH H001.
ELSE BEGIN WITH H025.
IDP1 AND IDP2 WILL BE FILLED ACCORDING TO FULL NAMES AS USED IN C020 (IDP1) AND C025 (IDP2).
FOR SECTION H: DISPLAY BOTH FIRST AND LAST NAME FOR IDP1 AND IDP2 WHEN FIRST DISPLAYED. USE FIRST NAME ONLY AFTER THAT.

ALL
IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "were you", ELSE DISPLAY "was [IDP1]" OR "was [IDP2]".

H001.   During the past week, [were you/was [IDP1]/was [IDP2]] on leave or vacation from a job?

○ Yes 1   H025
○ No..2

H001 NE 1
IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "Have you". ELSE DISPLAY "Has [IDP1]" or "Has [IDP2]".

H005.   [Have you/Has [IDP1]/Has [IDP2]] been actively looking for work in the past 4 weeks?

○ Yes 1
○ No..2   H015

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "have you". ELSE DISPLAY "has [IDP1]" or "has [IDP2]".

H010. What [have you/has [IDP1]/has [IDP2]] been doing in the past 4 weeks to find work?

Select all that apply.

- ☐ a. Checked with public employment agency 1
- ☐ b. Checked with private employment agency 2
- ☐ c. Checked with employer directly/sent resume 3
- ☐ d. Checked with friends or relatives...4
- ☐ e. Placed or answered ads/sent resume/applications 5
- ☐ f. Contacted school/university employment center 6
- ☐ g. Checked a union register or professional register 7
- ☐ h. Attended a job training 8
- ☐ i. Read want-ads/internet search..9
- ☐ j. Something else 10

Please specify: [   ]   (STRING 50)

- ☐ k. Don't know 11

PROGRAMMER INSTRUCTIONS ON H010

IF A RESPONDENT HAS SELECTED "Something else" BUT HAS NOT PROVIDED A RESPONSE IN THE "Please specify" TEXT BOX, DISPLAY SOFT CHECK: "You have selected "Something else", but have not provided a response to the "Please specify" prompt. What [have you/has [IDP1]/has [IDP2]] been doing in the past 4 weeks to find work?"

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "you." ELSE DISPLAY "[IDP1]" OR "[IDP2]".

H015. Could [you/[IDP1]/[IDP2]] have taken a job last week if one had been offered?

- ◯ Yes 1
- ◯ No...2

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "were you". ELSE DISPLAY "was [IDP1]" OR "was [IDP2]".

H020. What [were you/was [IDP1]/was [IDP2]] doing most of last week? Would you say…

- ○ a. Keeping house or caring for children 1
- ○ b. Going to school 2
- ○ c. Retired 3
- ○ d. Unable to work.. 4
- ○ e. Something else? 5

   Please enter what [you were/[IDP1] was/[IDP2] was] doing most of last week:

   [   ]   (STRING 160)

> PROGRAMMER INSTRUCTIONS ON H020
>
> GO TO H040.

C020/C025 = 1 OR H001 = 1

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "do you,". ELSE DISPLAY "does [IDP1]" OR "does [IDP2]".

H025. How many jobs [do you/does [IDP1]/does [IDP2]] have now?

   [   ] NUMBER OF JOBS

> PROGRAMMER INSTRUCTIONS ON H025
>
> IF H025 IS MISSING, GO TO H040.

C020/C025 = 1 OR H001 = 1, AND H025 >= 1

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "do you". ELSE DISPLAY "does [IDP1]" OR "does [IDP2]". DISPLAY "both" IF H025 = 2. DISPLAY "all" IF H025 > 2. DISPLAY "[#]" WITH NUMBER OF JOBS FROM H025 WHEN H025 > 2.

H030. About how many total hours per week [do you/does [IDP1]/does [IDP2]] usually work for pay [counting [all/both] [#] jobs]?

   Enter number of weekly hours: [   ]

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "your", "you have", AND "you work". ELSE DISPLAY "[IDP1]", "[IDP1] has", AND "[IDP1] works" OR "[IDP2]", "[IDP2] has", AND "[IDP2] works".

H035. What are the title and duties of [your/[IDP1]/[IDP2]] job? If [you have/[IDP1] has/[IDP2] has] more than one job, please answer this question for the job where [you work/[IDP1] works/[IDP2] works] the most hours.

A. Type in job title: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ (STRING 100)

B. Type in job duties: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ (STRING 100)

PROGRAMMER INSTRUCTIONS ON H035

IF H035A = MISSING, THEN DISPLAY SOFT CHECK: "Please enter the job title in the textbox and then click the Enter button."

ELSE IF H035B = MISSING, THEN DISPLAY SOFT CHECK: "Please indicate an occupation by clicking "Select" or indicate "None of the Above.""

ALL

IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "have you," ELSE DISPLAY "has [IDP1]" OR "has [IDP2]".

H040. Since [CFNAME] was born, [have you/has [IDP1]/has [IDP2]] served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

❍ Yes 1
❍ No 2

HELP TEXT:

Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the war in Afghanistan.

PROGRAMMER INSTRUCTIONS ON H040

IF H040 = 1, THEN GO TO H045;

ELSE IF IDP1 ITERATION AND IDP2 IS IDENTIFIED, GO TO PROGRAMMER INSTRUCTIONS AT BEGINNING OF SECTION H;

ELSE GO TO H050.

H040 = 1
IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "Are you". ELSE DISPLAY "Is [IDP1]" OR "Is [IDP2]".

H045. [Are you/Is [IDP1]/Is [IDP2]] currently on active duty in the U.S. Armed Forces, Reserves, or National Guard?

❍ Yes 1
❍ No.. 2

HELP TEXT:

Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the war in Afghanistan.

PROGRAMMER INSTRUCTIONS ON H045
IF ITERATION 1 AND IDP2 IS IDENTIFIED, GO BACK TO TOP OF SECTION H; ELSE GO TO H050.

ALL

In studies like this, households are sometimes grouped according to income.

H050. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

[▼]

RANGE: SEE PROGRAMMER INSTRUCTIONS

PROGRAMMER INSTRUCTIONS ON H050
INSERT DROPDOWN MENU WITH THE FOLLOWING CATEGORIES:

0	Select Household Income
1	$5,000 or less
2	$5,001 to $10,000
3	$10,001 to $15,000
4	$15,001 to $20,000
5	$20,001 to $25,000
6	$25,001 to $30,000
7	$30,001 to $35,000
8	$35,001 to $40,000
9	$40,001 to $45,000
10	$45,001 to $50,000
11	$50,001 to $55,000
12	$55,001 to $60,000
13	$60,001 to $70,000
14	$70,001 to $80,000
15	$80,001 to $90,000
16	$90,001 to $100,000
17	$100,001 to $110,000
18	$110,001 to $120,000
19	$120,001 to $130,000
20	$130,001 to $140,000
21	$140,001 to $150,000
22	$150,001 t0 $160,000
23	$160,001 to $170,000
24	$170,001 to $180,000
25	$180,001 to $190,000
26	$190,001 to $200,000
27	$200,001 to $225,000
28	$225,001 to $250,000
29	$250,001 to $275,000
30	$275,001 to $300,000
31	$300,001 or more

I.   MORE QUESTIONS ABOUT CHILD'S HOUSEHOLD

ALL
IF RESPONDENT IS ANSWERING ABOUT SELF, DISPLAY "were you". ELSE DISPLAY "was [IDP1]".

Now we have a few more questions about members of your household.

I001A.   In which **country** [were you/was [IDP1]] **born**?

[▼]
RANGE: SEE PROGRAMMER INSTRUCTIONS

Please specify: [   ]   (STRING 50)

PROGRAMMER INSTRUCTIONS ON I001A
A DROPDOWN LIST WILL BE GENERATED DETAILING A PRESUMABLY EXHAUSTIVE LIST OF COUNTRIES AND TERRITORIES FROM AROUND THE WORLD. THE LIST WILL BE SEARCHABLE BY TYPING IN THE FIRST FEW LETTERS, ALTHOUGH "United States" SHOULD APPEAR AT THE TOP OF THE LIST, ALONG WITH THE RESPONSE OPTION "Don't know", AND AT THE BOTTOM OF THE LIST SHOULD BE THE OPTION "Other".

I001A NE "United States" OR "Don't Know" OR MISSING
IF RESPONDENT IS ANSWERING ABOUT SELF, FILL "you". ELSE FILL "[IDP1]".

I001B.   In what year did [you/[IDP1]] move to the United States for the first time?

[▼]
RANGE: 1950–2020, Don't Know

PROGRAMMER INSTRUCTIONS ON I001B
DROPDOWN RESPONSE OPTIONS WILL BE RANGE STARTING WITH YEAR OF BIRTH GIVEN IN B010A. IF B010A IS MISSING, START RANGE WITH 1950 THROUGH CURRENT YEAR.

I002A. In which **country** [were you/was [IDP1]/was [IDP2]] **born**?

▼

RANGE: SEE PROGRAMMER INSTRUCTIONS

Please specify:
(STRING 50)

PROGRAMMER INSTRUCTIONS ON I002A

A DROPDOWN LIST WILL BE GENERATED DETAILING A PRESUMABLY EXHAUSTIVE LIST OF COUNTRIES AND TERRITORIES FROM AROUND THE WORLD. THE LIST WILL BE SEARCHABLE BY TYPING IN THE FIRST FEW LETTERS, ALTHOUGH "United States" SHOULD APPEAR AT THE TOP OF THE LIST, ALONG WITH THE RESPONSE OPTION "Don't know", AND AT THE BOTTOM OF THE LIST SHOULD BE THE OPTION "Other".

I002B. In what year did [you/[IDP1]/[IDP2]] move to the United States for the first time?

▼

RANGE: 1950–2020, No Sabe

PROGRAMMER INSTRUCTIONS ON I002B

DROPDOWN RESPONSE OPTIONS WILL BE RANGE STARTING WITH YEAR OF BIRTH GIVEN IN B010A. IF B010A IS MISSING, START RANGE WITH 1950 THROUGH CURRENT YEAR.

I003A. In which **country** was [CFNAME] **born**?

▼

RANGE: SEE PROGRAMMER INSTRUCTIONS

Please specify:
(STRING 50)

I003A NE "United States" OR "Don't know" OR MISSING

I003B. In what year did [CFNAME] move to the United States for the first time?

[▼]

RANGE: 2000–2020, Don't know

ALL

The next questions ask about how often [CFNAME] has moved since starting kindergarten.

I005. How long has [CFNAME] lived at current residence?

Select number of years: [▼]
RANGE: Less than 1, 1-18, Don't know

I005 < 5

I010. Since [CFNAME] started kindergarten, how many different places has [CFNAME] lived for four months or more?

Select number of places: [▼]
RANGE: 0–9, 10 or more, Don't know

I015. How many times has [CFNAME] changed schools since starting kindergarten as a result of grade promotion?

Select number of times: [▼]
RANGE: 0–9, 10 or more, Don't know

HELP TEXT:

Grade promotion would include moving to a different school because the prior school did not teach students in higher grades, such as a move from an elementary school to a middle school or from a middle school to a high school in the same district.

I020. How many times has [CFNAME] changed schools since starting kindergarten for a reason **other than** grade promotion?

Select number of times: [▼]
RANGE: 0–9, 10 or more, Don't know

HELP TEXT:

Grade promotion would include moving to a different school because the prior school did not teach students in higher grades, such as a move from an elementary school to a middle school or from a middle school to a high school in the same district.

I025. Is [CFNAME] attending a different school this year than the one attended last school year?

❍ Yes 1
❍ No 2

DISPLAY SCHOOL NAME FROM SCHOOL ROSTER.

I030. Will [CFNAME] be attending [SCHNAME] next year**?**

❍ Yes 1   I040
❍ No 2

I035. What is the name of the school you expect [CFNAME] to be attending next year?

First type in school name: [_____] (STRING 255)

Then choose a state: [▼]

Next type in city: [_____] (STRING 255)

Last click [ENTER]

☐ Don't know

PROGRAMMER INSTRUCTIONS ON I035

IF BOTH DON'T KNOW IS SELECTED AND SCHOOL IS ENTERED, DISPLAY SOFT CHECK: "You have selected "Don't know", but have also provided some information about the school."

IF SCHOOL IS ENTERED AND LOWEST GRADE LEVEL IS NOT SELECTED, DISPLAY SOFT CHECK: "Please enter the name of the school in the text box and then click the "ENTER" button."

IF LOWEST GRADE LEVEL IS NOT SELECTED AND SCHOOL CODE HAS NOT BEEN ASSIGNED, DISPLAY SOFT CHECK: "Please indicate your school by clicking "Select" or indicate "None of the Above" and fill out the requested information.

IF SCHOOL IS ENTERED, SHOW: Selected: [DISPLAY SCHOOL NAME AND ADDRESS].

IF SCHOOL IS ENTERED AND SCHOOL IS NOT LISTED, INCLUDE: "Selected: School not listed".

I035 SCHOOL NAME ENTERED DOES NOT MATCH DATABASE

I035_2. The school does not appear to be in our database. Please help us categorize by providing the information:

School type:

☐ a. A public school operated by a school/county district
☐ b. A private Catholic school
☐ c. Private – other religiously affiliated
☐ d. Private –not religiously affiliated
☐ e. A public school operated by state/federal agency (ex: BIA, DOD, prison school)
☐ f. Other (charter school, hospital school)
☐ g. Don't know

[▼] LOWEST GRADE LEVEL AT SCHOOL

[▼] HIGHEST GRADE LEVEL AT SCHOOL

LOWEST GRADE RANGE: Pre-K–Eighth grade, Ungraded, Don't know
HIGHEST GRADE RANGE: Sixth grade–Twelfth grade, Ungraded, Don't know

I040.   Finally, a very important part of this study is learning about how students do over time, so we want to make sure we are able to get in touch with you and your family next year. To help us be able to do that, please provide the name, email address, street address, and telephone number of **a relative or close friend** who does not live with you, but will know how to get in touch with you.

    a.   First name: [_____] (STRING 50)
    b.   Last name: [_____] (STRING 50)
    c.   Primary email: [_____] (STRING 50)
    d.   Primary phone: [_____] (STRING 10)
    e.   Street 1:   [_____] (STRING 255)
    f.   Street 2:   [_____] (STRING 255)
    g.   City: [_____] (STRING 50)
    h.   State: [_____] (STRING 2)
    i.   Zip code: [_____] (STRING 9)

INCENTIVE_DISPLAY > 0

INCENTIVE_ADDRESS.

You're finished! The last thing we need to know is where you want us to send the check for completing the survey. If the address below is right, press Next. If this address below is not right, please fix it, and then press Next. If you do not want to receive this check, please click the box below, and then press Next.

(Allow 4 weeks for delivery.)

      a.   Name: [_____] (STRING 50)
      b.   Street address1:   [_____] (STRING 100)
      c.   Street address2:   [_____] (STRING 100)
      d.   City: [_____] (STRING 50)
      e.   State: [_____] (STRING 2)
      f.   Zip code: [_____] (STRING 6)

      ☐   I do not want to receive any money for completing this survey.

PROGRAMMER INSTRUCTIONS ON INCENTIVE_ADDRESS

IF AT LEAST ONE FIELD HAS AN ENTRY AND BOX IS CHECKED: "You have indicated that you do not wish to receive any money for completing the survey". If you wish to receive money for completing the survey, please select "Edit." Then, uncheck "I do not want to receive any money for completing this survey" and provide complete contact information.

IF ZIPCODE IS FALSE: "ZIP code [#####] is not in our database; please reenter if this is not correct."

IF ALL FIELDS ARE MISSING: "We need your address information to send you your incentive."

IF NAME IS MISSING: "Please provide your full name. We need this information to send you your incentive."

IF ADDRESS1 AND ADDRESS2 ARE MISSING: "You did not provide a street address."

IF ADDRESS1 IS MISSING AND ADDRESS2 IS NOT MISSING: "You provided an address for line 2, but did not provide a street address."

IF CITY IS MISSING: "You did not provide a city."

IF STATE IS MISSING: "You did not provide a state."

IF ZIPCODE IS MISSING: "You did not provide a zip code."

IF ZIPCODE IS INVALID (NOT A 5-DIGIT NUMBER): "Please enter a valid ZIP code. ZIP code entered is [#####]."

IF ZIPCODE IS NUMERIC BUT NOT FOUND: "[#####] is not in our database; please reenter if this is not correct."

IF ANY FIELD IS MISSING, DISPLAY MESSAGE(S) ABOVE AND ALSO: "Without a complete address, we may not be able to send your incentive check to you. If this information is available, please select 'Edit.'"

ALL

PREEND. You have reached the end of the survey.

You will **not** be able to log back into the survey after clicking "Next" on this screen.

If you would like to recheck any of your responses, use the "Previous" button to return to the desired screen(s). If you are comfortable with all of your responses, click "Next" to go to the final screen and complete the survey.

ALL

THANK. Thank you very much for participating in MGLS:2017! We appreciate you taking the time to complete the survey. Press "FINISH" to complete and close the survey.