

MOVING TO OPPORTUNITY BASELINE HOUSEHOLD SURVEY

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Note: The form below was used in the Boston site of the Moving to Opportunity (MTO) demonstration program, but aside from references to Boston and its public housing authority, the same form was used in the other four MTO sites: Baltimore, Chicago, Los Angeles, and New York City. The survey was completed by the head of household of the 4,604 families who volunteered for the MTO program between 1994 and 1998.

MTO PARTICIPANT BASELINE SURVEY

Date: ____/____/____
PHA Name: BOSTON HOUSING AUTHORITY

2		
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NAME _____

_____ First Middle Last

Social Security Number: ____ - ____ - ____

INTRODUCTION

The purpose of this survey is to learn about people who are applying for the Moving to Opportunity program. We are asking these questions of people all over the country who are applying for this program. This survey asks you about the people who live with you, your housing, your neighborhood, and your work experiences.

Your answers will be kept private, and they will have no effect on the outcome of your application.

I am going to be reading the survey aloud. Please follow along as best you can. Please answer all of the questions. Answer each question by either filling in the blank line or checking the box as shown in the examples below. Thank you very much for filling out this survey.

Do you have any questions before we begin?

Sample Questions

A) What year were you born? _____ (YEAR) [WRITE IT ON THE LINE]

B) What kind of housing do you live in now? [CHECK ONE]

- 1 Apartment 23/
- 2 Single-family house
- 3 Other

C) How would you feel about moving to a different place? [CHECK ONE]

- | | | | | | |
|-----------|------|----------|-----|----------|-----|
| Very good | Good | Not sure | Bad | Very bad | |
| 5 | 4 | 3 | 2 | 1 | 24/ |

SECTION I - HOUSING INFORMATION

The first set of questions asks about the places you have lived.

1) Have you ever applied for a Section 8 voucher or certificate before today? [CHECK ONE]

1 YES

25/

2 NO

2) How long have you lived in your apartment or house? _____ months OR _____ years
26-27/ 28-29/

3) How long have you lived in your neighborhood? _____ months OR _____ years
30-31/ 32-33/

4) Have you moved more than three times in the past five years?

1 YES

34/

2 NO

5) How long have you lived in the Boston area?

_____ months OR _____ years
35-36/ 37-38/

6) Have you ever lived outside the Boston area?

1 YES

39/

2 NO

7) Have you ever lived in a neighborhood where the people were...

A) A mix of African-American and White?

1 YES

2 NO

40/

B) A mix of African-American and Hispanic?

1 YES

2 NO

41/

C) A mix of Hispanic and White?

1 YES

2 NO

42/

D) A mix of African-American, Hispanic, and White?

1 YES

2 NO

43/

E) Mostly White?

1 YES

2 NO

44/

The next set of questions asks about moving to other neighborhoods.

8) Would you like to move to another house or neighborhood?

1 YES

45/

2 NO

9) What is the main reason you want to move? [CHECK ONE]

46-47/

- 1 Better schools for my children
- 2 To be near my job
- 3 To have better transportation
- 4 To get a job
- 5 To get away from drugs and gangs
- 6 To get a bigger or better apartment
- 7 To be near my family
- 8 Other
- 99 I don't want to move

10) What is the second most important reason you want to move? [CHECK ONE]

48-49/

- 1 Better schools for my children
- 2 To be near my job
- 3 To have better transportation
- 4 To get a job
- 5 To get away from drugs and gangs
- 6 To get a bigger or better apartment
- 7 To be near my family
- 8 Other
- 99 I don't want to move

11) Where would you like to move? [CHECK ONE]

50-51/

- 1 Somewhere else in my neighborhood
- 2 A different neighborhood in Boston
- 3 A different neighborhood in the suburbs
- 4 A different city outside the Boston area
- 5 Other
- 99 I don't want to move

12) What kind of neighborhood would you most like to live in? One that is...[CHECK ONE]

52-53/

- 1 Mostly African-American
- 2 Mostly Hispanic
- 3 Mostly White
- 4 A mix of African-American and White
- 5 A mix of African-American and Hispanic
- 6 A mix of Hispanic and White
- 7 A mix of African-American, Hispanic, and White
- 8 Other

13) How would you feel about having your children attend a school where more than half of the children are White? [check one] 54/

Very good	Good	Not sure	Bad	Very bad
5	4	3	2	1

14) How would you feel about having your children attend a school where almost all of the children are White? 55/

Very good	Good	Not sure	Bad	Very bad
5	4	3	2	1

15) How would you feel about living in a neighborhood where more than half of the people earn more money than you? [CHECK ONE] 56/

Very good	Good	Not sure	Bad	Very bad
5	4	3	2	1

16) How would you feel about living in a neighborhood where almost all of the people earn more money than you? [CHECK ONE] 57/

Very good	Good	Not sure	Bad	Very bad
5	4	3	2	1

The next set of questions asks about the house or apartment you live in now.

17) Overall, how would you describe the condition of your current house or apartment? Would you say it was in: [CHECK ONE] 58/

- 1 Excellent condition
- 2 Good condition
- 3 Fair condition
- 4 Poor condition

18) Where you live now, how much of a problem is...[CHECK ONE]

A) Walls with peeling paint or broken plaster? [CHECK ONE] 59/

Big problem	Small problem	No problem at all
3	2	1

B) Plumbing that doesn't work? 60/

Big problem	Small problem	No problem at all
3	2	1

C) Rats or mice? 61/

Big problem	Small problem	No problem at all
3	2	1

D) Broken locks or no locks on the door to your unit? 62/

Big problem	Small problem	No problem at all
3	2	1

18) Where you live now, how much of a problem is...[CHECK ONE]

- | | | | | |
|--|---------------|-------------------|--|---------|
| E) Broken windows or windows without screens? | | | | 63/ |
| Big problem | Small problem | No problem at all | | |
| 3 | 2 | 1 | | |
| | | | | |
| F) A heating system that doesn't work? | | | | 64/ |
| Big problem | Small problem | No problem at all | | |
| 3 | 2 | 1 | | |
| | | | | |
| G) A stove or refrigerator that doesn't work? | | | | 65/ |
| Big problem | Small problem | No problem at all | | |
| 3 | 2 | 1 | | |
| | | | | |
| H) Exposed wire or electrical problems? | | | | 66/ |
| Big problem | Small problem | No problem at all | | |
| 3 | 2 | 1 | | |
| | | | | |
| I) Too little space? | | | | 67/ |
| Big problem | Small problem | No problem at all | | |
| 3 | 2 | 1 | | |
| | | | | 68-80/B |

SECTION II - NEIGHBORHOOD

CARD 19-22/0002

The next questions ask about your neighborhood.

1) Which of the following statements best describes how satisfied you are with your neighborhood? Would you say... [CHECK ONE] 23/

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 In the middle
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

The next questions ask about safety in your neighborhood. By safety, we mean being safe from being robbed, attacked, or shot.

2) How safe are the parking lots and sidewalks near your neighborhood school? Would you say... [CHECK ONE] 24/

- | | | | |
|-----------|------|--------|-------------|
| Very safe | Safe | Unsafe | Very unsafe |
| 4 | 3 | 2 | 1 |

3) How safe do you feel at home alone at night? Would you say... 25/

- | | | | |
|-----------|------|--------|-------------|
| Very safe | Safe | Unsafe | Very unsafe |
| 4 | 3 | 2 | 1 |

4) How safe are the streets near your home during the day? Would you say... 26/

- | | | | |
|-----------|------|--------|-------------|
| Very safe | Safe | Unsafe | Very unsafe |
| 4 | 3 | 2 | 1 |

5) How safe are the streets near your home at night? Would you say... 27/

- | | | | |
|-----------|------|--------|-------------|
| Very safe | Safe | Unsafe | Very unsafe |
| 4 | 3 | 2 | 1 |

The next questions ask about problems in your neighborhood.

6) In your neighborhood, how bad of a problem is...

A) Litter or trash on the streets or sidewalks? [CHECK ONE] 28/

- | | | |
|-------------|---------------|-------------------|
| Big problem | Small problem | No problem at all |
| 3 | 2 | 1 |

B) Graffiti or writing on the walls? 29/

- | | | |
|-------------|---------------|-------------------|
| Big problem | Small problem | No problem at all |
| 3 | 2 | 1 |

C) People drinking in public? 30/
 Big problem Small problem No problem at all
 3 2 1

6) In your neighborhood, how bad of a problem is...

D) Drug dealers or users? 31/
 Big problem Small problem No problem at all
 3 2 1

E) Abandoned buildings? 32/
 Big problem Small problem No problem at all
 3 2 1

The next questions ask about services in your neighborhood.

7) How long does it take you to get to the nearest bus or train stop? 33
 Less than 15 to 30 30 to 45 45 minutes More than
 15 minutes minutes minutes to 1 hour 1 hour
 1 2 3 4 5

8) How long does it take you to get to the grocery store you use most of the time? 34/
 Less than 15 to 30 30 to 45 45 minutes More than
 15 minutes minutes minutes to 1 hour 1 hour
 1 2 3 4 5

9) How long does it take you to get to the nearest park or playground? 35/
 Less than 15 to 30 30 to 45 45 minutes More than
 15 minutes minutes minutes to 1 hour 1 hour
 1 2 3 4 5

10) How long does it take you to get to your church or place of worship? 36/
 Less than 15 to 30 30 to 45 45 minutes More than Not
 15 minutes minutes minutes to 1 hour 1 hour Applicable
 1 2 3 4 5 6

11) How long does it take you to get to the doctor, health clinic, or hospital you use most of the time? 37/
 Less than 15 to 30 30 to 45 45 minutes More than Not
 15 minutes minutes minutes to 1 hour 1 hour Applicable
 1 2 3 4 5 6

The next questions ask about things that may have happened to you or someone who lives with you.

12) Please tell me if any of the following things have happened to you or anyone who lives with you in the past 6 months:

- | | | | |
|---|-------|------|-----|
| A) Was anyone's purse, wallet, or jewelry snatched from them? | 1 YES | 2 NO | 38/ |
| B) Was anyone threatened with a knife or gun? | 1 YES | 2 NO | 39/ |
| C) Was anyone beaten or assaulted? | 1 YES | 2 NO | 40/ |
| D) Was anyone stabbed or shot? | 1 YES | 2 NO | 41/ |
| E) Did anyone try to break into your home? | 1 YES | 2 NO | 42/ |

10) If you needed help getting food, who would you go to first for help? Would you go to...
[CHECK ONE]

52-53/

- 1 A family member
- 2 A friend
- 3 A neighbor
- 4 Your church
- 5 A foodbank or soup kitchen
- 6 A government agency
- 7 Somewhere else
- 8 Nowhere

**11) If you were sick and unable to take care of yourself, who would you go to first for help?
Would you go to... [CHECK ONE]**

54-55/

- 1 A family member
- 2 A friend
- 3 A neighbor
- 4 Your church
- 5 A social service agency
- 6 A government agency
- 7 Somewhere else
- 8 Nowhere

12) If you needed money for an emergency, who would you go to first for help? Would you go to... [CHECK ONE]

56-57/

- 1 A family member
- 2 A friend
- 3 A neighbor
- 4 Your church
- 5 A bank
- 6 A government agency
- 7 Somewhere else
- 8 Nowhere

13) If you had a serious personal problem, who would you go to first for help? Would you go to... [CHECK ONE]

58-59/

- 1 A family member
- 2 A friend
- 3 A neighbor
- 4 Your church
- 5 A social service agency or counseling center
- 6 A government agency
- 7 Somewhere else
- 8 Nowhere

60-80/B

SECTION IV - EMPLOYMENT TRAINING AND EXPERIENCE

CARD 19-22/0003

The next set of questions asks about your work experiences.

1) Are you in a job training program now (like a program that teaches typing, cosmetology, nursing, carpentry, business or other courses)? 23/

- 1 I am in a job training program now. (What kind?) _____
- 2 I am enrolled in a job training program now, but have not started.
(What kind?) _____
- 3 I am not in a job training program.
- 4 I am in a program that teaches job search skills.

2) During most of last week, were you... [CHECK ONE] 24/

- 1 Working for pay
- 2 Looking for work
- 3 Keeping house/minding children
- 4 Attending school
- 5 Doing something else
- 6 Working for benefits

3) Do you have any small jobs to bring in extra money like babysitting, home repairs, housecleaning, cooking and catering, sewing, and things like that? 25/

- 1 YES
- 2 NO

If you are working now (including work for benefits), please answer the next questions about the kind of work you do. If you are not working now, check the box "I am not working."

4) What kind of work do you do? _____ 26-27/

⁹⁹ I AM NOT WORKING

5) How long have you been doing this job?

- _____ WEEKS 28-29/
- OR
- _____ MONTHS 30-31/
- OR
- _____ YEARS 32-33/
- ⁹⁹ I AM NOT WORKING 34-35/

6) How much do you usually earn an hour? \$ _____ /HOUR 36-40/

99 I AM NOT WORKING 41-42/

98 I AM WORKING FOR BENEFITS

7) How many hours do you usually work in a week? _____ /HOURS 43-44/

99 I AM NOT WORKING 45/46/

8) How many months did you work at this job last year? _____ /MONTHS 47-48/

99 I AM NOT WORKING 49-50/

9) How did you first hear about your job? [CHECK ONE] 51-52/

- 1 From a neighbor
- 2 From a friend or associate
- 3 From a family member
- 4 From a want ad in the newspaper
- 5 From an employment agency
- 6 From the welfare office
- 7 From somewhere else (specify) _____
- 99 I AM NOT WORKING

10) How do you get to work? [CHECK ONE] 53-54/

- 1 Bus or other public transportation
- 2 My own car
- 3 Cab
- 4 Borrowed car
- 5 Walk
- 6 I work at home
- 7 Ride with a friend (carpool)
- 8 Other (specify) _____
- 99 I AM NOT WORKING

11) How long does it take you to get to work? [CHECK ONE] 55-56/

- 1 Less than 15 minutes
- 2 15 to 30 minutes
- 3 30 to 45 minutes
- 4 45 minutes to one hour
- 5 More than one hour
- 6 I work at home
- 99 I AM NOT WORKING

The next set of questions asks about any jobs you may have had in the past. If you have never worked for pay, check the box for "I have never worked for pay."

12) Have you ever worked for pay? [CHECK ONE] 57/

- 1 I am working now for pay
- 2 I have worked for pay, but I am not working now
- 3 I have never worked for pay

13) When did you last work for pay? _____ (YEAR) 58-59/

- 97 I AM WORKING NOW FOR PAY
- 99 I HAVE NEVER WORKED FOR PAY

14) What type of work did you do at your previous paying job? _____ 60/B
61-62/

99 I HAVE NEVER WORKED FOR PAY

The next set of questions asks about looking for work.

15) Are you now looking for paying work? [CHECK ONE] 63/

- 1 I am working now, but looking for a different job
- 2 I am not working now, but I am looking for work
- 3 I am not looking for work
- 4 No, I am working now

16) What kinds of things have you done to look for work in the past 6 months? Have you...?

- | | | | |
|----------------------------------|-------|------|-----|
| A) Looked in the newspaper? | 1 YES | 2 NO | 64/ |
| B) Gone on interviews? | 1 YES | 2 NO | 65/ |
| C) Gone to an employment agency? | 1 YES | 2 NO | 66/ |
| D) Talked to friends? | 1 YES | 2 NO | 67/ |
| E) Other things? | 1 YES | 2 NO | 68/ |

The next set of questions asks about your transportation.

17) Do you have a valid drivers license?

69/

- 1 YES
- 2 NO

18) Do you have a car that runs?

70/

- 1 YES
- 2 NO

71-80/B

SECTION V - BENEFITS

CARD 19-22/0004

The next set of questions asks about your experiences with welfare.

1) Did you ever get AFDC (welfare) for your own children? 23/

- 1 YES
- 2 NO

2) Are you getting AFDC (welfare) now? 24/

- 1 YES
- 2 NO

3) When did you first begin to get AFDC for your own children? 25-28/

Year: _____

- 98 Do not remember
- 99 I HAVE NEVER GOTTEN AFDC

4) When was the last time you applied for AFDC (welfare)? We do not mean the last time you were recertified. 29-32/

Year: _____

- 98 Do not remember
- 99 I HAVE NEVER GOTTEN AFDC

5) Did your mother ever get AFDC or welfare when you were growing up? 33-34/

- 1 YES
- 2 NO
- 98 Don't know

6) Did you live with both of your parents until you were 16? 35/

- 1 YES
- 2 NO

7) Do you now get any of the following benefits?

A) Food Stamps?	1 YES	2 NO	36/
B) SSI (Supplemental Security Income)?	1 YES	2 NO	37/
C) Child support?	1 YES	2 NO	38/
D) Medicaid?	1 YES	2 NO	39/
E) Education assistance (financial aid)?	1 YES	2 NO	40/
F) WIC?	1 YES	2 NO	41/
G) Unemployment Compensation?	1 YES	2 NO	42/
H) Social Security Disability or Survivor's Benefits?	1 YES	2 NO	43/

8) Is there anyone living with you who has a health problem or mental problem that keeps him/her from doing normal activities like walking, getting dressed, housework, or working? If yes, who is it?

44/

1 NO

2 YES

Person 1: _____
 First Middle Last Name

Person 2: _____
 First Middle Last Name

Person 3: _____
 First Middle Last Name

SECTION VI: OUTLOOK

The next questions ask you about how sure you feel about dealing with situations that may come up if you move to a new neighborhood.

1) How sure are you that you will be able to find an apartment in a different area of Boston? Are you... [CHECK ONE] 45/

Very sure	Fairly sure	50-50	Not very sure	Not at all sure
1	2	3	4	5

2) How sure are you that you would like living in a neighborhood you've never lived in before? Are you... 46/

Very sure	Fairly sure	50-50	Not very sure	Not at all sure
1	2	3	4	5

3) How sure are you that you would be able to get along with your neighbors after you move? Are you... 47/

Very sure	Fairly sure	50-50	Not very sure	Not at all sure
1	2	3	4	5

4) How sure are you that you would like living in a neighborhood with people who earn more than you? Are you... 48/

Very sure	Fairly sure	50-50	Not very sure	Not at all sure
1	2	3	4	5

5) How sure are you that you will have a job after you move? Are you... 49/

Very sure	Fairly sure	50-50	Not very sure	Not at all sure
1	2	3	4	5

6) How sure are you that you could keep your children from hanging around with kids who get into trouble after you move? Are you... 50/

Very sure	Fairly sure	50-50	Not very sure	Not at all sure
1	2	3	4	5

SECTION VII: SCHOOL

The last set of questions asks you about your involvement with your children's schooling.

1) In the past 12 months, have you or another adult who lives with you gone to a general meeting at your child(ren)'s school or pre-school, like a back-to-school night or parent/teacher organization meeting?

51/

- 1 YES
- 2 NO
- 3 I have no children in school

2) In the past 12 months, have you or another adult who lives with you gone to a school or class event like a play, sports event, or science fair?

52/

- 1 YES
- 2 NO
- 3 I have no children in school

3) In the past 12 months, have you or another adult who lives with you been a volunteer at your child(ren)'s school or been on a school committee?

53/

- 1 YES
- 2 NO
- 3 I have no children in school

4) In the past 12 months, have you or another adult who lives with you worked with a youth group, sports team, or club outside of school?

54/

- 1 YES
- 2 NO
- 3 I have no children in school

55-80/B

SECTION VIII: CONTACT INFORMATION

*Because this is a new program, it is very important that we talk to people a few times during the next few years to see how things are going. Please give us the names, addresses, and telephone numbers for **THREE** friends or relatives who do not live with you and who will always know how to contact you. Please list people who live at different addresses. Your answers will be kept private.*

<u>Name:</u>	<u>Address:</u>	<u>Telephone Number:</u>
_____ First Middle Last Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() -
_____ First Middle Last Relationship to you: _____	Street: _____ Apt: _____ City: _____ State: _____ ZIP Code: _____	() -
_____ First Middle Last	Street: _____ Apt: _____ City: _____	() -

Name:

Address:

Telephone Number:

Relationship to you: _____	State:_____ ZIP Code:_____	
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MOVING TO OPPORTUNITY BASELINE SURVEY: PART II - HOUSEHOLD INFORMATION

Name _____ Social Security Number: _____-_____-_____

Household Members

Please provide the following information about yourself and all other people who live with you now. Do not include people who are only in your home temporarily. List yourself on Line 1.

A. Last Name	B. First Name	C. Middle Name	D. Birth Date	E. Sex	F. Race	G. Ethnicity
1. (SELF) <small>CARD 19-22/HI01</small>			MONTH / DAY / YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
2. <small>CARD 19-22/HI02</small>			MONTH / DAY / YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
3. <small>CARD 19-22/HI03</small>			MONTH / DAY / YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
4. <small>CARD 19-22/HI04</small>			MONTH / DAY / YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
5. <small>CARD 19-22/HI05</small>			MONTH / DAY / YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
6. <small>CARD 19-22/HI06</small>			MONTH / DAY / YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B

A. Last Name	B. First Name	C. Middle Name	D. Birth Date	E. Sex	F. Race	G. Ethnicity
7. CARD 19-22/HI07			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
8. CARD 19-22/HI08			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
9. CARD 19-22/HI09			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
10. CARD 19-22/HI10			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
11. CARD 19-22/HI11			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
12. CARD 19-22/HI12			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B
13. CARD 19-22/HI13			/ / MONTH DAY YEAR 23-28/	1 MALE 2 FEMALE 29/	1 AFRICAN-AMERICAN 2 WHITE 3 AMER. INDIAN 4 ASIAN/PACIFIC ISLANDER 5 OTHER 30/	31/ 1 HISPANIC 2 NOT HISPANIC 32-80/B

Adult Information Form

Name _____ Social Security Number: _____-_____-_____

Please provide the following information about yourself and other adults (18 & older) who live with you now. Do not include children under 18 or adults who are only staying in your home temporarily. List yourself on line 1.

A. Last Name	B. First Name	C. Relationship to You	D. Is this Person Now in School?	E. Graduated from High School or GED?	F. Now Working Full or Part Time?	G. Marital Status	H. Number of Children	I. Year 1st Child was Born
1. CARD 19-22/AI01		SELF 23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
2. CARD 19-22/AI02		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
3. CARD 19-22/AI03		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
4. CARD 19-22/AI04		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
5. CARD 19-22/AI05		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B

A. Last Name	B. First Name	C. Relationship to You	D. Is this Person Now in School?	E. Graduated from High School or GED?	F. Now Working Full or Part Time?	G. Marital Status	H. Number of Children	I. Year 1st Child was Born
6. CARD 19-22/AI06		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
7. CARD 19-22/AI07		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
8. CARD 19-22/AI08		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
9. CARD 19-22/AI09		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B
10. CARD 19-22/AI10		23-24/	1 YES 2 NO 25/	1 GED 2 HIGH SCHOOL 8 NEITHER 26/	1 FULL-TIME 2 PART-TIME 3 NOT WORKING 27/	1 NEVER MARRIED 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 28/	29-30/	31-34/ 35-80/B

CHILD INFORMATION FORMS
CHILDREN AGES 6 TO 17

11) Where does this CHILD usually go after school? [CHECK ONE]

46/

- | | | | |
|---|--------------------|---|------------------------------|
| 1 | Home, supervised | 3 | Somewhere else, supervised |
| 2 | Home, unsupervised | 4 | Somewhere else, unsupervised |

12) If this CHILD is supervised after school, who supervises this CHILD? [CHECK ONE]

47-48/

- | | | | |
|---|--------------------------------|----|--|
| 1 | This CHILD's mother | 8 | Leave this CHILD alone |
| 2 | This CHILD's father | 9 | Hired babysitter who is not a relative |
| 3 | This CHILD's brother or sister | 10 | Day care center |
| 4 | This CHILD's grandparents | 11 | This CHILD is in a school extended-day program |
| 5 | Other relative of this CHILD | 12 | This CHILD is in after-school activities or sports |
| 6 | A friend of yours | 13 | This CHILD works after school |
| 7 | Trade with neighbor | 99 | This CHILD is not supervised after school |

13) Where is this CHILD usually in the evenings? [CHECK ONE]

49/

- 1 Home, supervised
- 2 Home, unsupervised
- 3 Somewhere else, supervised
- 4 Somewhere else, unsupervised

14) If this CHILD is supervised in the evenings, who supervises this CHILD? [CHECK ONE]

50-51/

- | | | | |
|---|--------------------------------|----|--|
| 1 | This CHILD's mother | 8 | Leave this CHILD alone |
| 2 | This CHILD's father | 9 | Hired babysitter who is not a relative |
| 3 | This CHILD's brother or sister | 10 | Day care center |
| 4 | This CHILD's grandparents | 11 | This CHILD is in school activities or sports |
| 5 | Other relative of this CHILD | 12 | This CHILD works at night (supervised job) |
| 6 | A friend of yours | 99 | This CHILD is not supervised in the evening |
| 7 | Trade with neighbor | | |

52-80/B

CHILD INFORMATION FORMS
CHILDREN AGES 5 AND YOUNGER

CARD 19-22/C201

Please fill out one form for each child who lives with you now and is 5 years old or younger.

Your name: _____
First Middle Last

Your Social Security Number: ___ ___ - ___ - _____

Number of children ages 5 or younger in household: _____

23-24/

1) CHILD's Name: _____
First Last

2) What is this CHILD's relationship to you? [CHECK ONE] 1 Birth child 3 Grandchild
2 Adopted child 4 Foster child 6 Not a relative

3) How much did this CHILD weigh when he/she was born? _____ Pounds, _____ Ozs. 98 Don't know
26-27/ 28-29/ 30-31/

4) Was this CHILD ever in the hospital before his/her first birthday because this CHILD was sick or injured?
1 YES 2 NO 98 Don't know 32-33/

5) Does this CHILD have any physical, emotional, or mental problems that...

A) Means this CHILD needs special medicine or equipment? 1 YES 2 NO 98 Don't know 34-35/
B) Makes it hard for this CHILD to go to pre-school or school or child care? 1 YES 2 NO 98 Don't know 36-37/
C) Makes it hard for this CHILD to play active games or sports? 1 YES 2 NO 98 Don't know 38-39/

6) Is this CHILD now in a pre-school program (like Head Start or nursery school) or in a full-day or half-day kindergarten?

1 YES 2 NO 98 Don't know 40-41/

7) Is this CHILD in any other kind of child care program, or is he/she being cared for by a regular babysitter while you are working, looking for work, in school, or in job training?

1 YES 2 NO 42/

8) What types of child care do you use for this CHILD?

A) I DO NOT USE CHILD CARE 1 YES 2 NO 43/
B) Head Start day care center or school kindergarten 1 YES 2 NO 44/
C) Day care or group care center other than Head Start 1 YES 2 NO 45/
D) Babysitter who is a relative (grandparents, sister or brother) 1 YES 2 NO 46/
E) Babysitter who is not a relative 1 YES 2 NO 47/
F) Other 1 YES 2 NO 48/

9) When you go out (for example, to go shopping or to visit a friend), who most often takes care of this CHILD? [CHECK ONE]

49-50/

- 1 CHILD's father
- 2 CHILD's brother or sister
- 3 CHILD's grandparents
- 4 Other relative of CHILD
- 5 A friend of yours
- 6 Trade with neighbor
- 7 Leave CHILD alone
- 8 Hired babysitter who is not a relative
- 9 Day care center
- 10 Other
- 11 I usually take CHILD with me
- 12 CHILD is in school or an after-school program

10) How often do you or someone in your home have a chance to... [CHECK ONE]

- | | | | | | |
|---|-------------|---------------------|----------------------|----------------|-----|
| A) Take CHILD on an outing to a park or out shopping | 1 Every day | 2 About once a week | 3 About once a month | 4 Almost never | 51/ |
| B) Take CHILD to church for a service or Sunday School | 1 Every day | 2 About once a week | 3 About once a month | 4 Almost never | 52/ |
| C) Take CHILD to visit with friends and relatives | 1 Every day | 2 About once a week | 3 About once a month | 4 Almost never | 53/ |
| D) Play blocks or dolls, do a puzzle, or play a game with CHILD | 1 Every day | 2 About once a week | 3 About once a month | 4 Almost never | 54/ |

11) How often do you or someone in your home have a chance to...

- | | | | | | | |
|---|------------------------|--------------------|---------------------|----------------------|----------------|-----|
| A) Read a book or story to CHILD | 1 More than once a day | 2 About once a day | 3 About once a week | 4 About once a month | 5 Almost never | 55/ |
| B) Watch Sesame Street or other educational programs with CHILD | 1 More than once a day | 2 About once a day | 3 About once a week | 4 About once a month | 5 Almost never | 56/ |

57-80/B