

**MOVING TO OPPORTUNITY INTERIM EVALUATION**

**CHILD SURVEY (MODIFIED 10/17/2002)**

FOR CHILDREN 8-11 YEARS OLD

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**SECTION O: EDUCATION**

<INTRO> Hello, my name is \_\_\_\_\_. I'd like to spend a few minutes today talking to you about your school, your neighborhood, and some feelings that you may have. When we are done talking, we will spend a few more minutes playing a game, while (your mom/HH Head Name) finishes talking to my friend \_\_\_\_\_.

Our interview won't take longer than 15 minutes, and you will receive a small gift when we are done with everything. We hope you will be really truthful in answering every question, because what you say is very important. Your answers will never be seen by any one in your family, people at school, or anyone else except our research staff.

Are you ready to start?

**(READ TO 8-10 YEAR OLDS ONLY)**

I am going to be asking you questions about school, your neighborhood, your friends and your family. Most of these questions will ask about a certain time period, such as the past week or 7 days, the past 30 days, or the past 12 months or year. Let's review these time periods on this calendar. **SHOW CALENDAR TO CHILD.** If the question asks about the past week or 7 days, we are talking about these seven days (**SHOW CHILD ON CALENDAR**) from (INSERT FIRST DAY) to (INSERT LAST DAY). If the question asks about the past month or 30 days, we are talking about these thirty days (**SHOW CHILD ON CALENDAR**) from (INSERT FIRST DAY) to (INSERT LAST DAY). If the question asks about the past year, we are talking about the past 365 days (**SHOW CHILD ON CALENDAR**) from (INSERT FIRST MONTH OF YEAR) to (INSERT LAST MONTH OF YEAR).

**[INTERVIEWER: POINT OUT TO CHILD, MAJOR HOLIDAYS/SEASONS IN THESE TIME PERIODS TO HELP SOLIDIFY UNDERSTANDING.]**

**(104) ATTENDANCE/TIME IN SCHOOL**

I'd like to start by talking about school.

O1. <O1> Do you go to school?

- |  |                            |
|--|----------------------------|
| YES ( <b>SKIP TO O3</b> )                | <input type="checkbox"/> 1 |
| NO                                       | <input type="checkbox"/> 2 |
| HOME SCHOOLED ( <b>SKIP TO O5a</b> )     | <input type="checkbox"/> 3 |
| ON SUMMER VACATION ( <b>SKIP TO O3</b> ) | <input type="checkbox"/> 4 |
| REFUSED                                  | <input type="checkbox"/> 7 |
| DON'T KNOW                               | <input type="checkbox"/> 8 |

- O2. <O2> Why don't you go to school?
- EXPELLED/SUSPENDED  1
  - SCHOOL WAS TOO DANGEROUS  2
  - PARENTAL CHOICE  3
  - HOME SCHOOLED (**SKIP TO O5a**)  4
  - HASN'T STARTED SCHOOL YET (**SKIP TO P1**)  5
  - OTHER (SPECIFY): \_\_\_\_\_  6
  - REFUSED  7
  - DON'T KNOW  8

**(IF DOES NOT GO TO SCHOOL, READ THIS INTRO)**

*The next few questions are about school. If you are not currently in school, please think about the time when you were last in school when answering these questions.*

- O3. <O3> During the school year, how often are you late for school?
- Never  1
  - Once a month  2
  - Once every two weeks (**INCLUDES 2-3 TIMES/MO.**)  3
  - Once a week  4
  - Several times a week (**INCLUDES 2-4 TIMES/WK**)  5
  - Every day  6
  - HOME-SCHOOLED (**SKIP TO O5a**)  7
  - REFUSED  97
  - DON'T KNOW  98

**(103) ATTITUDES TOWARDS OWN SCHOOL**

Thinking about your school, in general, how much do you agree with each of the following statements about your school and teachers? (HAND CARD)

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	RF	DK
O4a. <O4_a> The first question is: “The teachers are interested in students.” Do you strongly agree, agree, disagree, or strongly disagree?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4b. <O4_b>Disruptions by other students get in the way of my learning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4c. <O4_c> Discipline is fair.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4d. <O4_d> There is a lot of cheating on tests and assignments.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4e. <O4_e> I feel safe at this school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O4f. <O4_f> I have my own Math textbook that I can take home with me to do my homework.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(105) ENGAGEMENT/PARTICIPATION IN SCHOOL**

*Next, I will read some sentences about school. After I read the sentence, please tell me whether the statement is not at all true, not very true, sort of true, or very true for you during the last school year.*

	Not at all true	Not very true	Sort of true	Very true	REFUSED	DON'T KNOW
O5a. <O5_a> I work very hard on my schoolwork Is that...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
O5b. <O5_b> I pay attention in class. Is that...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**SECTION P: NEIGHBORHOOD, DANGER, AND RISK**

*Now I'd like to talk about the neighborhood you live in.*

**(703) CURRENT NEIGHBORHOOD SATISFACTION**

P1. <P1> Which of the following statements best describes how satisfied you are with your neighborhood?  
Would you say you are...

- Very satisfied  1
- Somewhat satisfied  2
- In the middle  3
- Somewhat dissatisfied  4
- Very dissatisfied  5
- REFUSED  7
- DON'T KNOW  8

P2. <P2> During the past 30 days, have you seen people using or selling illegal drugs in your neighborhood?

- YES  1
- NO (SKIP TO P3)  2
- REFUSED (SKIP TO P3)  7
- DON'T KNOW (SKIP TO P3)  8

P2a. <P2a> How often have you seen people using or selling illegal drugs in your neighborhood — almost every day, once a week, or once or twice in the past 30 days?

- ALMOST EVERY DAY (INCLUDES 4-7 TIMES PER WEEK)  1
- ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK)  2
- ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS)  3
- REFUSED  7
- DON'T KNOW  8

- P3. <P3> During the past 30 days, have you heard gunshots in your neighborhood?
- YES  1
- NO (SKIP TO P4)  2
- REFUSED (SKIP TO P4)  7
- DON'T KNOW (SKIP TO P4)  8
- P3a. <P3a> How often have you heard gunshots in your neighborhood — almost every day, once a week, or once or twice in the past 30 days?
- ALMOST EVERY DAY  1  
(INCLUDES 4-7 TIMES PER WEEK)
- ONCE A WEEK (INCLUDES 1-3 TIMES PER WEEK)  2
- ONCE OR TWICE IN THE PAST 30 DAYS  3  
(INCLUDES 1-3 TIMES IN 30 DAYS)
- REFUSED  7
- DON'T KNOW  8

**(305) GANG PARTICIPATION SINCE RANDOM ASSIGNMENT**

- P4. <P4> Are there any gangs in your neighborhood or where you go to school? **[INTERVIEWER: READ THIS DEFINITION IF NECESSARY]** (“By gang we mean a group of people that has set clear boundaries of its territory or turf, protects its members and turf against other rival gangs through fighting or threats, hangs out together, and wears gang colors or clothes. By “hangs out together” we do not mean “just a group of friends.”)
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- P5. <P5> Do any of your brothers, sisters, cousins, or friends belong to a gang?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- P6. <P6> In the past 12 months, that is, since (MONTH last year) how many times did you get into a serious physical fight?
- NUMBER OF TIMES \_\_\_\_\_ (SKIP TO P6b, IF 0 SKIP TOP7)
- REFUSED  -1
- DON'T KNOW  -2

P6a. <P6a> Which of these is the closest to the number of times you got into a serious physical fight in the past 12 months?

- Never (in past 12 months) **(SKIP TO P7)**  1
- 1-2 times  2
- 3 or 4 times  3
- 5 or more times  4
- REFUSED  7
- DON'T KNOW  8

P6b. <P6b> The last time you were in a physical fight, where did it occur?

- HOME  1
- SCHOOL  2
- NEIGHBORHOOD  3
- FRIEND'S HOME  4
- AFTER SCHOOL PROGRAM  5
- OTHER (SPECIFY) \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

P7. During the past 12 months, that is, since (MONTH last year) how often did each of the following things happen — never, once, or more than once?

	NEVER	ONCE	MORE THAN ONCE	RF	DK
P7a. <p7a> You saw someone shoot or stab another person. Would you say never, once, or more than once?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7b. <p7b> Someone pulled a knife or gun on you. <b>(IF NEVER SKIP TO P7e)</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7c. <p7c> Someone shot you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7d. <p7d> Someone cut or stabbed you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
P7e. <p7e> You were jumped.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(1103-1104) FRIENDSHIPS**

*Now I'd like to talk about your friends.*

P8. <P8> About how many friends do you have who you play with, hang out with, talk to on the phone, or get together with?

\_\_\_\_\_ NUMBER OF FRIENDS  
**(IF 0, SKIP TO P10)**

DON'T KNOW  -1

REFUSED  -2

P9. <P9> During the hours when you are not at school, how often do you play with, talk on the phone, hang out, or get together with (this friend/these friends)—most every day, a few times a week, a few times a month, about once a month, or less than once a month?

MOST EVERY DAY  1  
**(INCLUDES 5-7 TIMES PER WEEK)**

A FEW TIMES A WEEK  2  
**(INCLUDES 2-4 TIMES PER WEEK)**

A FEW TIMES A MONTH  3  
**(INCLUDES 2-4 TIMES PER MONTH/1 TIME PER WEEK)**

ABOUT ONCE A MONTH  4

LESS THAN ONCE A MONTH  5

NEVER  6

REFUSED  7

DON'T KNOW  8

P10. <P10> How many hours each week do you read for fun? Do not mention school-assigned reading.

HOURS PER WEEK \_\_\_\_\_ **(SKIP TO P11)**

DON'T KNOW  -1

REFUSED  -2

P10a. <P10a> Which of these is closest to the amount of time you usually spend on reading for fun each week?

1-4 hours  1

5-9 hours  2

10-14 hours  3

15-19 hours  4

20 or more hours  5

REFUSED  7

DON'T KNOW  8



P11. <P11> Think for a moment about a typical weekday. By weekday we mean Monday through Friday, not the weekend when you are not in school. How much time would you say you spend watching television on a typical weekday?

HOURS: \_\_\_\_\_ (SKIP TO Q1)

DON'T KNOW  -1

REFUSED  -2

P11a. <P11a> Which of these is closest to the amount of time you usually spend watching television on a typical weekday—less than one hour, one to two hours, three to five hours, or more than five hours?

LESS THAN 1 HOUR PER DAY  1

1-2 HOURS PER DAY  2

3-5 HOURS PER DAY  3

MORE THAN 5 HOURS PER DAY  4

REFUSED  7

DON'T KNOW  8

**SECTION Q: HEALTH**

Q1. <Q1> Now I'd like to ask you some questions about your health. In general, how is your health?

Would you say it is...

- Excellent  1
- Very Good  2
- Good  3
- Fair  4
- Poor  5
- REFUSED  7
- DON'T KNOW  8

Q1a. <Q1a> On how many of the past 7 days did you exercise or participate in physical activity that made you sweat and breathe very hard, such as basketball, soccer, running, swimming, or fast bicycling?

NUMBER OF DAYS: \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

Q1b. <Q1b> In a typical week, on how many days—from 0 to 7—do you eat at least some green vegetables or fruit?

NUMBER OF DAYS: \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

**(406) HEIGHT AND WEIGHT**

*Now, I'd like to take a little break and just see how tall you are and how much you weigh.*

Q2. <Q2> [INTERVIEWER: RECORD HEIGHT HERE] \_\_\_\_\_

- DON'T KNOW (SKIP TO Q3)  -1
- REFUSED (SKIP TO Q3)  -2
- CANNOT STAND THE CHILD TO MEASURE  -3

<Q2PRB> REASON FOR NOT BEING ABLE TO MEASURE:

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Q3. <Q3> [INTERVIEWER: RECORD WEIGHT HERE.] \_\_\_\_\_

- DON'T KNOW (SKIP TO Q3a)  -1
- REFUSED (SKIP TO Q3a)  -2
- CANNOT STAND THE CHILD TO WEIGH  -3

<Q3PRB> REASON FOR NOT BEING ABLE TO WEIGH:

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Q3a. <Q3a> WERE YOU ABLE TO PLACE THE HEADPIECE DIRECTLY ON THE CHILD'S HEAD?

YES (SKIP TO Q4)

1

NO

2

Q3a\_2. <Q3a\_2> IF NO, WHY NOT?

INTERFERING HAIR

1

CHILD'S OBESITY

2

OTHER/SPECIFY \_\_\_\_\_

95

**(410) DEPRESSION**

**[ONLY FOR 10-11 YEAR OLDS]**

*Now I'd like to talk to you about some different feelings you may have. For each one I'll ask if you felt that way all of the time, most of the time, some of the time, a little of the time, or none of the time.*

Q4. In the past 30 days, how often have you had the following experiences?

**[INTERVIEWER: HAND RESPONDENT CARD WITH RESPONSE CATEGORIES.]**

		ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
Q4a.	<Q4a> How often did you feel nervous—all of the time, most of the time, some of the time, a little of the time, or none of the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4b.	<Q4b> How often did you feel hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4c.	<Q4c> How often did you feel restless or fidgety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4d.	<Q4d> How often did you feel so depressed nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4e.	<Q4e> How often did you feel everything was an effort?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Q4f.	<Q4f> How often did you feel worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

<b>SECTION R: BEHAVIOR AND FAMILY DYNAMICS</b>
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**(421) BEHAVIOR PROBLEMS**

*I am going to read another list of items that describe feelings or thoughts people sometimes have. In the last 6 months, for each item that I read please tell me if it is often true, sometimes true, or not true of you.*

		OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	REFUSED	DON'T KNOW
R1.	<R1>The first statement is: "I have trouble concentrating or paying attention." Is this often true, sometimes true, or not true of you in the past 6 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R2.	<R2> I lie or cheat.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R3.	<R3> I tease others a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R4.	<R4> I disobey my parents.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R5.	<R5> I don't get along with other kids.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R6.	<R6> I have trouble sitting still.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R7.	<R7> I have a hot temper.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R8.	<R8> I would rather be alone than with others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R9.	<R9>I try to get a lot of attention.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R10.	<R10> I'm too dependent on adults.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R11.	<R11> I hang around with kids who get into trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R12.	<R12> I disobey at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R13.	<R13> I have trouble getting along with teachers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(1109) MOTHER'S SUPPORT**

*Now we would like to know about your relationship with your mother, or with the adult who takes care of you or knows the most about your activities.*

- R14. <R14> Do you live with your mother?
- YES (**SKIP TO R16**)  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8
- R15. <R15> Who is the adult who lives with you and knows most about your activities? (Original)
- FATHER (**SKIP TO R18**)  1
  - GRANDMOTHER  2
  - AUNT  3
  - SISTER  4
  - FOSTER MOTHER  5
  - STEP MOTHER  6
  - COUSIN  7
  - FRIEND  8
  - OTHER (SPECIFY): \_\_\_\_\_  95
  - REFUSED (**SKIP TO R20**)  97
  - DON'T KNOW (**SKIP TO R20**)  98

**[INTERVIEWER: FOR THE NEXT FEW QUESTIONS, "CAREGIVER" IS MOTHER IF CHILD LIVES WITH MOTHER, OR THE ADULT MENTIONED IN R15.]**

- R16. <R16> When you think about how your [CAREGIVER] acts toward you, in general, would you say your [CAREGIVER] is very supportive, somewhat supportive, or not very supportive?
- VERY SUPPORTIVE  1
  - SOMEWHAT SUPPORTIVE  2
  - NOT VERY SUPPORTIVE  3
  - REFUSED  7
  - DON'T KNOW  8

**(1110) MOTHER'S MONITORING [OR PRIMARY CAREGIVER]**

R17. How much does your [CAREGIVER] know...

**[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES.]**

	KNOWS NOTHING	KNOWS JUST A LITTLE	KNOWS SOME THINGS	KNOWS MOST THINGS	KNOWS EVERY- THING	RF	DK
R17a. <R17a> About your close friends, that is, who they are? Do you think she/he knows nothing, just a little, some things, most things, or everything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R17b. <R17b> About who you are with, when you are not at home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R17c. <R17c> About who your teachers are, and what you are doing in school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(1112) CONTACT WITH FATHER**

*Now I'd like to talk with you about your father.*

R18. <R18> During the time you have been growing up, has he been very supportive, somewhat supportive, or not very supportive of you?

- VERY SUPPORTIVE  1
- SOMEWHAT SUPPORTIVE  2
- NOT VERY SUPPORTIVE  3
- (VOLUNTEERED) DOESN'T SEE FATHER (SKIP TO R20)  4
- (VOLUNTEERED) FATHER DECEASED (SKIP TO R20)  5
- REFUSED  7
- DON'T KNOW  8

**[IF FATHER IS PRIMARY CAREGIVER SKIP TO R19]**

R18a. <R18a> In the past 12 months, that is since (MONTH last year) how often have you seen your father — almost every day, once a week, once a month, a few times, or never in the past 12 months?

- Almost every day (INCLUDES 4-7 TIMES PER WEEK)  1
- Once a week (INCLUDES 1-3 TIMES PER WEEK)  2
- Once a month (INCLUDES 1-3 TIMES PER MONTH)  3
- A few times (INCLUDES 1-11 TIMES)  4
- Never in past 12 months  5
- (VOLUNTEERED) LIVED IN SAME HOUSEHOLD  6
- REFUSED  7
- DON'T KNOW  8

**[INTERVIEWER: IF FATHER IS NOT PRIMARY CAREGIVER SKIP TO R20]**

R19. How much does your father know...

**[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES.]**

	KNOWS NOTHING	KNOWS JUST A LITTLE	KNOWS SOME THINGS	KNOWS MOST THINGS	KNOWS EVERY- THING	RF	DK
R19a. <R19a> About your close friends, that is, who they are? Do you think he knows nothing, just a little, some things, most things, or everything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R19b. <R19b> About who you are with when you are not at home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R19c. <R19c> About who your teachers are and what you are doing in school? [	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

*Now I'd like to talk about how you see your future. Please tell me what you think the chances are for each of the following, choosing from: very low, low, about 50-50, high, or very high.*

R20. Think about how you see your future. What are the chances that...

		VERY LOW	LOW	ABOUT 50-50	HIGH	VERY HIGH	RE- FUSED	DON'T KNOW
R20a.	<R20a>You will complete college? Are the chances very low, low, about 50-50, high, or very high?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
R20b.	<R20b> You will find a stable, well-paid job as an adult?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

*Those are all the questions we have for you. Thank you very much for your help with this important study. Do you have any questions for me?*