

c638

COVERSHEET #: \_\_\_\_\_

INTERVIEWER NAME: \_\_\_\_\_

INTERVIEWER #: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

LENGTH OF INTERVIEW: \_\_\_\_\_ MINUTES

# **MASSACHUSETTS WELFARE LEAVERS STUDY**

FALL 1999

Center for Survey Research  
University of Massachusetts Boston  
100 Morrissey Blvd.  
Boston, MA 02125

Confidential: No information shall be presented or published in any way that would permit identification of any individual.

## INSTRUCTIONS

### READ TO RESPONDENT:

Before we begin the interview there are a couple of important things I need to tell you.

**CONFIDENTIAL:** Your answers are completely confidential. There is no way that your answers will be reported in any way that identifies you. No one from the Welfare Department or anywhere else will know what your answers are.

**VOLUNTARY:** Your participation in this interview is, of course, voluntary.

Do you have any questions before I start?

### OPTIONAL INSTRUCTIONS

Because many people have never been in an interview like this, we begin each interview by reading a short paragraph which tells a little bit about how it works.

I have a set of questions that I have to ask exactly the way they are written. That way, we know everyone in the survey is answering the same questions and we can compare the answers.

For some of the questions, I will give you answer categories to choose from; pick the one that is closest to describing your situation. For other questions, we want you to answer in your own words. In these we want you to give us as complete an answer as possible and I will be writing down everything you say.

I'll be asking questions about different areas of your life. It is important that your answers be as accurate as you can make them. So, take time if you need it, to think about your answers. And please stop me if you have any questions about the kind of information we want.

**SECTION A: CHILDREN**

A1. I'd like to start by getting a listing of the children age 17 and under who live in your household with you.

How many children, age 17 and under, live in your household?

\_\_\_\_\_ NUMBER OF CHILDREN

I have some questions about (your child/each of the children). (Let's start with the oldest child in your household.)

**CHILD 1**

- A LITTLE BETTER
- ABOUT THE SAME
- A LITTLE WORSE
- MUCH WORSE

A2. Is (CHILD 1) male or female?

- MALE
- FEMALE

A3. How old was (he/she) on (his/her) last birthday?

\_\_\_\_\_ AGE

A4. What is (his/her) relationship to you?

- BIRTH/ADOPTED CHILD (SKIP TO A7)
- STEP-CHILD (SKIP TO A7)
- FOSTER CHILD (SKIP TO A7)
  
- GRANDCHILD
- OTHER RELATIVE
- OTHER NON-RELATIVE

A5. Does (his/her) parent or legal guardian live in the household with you?

- YES (SKIP TO A29)
- NO

R IS LEGAL GUARDIAN (SKIP TO A7)

A6. Are you the adult in the household most responsible for (his/her) care?

- YES
- NO (SKIP TO A29)

A7. What is (his/her) date of birth?

\_\_\_\_/\_\_\_\_/\_\_\_\_

A8. **INT CHECK:** IS CHILD1 AGED **BIRTH TO 3**?  
 YES (SKIP TO A14)                       NO

A9. What grade in school is (he/she) in?

\_\_\_\_\_ GRADE

- NO SCHOOL/"PRESCHOOL " (SKIP TO A14)
- HOME-SCHOOLED (SKIP TO A14)
- UNGRADED

A10. Compared to other children (his/her) age, how is (he/she) doing in school - much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most kids (his/her) age?

- MUCH BETTER

A11. Since (DATE) did (CHILD) attend special education classes in school for a learning or developmental disability?

YES  NO

A12. **INT CHECK: IS CHILD1 AGED 4 TO 6?**

YES (SKIP TO A14)  NO

A13. Since (DATE) did (CHILD).....

a. attend special classes for gifted students or do advanced work in any subjects in school?

YES  NO

b. participate on a sports team either in or out of school?

YES  NO

c. participate regularly in extracurricular activities or clubs at school?

YES  NO

d. participate regularly in clubs or activities outside of school, such as scouts, or church groups?

YES  NO

e. get suspended or expelled from school?

YES  NO

f. fail a class or not get promoted in school?

YES  NO

A14. How would you rate (CHILD's) health - excellent, very good, good, fair, or poor?

EXCELLENT  
 VERY GOOD  
 GOOD  
 FAIR  
 POOR

A15. Does your child have a physical, emotional, or mental condition that seriously interferes with (his/her) ability to do the things most children that age can do?

YES  NO (SKIP TO A16)

A15a. What is the problem or disability?

A15b. Does that keep (him/her) from attending regular child care or regular school?

YES  NO

A16. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a check-up, shots, or other routine care? Has it been less than 6 months, between 6 and 12 months ago, between 1 to 2 years ago, or more than 2 years ago?

LESS THAN 6 MONTHS  
 BETWEEN 6 AND 12 MONTHS  
 BETWEEN 1 AND 2 YEARS  
 2 YEARS OR MORE  
 NEVER HAD ROUTINE CARE

A17. Would you say (CHILD's) behavior is much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most children (his/her) age?

MUCH BETTER  
 A LITTLE BETTER  
 ABOUT THE SAME  
 A LITTLE WORSE  
 MUCH WORSE

A18. **INTCHECK: IS CHILD1 AGED BIRTH TO 12**

YES  NO (SKIP TO A28)

A19. I'm going to ask you some questions about the kinds of child care arrangements you have for this child. This includes Head Start, child care centers, family child care, after school programs, and friends, relatives, older brothers or sisters, or babysitters who care for (him/her) when you are at work or school.

Does anyone (other than your spouse/partner) help care for this child on a regularly scheduled basis, either in your home or away from it?

- YES ----> **MARK TAB 1=YES**
- NO (SKIP TO A28)

(he/she) cared for by friends or other non-relatives, such as a babysitter, whether you pay them or not?

A20. How many hours per week is (he/she) taken care of by someone other than your (spouse/partner)?  
 \_\_\_\_\_ HOURS PER WEEK

- YES
- NO (SKIP TO A28)

A27a. How many hours a week is (he/she) cared for by a non-relative?  
 \_\_\_\_\_ HRS PER WEEK

A21. **INTCHECK: IS CHILD1 AGED 6 TO 12**  
 YES (SKIP TO A24)       NO

A27b. Do you pay this person to take care of (him/her)?  
 YES       NO

A22. Is (he/she) in Head Start?  
 YES       NO

A28. How often does (CHILD) see or spend time with (his/her) biological (father/mother) - never, a few times a year or less, 1-3 times a month, once a week, several times a week, or daily or almost daily?

A23. Is (he/she) in a childcare center or preschool?  
 YES (SKIP TO A25)  
 NO (SKIP TO A25)

- NEVER
- A FEW TIMES A YEAR OR LESS
- 1-3 TIMES A MONTH
- ONCE A WEEK
- SEVERAL TIMES A WEEK
- DAILY OR ALMOST DAILY

A24. Is (he/she) in an extended day or school age program - including boys and girls clubs or YMCA programs, either before school or after school?  
 YES       NO

FATHER DECEASED

A25. Is (he/she) cared for by a family child care provider - that is a state-licensed provider who runs a child care program in their own home?  
 YES       NO

A29. **INTCHECK: (CHECK A1) # CHILDREN IN HH**  
 ONE (SKIP TO A30 on PAGE 12)  
 1+ ----> GO TO KID2 - QUESTION A2-2

A26. While you are at work or school, is (he/she) cared for by any relative, such as a grandparent or older brother or sister, whether you pay them or not?  
 YES       NO (SKIP TO A27)

A26a. How many hours a week is (he/she) cared for by a relative?  
 \_\_\_\_\_ HRS PER WEEK

A26b. Do you pay this relative to take care of (him/her)?  
 YES       NO

A27. While you are at work or school, is

**CHILD 2**

little worse, or much worse than most kids  
(his/her) age?

A2-2. Is (CHILD 2) male or female?

- MALE                       FEMALE

- MUCH BETTER  
 A LITTLE BETTER  
 ABOUT THE SAME  
 A LITTLE WORSE  
 MUCH WORSE

A3-2. How old was (he/she) on (his/her) last birthday?

\_\_\_\_\_ AGE

A4-2. What is (his/her) relationship to you?

- BIRTH/ADOPTED CHILD (SKIP TO A7-2)  
 STEP-CHILD (SKIP TO A7-2)  
 FOSTER CHILD (SKIP TO A7-2)  
  
 GRANDCHILD  
 OTHER RELATIVE  
 OTHER NON-RELATIVE

A5-2. Does (his/her) parent or legal guardian live in the household with you?

- YES (SKIP TO A29-2)  
 NO  
  
 R IS LEGAL GUARDIAN (SKIP TO A7-2)

A6-2. Are you the adult in the household most responsible for (his/her) care?

- YES  
 NO (SKIP TO A29-2)

A7-2. What is (his/her) date of birth?

\_\_\_\_/\_\_\_\_/\_\_\_\_

A8-2. <b>INT CHECK: IS CHILD2 AGED BIRTH TO 3?</b> <input type="checkbox"/> YES (SKIP TO A14-2) <input type="checkbox"/> NO
---

A9-2. What grade in school is (he/she) in?

- \_\_\_\_\_ GRADE  
 NO SCHOOL/"PRESCHOOL " (SKIP TO A14-2)  
 HOME-SCHOOLED (SKIP TO A14-2)  
 UNGRADED

A10-2. Compared to other children (his/her) age, how is (he/she) doing in school - much better than most children (his/her) age, a little better, about the same, a

A11-2. Since (DATE) did (CHILD) attend special education classes in school for a learning or developmental disability?  
[ ] YES [ ] NO

TO A16-2)

A15a-2. What is the problem or disability?  
\_\_\_\_\_

A12-2. **INT CHECK: IS CHILD2 AGED 4 TO 6?**  
[ ] YES (SKIP TO A14-2) [ ] NO

A15b-2. Does that keep (him/her) from attending regular child care or regular school?  
[ ] YES [ ] NO

A13-2. Since (DATE) did (CHILD).....  
a. attend special classes for gifted students or do advanced work in any subjects in school?  
[ ] YES [ ] NO

b. participate on a sports team either in or out of school?  
[ ] YES [ ] NO

c. participate regularly in extracurricular activities or clubs at school?  
[ ] YES [ ] NO

d. participate regularly in clubs or activities outside of school, such as scouts, or church groups?  
[ ] YES [ ] NO

e. get suspended or expelled from school?  
[ ] YES [ ] NO

f. fail a class or not get promoted in school?  
[ ] YES [ ] NO

A14-2. How would you rate (CHILD's) health - excellent, very good, good, fair, or poor?  
[ ] EXCELLENT  
[ ] VERY GOOD  
[ ] GOOD  
[ ] FAIR  
[ ] POOR

A15-2. Does your child have a physical, emotional, or mental condition that seriously interferes with (his/her) ability to do the things most children that age can do?  
[ ] YES [ ] NO (SKIP

A16-2. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a check-up, shots, or other routine care? Has it been less than 6 months, between 6 and 12 months ago, between 1 to 2 years ago, or more than 2 years ago?  
[ ] LESS THAN 6 MONTHS  
[ ] BETWEEN 6 AND 12 MONTHS  
[ ] BETWEEN 1 AND 2 YEARS  
[ ] 2 YEARS OR MORE  
[ ] NEVER HAD ROUTINE CARE

A17-2. Would you say (CHILD's) behavior is much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most children (his/her) age?  
[ ] MUCH BETTER  
[ ] A LITTLE BETTER  
[ ] ABOUT THE SAME  
[ ] A LITTLE WORSE  
[ ] MUCH WORSE

A18-2. **INTCHECK: IS CHILD2 AGED BIRTH TO 12**  
[ ] YES [ ] NO (SKIP TO A28-2)

A19-2. I'm going to ask you some questions about the kinds of child care arrangements you have for this child. This includes Head Start, child care centers, family child care, after school programs, and friends, relatives, older brothers or sisters, or babysitters who care for (him/her) when you are at work or school.

Does anyone (other than your



spouse/partner) help care for this child on a regularly scheduled basis, either in your home or away from it?

- YES ----> **MARK TAB 1=YES**  
 NO (SKIP TO A28-2)

A20-2. How many hours per week is (he/she) taken care of by someone other than your (spouse/partner)?  
\_\_\_\_\_ HOURS PER WEEK

A21-2. **INTCHECK: IS CHILD2 AGED 6 TO 12**  
 YES (SKIP TO A24-2)  NO

A22-2. Is (he/she) in Head Start?  
 YES  NO

A23-2. Is (he/she) in a childcare center or preschool?  
 YES (SKIP TO A25-2)  
 NO (SKIP TO A25-2)

A24-2. Is (he/she) in an extended day or school age program - including boys and girls clubs or YMCA programs, either before school or after school?  
 YES  NO

A25-2. Is (he/she) cared for by a family child care provider - that is a state-licensed provider who runs a child care program in their own home?  
 YES  NO

A26-2. While you are at work or school, is (he/she) cared for by any relative, such as a grandparent or older brother or sister, whether you pay them or not?  
 YES  NO (SKIP TO A27-2)

A26a-2. How many hours a week is (he/she) cared for by a relative?  
\_\_\_\_\_ HRS PER WEEK

A26b-2. Do you pay this relative to take care of (him/her)?  
 YES  NO

A27-2. While you are at work or school, is (he/she) cared for by friends or other non-relatives, such as a babysitter, whether you pay them or not?

- YES  NO (SKIP TO A28-2)

A27a-2. How many hours a week is (he/she) cared for by a non-relative?  
\_\_\_\_\_ HRS PER WEEK

A27b-2. Do you pay this person to take care of (him/her)?  
 YES  NO

A28-2. How often does (CHILD) see or spend time with (his/her) biological (father/mother) - never, a few times a year or less, 1-3 times a month, once a week, several times a week, or daily or almost daily?  
 NEVER  
 A FEW TIMES A YEAR OR LESS  
 1-3 TIMES A MONTH  
 ONCE A WEEK  
 SEVERAL TIMES A WEEK  
 DAILY OR ALMOST DAILY  
 FATHER DECEASED

A29-2. **INTCHECK: (CHECK A1) # CHILDREN IN HH**  
 2 (SKIP TO A30 on PAGE 12)  
 3+ ----> GO TO KID3 - QUESTION A2-3



A11-3. Since (DATE) did (CHILD) attend special education classes in school for a learning or developmental disability?  
 YES  NO

A12-3. <b>INT CHECK: IS CHILD3 AGED 4 TO 6?</b> <input type="checkbox"/> YES (SKIP TO A14-3) <input type="checkbox"/> NO
---

A13-3. Since (DATE) did (CHILD).....

a. attend special classes for gifted students or do advanced work in any subjects in school?  
 YES  NO

b. participate on a sports team either in or out of school?  
 YES  NO

c. participate regularly in extracurricular activities or clubs at school?  
 YES  NO

d. participate regularly in clubs or activities outside of school, such as scouts, or church groups?  
 YES  NO

e. get suspended or expelled from school?  
 YES  NO

f. fail a class or not get promoted in school?  
 YES  NO

A14-3. How would you rate (CHILD's) health - excellent, very good, good, fair, or poor?

EXCELLENT  
 VERY GOOD  
 GOOD  
 FAIR  
 POOR

A15-3. Does your child have a physical, emotional, or mental condition that seriously interferes with (his/her) ability to do the things most children that age can do?  
 YES  NO (SKIP TO A16-3)

A15a-3. What is the problem or disability?  
\_\_\_\_\_

A15b-3. Does that keep (him/her) from attending regular child care or regular school?  
 YES  NO

A16-3. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a check-up, shots, or other routine care? Has it been less than 6 months, between 6 and 12 months ago, between 1 to 2 years ago, or more than 2 years ago?

LESS THAN 6 MONTHS  
 BETWEEN 6 AND 12 MONTHS  
 BETWEEN 1 AND 2 YEARS  
 2 YEARS OR MORE  
 NEVER HAD ROUTINE CARE

A17-3. Would you say (CHILD's) behavior is much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most children (his/her) age?

MUCH BETTER  
 A LITTLE BETTER  
 ABOUT THE SAME  
 A LITTLE WORSE  
 MUCH WORSE

A18-3. <b>INTCHECK: IS CHILD3 AGED BIRTH TO 12</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (SKIP TO A28-3)
--

A19-3. I'm going to ask you some questions about the kinds of child care arrangements you have for this child. This includes Head Start, child care centers, family child care, after school programs, and friends, relatives, older brothers or sisters, or babysitters who care for (him/her) when you are at work or school

Does anyone (other than your spouse/partner) help care for this child on a regularly scheduled basis, either in your home or away from it?

- YES ----> **MARK TAB 1=YES**
- NO (SKIP TO A28-3)

A20-3. How many hours per week is (he/she) taken care of by someone other than your (spouse/partner)?  
 \_\_\_\_\_ HOURS PER WEEK

A21-3. **INTCHECK: IS CHILD3 AGED 6 TO 12**  
 YES (SKIP TO A24-3)       NO

A22-3. Is (he/she) in Head Start?  
 YES                       NO

A23-3. Is (he/she) in a childcare center or preschool?  
 YES (SKIP TO A25-3)  
 NO (SKIP TO A25-3)

A24-3. Is (he/she) in an extended day or school age program - including boys and girls clubs or YMCA programs, either before school or after school?  
 YES                       NO

A25-3. Is (he/she) cared for by a family child care provider - that is a state-licensed provider who runs a child care program in their own home?  
 YES                       NO

A26-3. While you are at work or school, is (he/she) cared for by any relative, such as a grandparent or older brother or sister, whether you pay them or not?  
 YES                       NO (SKIP TO A27-3)

A26a-3. How many hours a week is (he/she) cared for by a relative?  
 \_\_\_\_\_ HRS PER WEEK

A26b-3. Do you pay this relative to take care of (him/her)?  
 YES                       NO

A27-3. While you are at work or school, is (he/she) cared for by friends or other non-relatives, such as a babysitter,

whether you pay them or not?

- YES                       NO (SKIP TO A28-3)

A27a-3. How many hours a week is (he/she) cared for by a non-relative?  
 \_\_\_\_\_ HRS PER WEEK

A27b-3. Do you pay this person to take care of (him/her)?  
 YES                       NO

A28-3. How often does (CHILD) see or spend time with (his/her) biological (father/mother) - never, a few times a year or less, 1-3 times a month, once a week, several times a week, or daily or almost daily?  
 NEVER  
 A FEW TIMES A YEAR OR LESS  
 1-3 TIMES A MONTH  
 ONCE A WEEK  
 SEVERAL TIMES A WEEK  
 DAILY OR ALMOST DAILY  
 FATHER DECEASED

A29-3. **INTCHECK: (CHECK A1) # CHILDREN IN HH**  
 3 (SKIP TO A30 on PAGE 12)  
 4+ ----> GO TO KID4 - QUESTION A2-4

**CHILD 4**

little worse, or much worse than most kids  
(his/her) age?

A2-4. Is (CHILD 4) male or female?

- MALE
- FEMALE

- MUCH BETTER
- A LITTLE BETTER
- ABOUT THE SAME
- A LITTLE WORSE
- MUCH WORSE

A3-4. How old was (he/she) on (his/her) last birthday?

\_\_\_\_\_ AGE

A4-4. What is (his/her) relationship to you?

- BIRTH/ADOPTED CHILD (SKIP TO A7-4)
- STEP-CHILD (SKIP TO A7-4)
- FOSTER CHILD (SKIP TO A7-4)
  
- GRANDCHILD
- OTHER RELATIVE
- OTHER NON-RELATIVE

A5-4. Does (his/her) parent or legal guardian live in the household with you?

- YES (SKIP TO A29-4)
- NO
  
- R IS LEGAL GUARDIAN (SKIP TO A7-4)

A6-4. Are you the adult in the household most responsible for (his/her) care?

- YES
- NO (SKIP TO A29-4)

A7-4. What is (his/her) date of birth?

\_\_\_\_/\_\_\_\_/\_\_\_\_

<p>A8-4. <b>INT CHECK:</b> IS CHILD4 AGED <b>BIRTH TO 3</b>?</p> <p><input type="checkbox"/> YES (SKIP TO A14-4) <span style="float: right;"><input type="checkbox"/></span></p> <p style="text-align: right;">NO</p>
---

A9-4. What grade in school is (he/she) in?

- \_\_\_\_\_ GRADE
- NO SCHOOL/"PRESCHOOL " (SKIP TO A14-4)
  - HOME-SCHOOLED (SKIP TO A14-4)
  - UNGRADED

A10-4. Compared to other children (his/her) age, how is (he/she) doing in school - much better than most children (his/her) age, a little better, about the same, a

A11-4. Since (DATE) did (CHILD) attend special education classes in school for a learning or developmental disability?  
 YES  NO

A12-4. <b>INT CHECK: IS CHILD4 AGED 4 TO 6?</b> <input type="checkbox"/> YES (SKIP TO A14-4) <input type="checkbox"/> NO
---

A13-4. Since (DATE) did (CHILD).....

a. attend special classes for gifted students or do advanced work in any subjects in school?  
 YES  NO

b. participate on a sports team either in or out of school?  
 YES  NO

c. participate regularly in extracurricular activities or clubs at school?  
 YES  NO

d. participate regularly in clubs or activities outside of school, such as scouts, or church groups?  
 YES  NO

e. get suspended or expelled from school?  
 YES  NO

f. fail a class or not get promoted in school?  
 YES  NO

A14-4. How would you rate (CHILD's) health - excellent, very good, good, fair, or poor?

EXCELLENT  
 VERY GOOD  
 GOOD  
 FAIR  
 POOR

A15-4. Does your child have a physical, emotional, or mental condition that seriously interferes with (his/her) ability to do the things most children that age can do?  
 YES  NO (SKIP TO A16-4)

A15a-4. What is the problem or disability?  
\_\_\_\_\_

A15b-4. Does that keep (him/her) from attending regular child care or regular school?  
 YES  NO

A16-4. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a check-up, shots, or other routine care? Has it been less than 6 months, between 6 and 12 months ago, between 1 to 2 years ago, or more than 2 years ago?

LESS THAN 6 MONTHS  
 BETWEEN 6 AND 12 MONTHS  
 BETWEEN 1 AND 2 YEARS  
 2 YEARS OR MORE  
 NEVER HAD ROUTINE CARE

A17-4. Would you say (CHILD's) behavior is much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most children (his/her) age?

MUCH BETTER  
 A LITTLE BETTER  
 ABOUT THE SAME  
 A LITTLE WORSE  
 MUCH WORSE

A18-4. <b>INTCHECK: IS CHILD4 AGED BIRTH TO 12</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (SKIP TO A28-4)
--

A19-4. I'm going to ask you some questions about the kinds of child care arrangements you have for this child. This includes Head Start, child care centers, family child care, after school programs, and friends, relatives, older brothers or sisters, or babysitters who care for (him/her) when you are at work or school.

Does anyone (other than your spouse/partner) help care for this child on a regularly scheduled basis, either in your home or away from it?

- YES ----> **MARK TAB 1=YES**
- NO (SKIP TO A28-4)

A20-4. How many hours per week is (he/she) taken care of by someone other than your (spouse/partner)?  
 \_\_\_\_\_ HOURS PER WEEK

A21-4. **INTCHECK: IS CHILD4 AGED 6 TO 12**  
 YES (SKIP TO A24-4)       NO

A22-4. Is (he/she) in Head Start?  
 YES                       NO

A23-4. Is (he/she) in a childcare center or preschool?  
 YES (SKIP TO A25-4)  
 NO (SKIP TO A25-4)

A24-4. Is (he/she) in an extended day or school age program - including boys and girls clubs or YMCA programs, either before school or after school?  
 YES                       NO

A25-4. Is (he/she) cared for by a family child care provider - that is a state-licensed provider who runs a child care program in their own home?  
 YES                       NO

A26-4. While you are at work or school, is (he/she) cared for by any relative, such as a grandparent or older brother or sister, whether you pay them or not?  
 YES                       NO (SKIP TO A27-4)

A26a-4. How many hours a week is (he/she) cared for by a relative?  
 \_\_\_\_\_ HRS PER WEEK

A26b-4. Do you pay this relative to take care of (him/her)?  
 YES                       NO

A27-4. While you are at work or school, is (he/she) cared for by friends or other non-relatives, such as a babysitter,

whether you pay them or not?

- YES                       NO (SKIP TO A28-4)

A27a-4. How many hours a week is (he/she) cared for by a non-relative?  
 \_\_\_\_\_ HRS PER WEEK

A27b-4. Do you pay this person to take care of (him/her)?  
 YES                       NO

A28-4. How often does (CHILD) see or spend time with (his/her) biological (father/mother) - never, a few times a year or less, 1-3 times a month, once a week, several times a week, or daily or almost daily?  
 NEVER  
 A FEW TIMES A YEAR OR LESS  
 1-3 TIMES A MONTH  
 ONCE A WEEK  
 SEVERAL TIMES A WEEK  
 DAILY OR ALMOST DAILY  
 FATHER DECEASED

A29-4. **INTCHECK: (CHECK A1) # CHILDREN IN HH**  
 4 (SKIP TO A30 on PAGE 12)  
 5+ ----> GO TO KID5 - QUESTION A2-5

**CHILD 5**

A2-5. Is (CHILD 5) male or female?  
 MALE                       FEMALE

A3-5. How old was (he/she) on (his/her) last birthday?  
 \_\_\_\_\_ AGE

A4-5. What is (his/her) relationship to you?  
 BIRTH/ADOPTED CHILD (SKIP TO A7-5)  
 STEP-CHILD (SKIP TO A7-5)  
 FOSTER CHILD (SKIP TO A7-5)  
 GRANDCHILD

- OTHER RELATIVE
- OTHER NON-RELATIVE

A5-5. Does (his/her) parent or legal guardian live in the household with you?

- YES (SKIP TO A29-5)
- NO

R IS LEGAL GUARDIAN (SKIP TO A7-5)

A6-5. Are you the adult in the household most responsible for (his/her) care?

- YES
- NO (SKIP TO A29-5)

A7-5. What is (his/her) date of birth?

\_\_\_\_/\_\_\_\_/\_\_\_\_

A8-5. **INT CHECK: IS CHILD5 AGED BIRTH TO 3?**

- YES (SKIP TO A14-5)  NO

A9-5. What grade in school is (he/she) in?

\_\_\_\_ GRADE

- NO SCHOOL/"PRESCHOOL " (SKIP TO A14-5)
- HOME-SCHOOLED (SKIP TO A14-5)
- UNGRADED

A10-5. Compared to other children (his/her) age, how is (he/she) doing in school - much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most kids (his/her) age?

- MUCH BETTER
- A LITTLE BETTER
- ABOUT THE SAME
- A LITTLE WORSE
- MUCH WORSE

A11-5. Since (DATE) did (CHILD) attend special education classes in school for a learning or developmental disability?

- YES  NO

A12-5. **INT CHECK: IS CHILD5 AGED 4 TO 6?**

- YES (SKIP TO A14-5)  NO

A13-5. Since (DATE) did (CHILD).....

a. attend special classes for gifted students or do advanced work in any subjects in school?

- YES  NO

b. participate on a sports team either in or out of school?

- YES  NO

c. participate regularly in extracurricular activities or clubs at school?

- YES  NO

d. participate regularly in clubs or activities outside of school, such as scouts, or church groups?

- YES  NO

e. get suspended or expelled from school?

- YES  NO

f. fail a class or not get promoted in school?

- YES  NO

A14-5. How would you rate (CHILD's) health - excellent, very good, good, fair, or poor?

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

A15-5. Does your child have a physical, emotional, or mental condition that seriously interferes with (his/her) ability to do the things most children that age can do?

- YES  NO (SKIP TO A16-5)



A15a-5. What is the problem or disability?  
\_\_\_\_\_

YES ----> **MARK TAB 1=YES**  
 NO (SKIP TO A28-5)

A15b-5. Does that keep (him/her) from attending regular child care or regular school?

YES  NO

A20-5. How many hours per week is (he/she) taken care of by someone other than your (spouse/partner)?  
\_\_\_\_\_ HOURS PER WEEK

A16-5. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a check-up, shots, or other routine care? Has it been less than 6 months, between 6 and 12 months ago, between 1 to 2 years ago, or more than 2 years ago?

- LESS THAN 6 MONTHS
- BETWEEN 6 AND 12 MONTHS
- BETWEEN 1 AND 2 YEARS
- 2 YEARS OR MORE
- NEVER HAD ROUTINE CARE

A17-5. Would you say (CHILD's) behavior is much better than most children (his/her) age, a little better, about the same, a little worse, or much worse than most children (his/her) age?

- MUCH BETTER
- A LITTLE BETTER
- ABOUT THE SAME
- A LITTLE WORSE
- MUCH WORSE

A18-5. **INTCHECK: IS CHILD5 AGED BIRTH TO 12**

YES  NO (SKIP TO A28-5)

A19-5. I'm going to ask you some questions about the kinds of child care arrangements you have for this child. This includes Head Start, child care centers, family child care, after school programs, and friends, relatives, older brothers or sisters, or babysitters who care for (him/her) when you are at work or school.

Does anyone (other than your spouse/partner) help care for this child on a regularly scheduled basis, either in your home or away from it?

A21-5. **INTCHECK: IS CHILD5 AGED 6 TO 12**

YES (SKIP TO A24-5)  NO

A22-5. Is (he/she) in Head Start?

YES  NO

A23-5. Is (he/she) in a childcare center or preschool?

YES (SKIP TO A25-5)

NO (SKIP TO A25-5)

A24-5. Is (he/she) in an extended day or school age program - including boys and girls clubs or YMCA programs, either before school or after school?

YES  NO

A25-5. Is (he/she) cared for by a family child care provider - that is a state-licensed provider who runs a child care program in their own home?

YES  NO

A26-5. While you are at work or school, is (he/she) cared for by any relative, such as a grandparent or older brother or sister, whether you pay them or not?

YES  NO (SKIP TO A27-5)

A26a-5. How many hours a week is (he/she) cared for by a relative?

\_\_\_\_\_ HRS PER WEEK

A26b-5. Do you pay this relative to take care of (him/her)?

YES  NO

A27-5. While you are at work or school, is (he/she) cared for by friends or other non-relatives, such as a babysitter, whether

you pay them or not?

- YES                       NO (SKIP TO  
A28-5)

A27a-5. How many hours a week is (he/she)  
cared for by a non-relative?

\_\_\_\_\_ HRS PER WEEK

A27b-5. Do you pay this person to take care of  
(him/her)?

- YES                       NO

A28-5. How often does (CHILD) see or spend  
time with (his/her) biological  
(father/mother) - never, a few times a  
year or less, 1-3 times a month, once a  
week, several times a week, or daily or  
almost daily?

- NEVER  
 A FEW TIMES A YEAR OR LESS  
 1-3 TIMES A MONTH  
 ONCE A WEEK  
 SEVERAL TIMES A WEEK  
 DAILY OR ALMOST DAILY  
  
 FATHER DECEASED

A29-5. **INTCHECK: (CHECK A1) # CHILDREN  
IN HH**

- 5 (SKIP TO A30 on PAGE 12)  
 6+ -----> GO TO KID INSERT

A30. INTERVIEWER CHECK (**CHECK TAB 1**): DOES R HAVE ANY CHILDCARE FOR ANY CHILD?

- YES (SKIP TO A33)  
 NO

A31. Are you currently eligible for any federal or state child care subsidies?

- YES  
 NO  
  
 DK

A32. (Is your child/Are your children) not in care because you don't want or need it at this time; although you want it, you can't find or afford the care you want; or for some other reason?

DON'T WANT/NEED (SKIP TO A37)

WANT IT BUT CAN'T AFFORD/FIND (SKIP TO A37)

OTHER ----> Please tell me more about that.

\_\_\_\_\_ (SKIP TO A37)

A33. (Now I want you to think about all of your children in child care) Altogether, how much do you pay out of pocket per week for childcare (for your child/all your children) while you at at work or school?

\_\_\_\_\_ DOLLARS PER WEEK

A34. Do you currently have a federal or state subsidy, such as a child care voucher or contracted slot, or DTA transitional child care benefits?

YES

NO (SKIP TO A34b)

DK (SKIP TO A34b)

A34a. Did you have a federal or state subsidy in (6 MONTHS BEFORE DATE)?

YES (SKIP TO A36)

NO (SKIP TO A36)

DON'T REMEMBER (SKIP TO A36)

A34b. Did you have a federal or state subsidy in (6 MONTHS BEFORE DATE)?

YES

NO

DON'T REMEMBER

A35. Are you currently eligible for federal or state child care subsidies?

YES

NO

DK

A36. Do you currently have any help in paying for child care from any of the following...

a. a sliding scale or reduced rate from the provider?  YES  NO

b. your employer or your partner's employer?  YES  NO

c. any relatives or friends of you or your children?  YES  NO

d. a program through the State that pays your child care provider either \$8 or \$15 a day?  YES  NO

e. anyone or anything else?  YES  NO

A37. INTERVIEWER CHECK: IS R FEMALE?

YES

NO (SKIP TO B1)

Now I would like to ask you a few questions about child support...

A38. Since (DATE) have you received any child support payments from the (father of your child/the father or fathers of any of your children)?

YES (SKIP TO A40)

NO

VOLUNTEERS THAT FATHER IN HOUSEHOLD/MARRIED TO FATHER (SKIP TO B1)

VOLUNTEERS THAT (ALL) FATHER(S) DEAD/DK WHO FATHER IS (SKIP TO B1)

A39. Is there any kind of legal arrangement or court order that says you should receive financial support for your (child/children)?

YES (SKIP TO A45)

NO (SKIP TO A45)

VOLUNTEERS THAT FATHER IN HOUSEHOLD/MARRIED TO FATHER (SKIP TO B1)

VOLUNTEERS THAT (ALL) FATHER(S) DEAD/DK WHO FATHER IS (SKIP TO B1)

A40. INTERVIEWER CHECK: HOW MANY CHILDREN DOES R HAVE?

ONE (SKIP TO A42)

MORE THAN 1

A41. For how many of your children do you receive child support?

\_\_\_\_\_ # OF CHILDREN

A42. What is the total amount of child support you receive each month?

(IF AMOUNT VARIES EACH MONTH CHECK HERE  , AND ASK ABOUT **LAST MONTH**)

**PER MONTH**

\$ \_\_\_\_\_  PER 2 WEEKS

PER WEEK

OTHER \_\_\_\_\_

A42a. Are the payments made directly to you or to the Massachusetts Department of Revenue (DOR)?

TO RESPONDENT

TO DOR

BOTH

DK

A43. (Does he/Do they) pay regularly or (does he/do they) miss some payments?

REGULARLY (SKIP TO A45)

MISSES SOME

A44. In how many of the past 6 months have you received the child support you were supposed to get?

\_\_\_\_\_ # MONTHS

A45. How often (does he/do they) provide things like clothing, (diapers), or things for school — every week, every month, a few times a year, once a year, or never?

EVERY WEEK

EVERY MONTH

A FEW TIMES A YEAR

ONCE A YEAR

NEVER

**SECTION B: EDUCATION**

These next questions are about school.

B1. What is the highest year or grade in school you have completed?

- 8TH GRADE OR LESS ----->
- 9TH THROUGH 11TH GRADE ----->
- GED
- 12TH GRADE (GRADUATED FROM H.S.)
- SOME COLLEGE ----->
- COLLEGE GRADUATE (4 YEAR DEGREE)
- SOME GRADUATE WORK/GRADUATE DEGREE

B1a. Do you have your G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO
--

B1b. Did you receive an associates degree? <input type="checkbox"/> YES <input type="checkbox"/> NO
---

B2. Are you currently enrolled in any school or job training program?

- YES ----->**MARK TAB2 = SCHOOL**
- NO (SKIP TO B3)

B2a. What school or program is it?

\_\_\_\_\_

\_\_\_\_\_

B2b. Who pays for the program?

- RESPONDENT
- FAMILY MEMBER
- STATE/WELFARE DEPT.
- OTHER (SPECIFY) \_\_\_\_\_
- DK

B3. Have you ever taken any kind of employment related class or training program?

- YES
- NO (SKIP TO B8)

	B4. What program was it?	B5. Did you complete the program or did you leave before finishing the program?	B6. In what month and year did you (complete/ leave) the program?	B7. Who paid for the program?
PROG. #1	_____ - _____ - _____ -	<input type="checkbox"/> COMPLETE <input type="checkbox"/> LEAVE	_____/_____ MONTH /YEAR <input type="checkbox"/> 1996 OR BEFORE <b>(SKIP TO NEXT PROGRAM OR TO B8)</b>	<input type="checkbox"/> RESPONDENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> STATE/ WELFARE DEPT <input type="checkbox"/> OTHER (SPECIFY) _____ - <input type="checkbox"/> DK
PROG. #2	_____ - _____ - _____ -	<input type="checkbox"/> COMPLETE <input type="checkbox"/> LEAVE	_____/_____ MONTH /YEAR <input type="checkbox"/> 1996 OR BEFORE <b>(SKIP TO NEXT PROGRAM OR TO B8)</b>	<input type="checkbox"/> RESPONDENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> STATE/ WELFARE DEPT <input type="checkbox"/> OTHER (SPECIFY) _____ - <input type="checkbox"/> DK
PROG. #3	_____ - _____ - _____ -	<input type="checkbox"/> COMPLETE <input type="checkbox"/> LEAVE	_____/_____ MONTH /YEAR <input type="checkbox"/> 1996 OR BEFORE <b>(SKIP TO NEXT PROGRAM OR TO B8)</b>	<input type="checkbox"/> RESPONDENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> STATE/ WELFARE DEPT <input type="checkbox"/> OTHER (SPECIFY) _____ - <input type="checkbox"/> DK
PROG. #4	_____ - _____ - _____ -	<input type="checkbox"/> COMPLETE <input type="checkbox"/> LEAVE	_____/_____ MONTH /YEAR <input type="checkbox"/> 1996 OR BEFORE <b>(SKIP TO NEXT PROGRAM OR TO B8)</b>	<input type="checkbox"/> RESPONDENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> STATE/ WELFARE DEPT <input type="checkbox"/> OTHER (SPECIFY) _____ - <input type="checkbox"/> DK

B8. Did any of your (other) schooling train you for any particular kind of work or job?

YES ----->

B8a. What kind of work were you trained to do?

NO

---



B9. There are many kinds of schools and training programs that are designed to be helpful in the workplace. Some help people find jobs. Some teach how to write resumes or how to interview. And some teach skills people might need on a job, like computer skills or bookkeeping. Not including what you've already told me about, have you been to any school or other program that was intended to help you in any way in the workplace?

YES ----->

B9a. What kind of school or program was it?

---

---

NO

**SECTION C: WORK**

C1. Are you presently working at a job for pay?

YES ---> **MARK TAB2 = WORK**

NO (SKIP TO C34, PAGE 23)

C2. Do you work at only one job or more than one job?

ONE (SKIP TO C4)

MORE THAN ONE

C2a. How many jobs do you currently have?

\_\_\_\_\_ # JOBS

C3. Counting all your paid jobs, how many hours do you usually work each week?

\_\_\_\_\_ HOURS PER WEEK

IF R ABSOLUTELY CAN'T ANSWER BECAUSE OF VARIABLE HOURS EACH WEEK, ASK: Over the last 4 weeks, how many total hours did you work?

\_\_\_\_\_ # HOURS OVER PAST 4 WEEKS

C4. I need to know more about your (main) job. Do you work for yourself or someone else?

SELF

SOMEONE ELSE

C5. What kind of organization, business or industry is this (main job). (What do they do, make or sell?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C6. What kind of work do you do there?

\_\_\_\_\_

\_\_\_\_\_

C7. \_\_\_\_\_  
How much do you earn on this job before taxes?

\$ \_\_\_\_\_ [ ] PER HOUR  
[ ] PER WEEK  
[ ] PER MONTH  
[ ] PER \_\_\_\_\_

C8. Does your job (READ "A"...)

- a. provide paid sick leave? [ ] YES [ ] NO  
b. provide paid vacation days? [ ] YES [ ] NO  
c. offer health insurance? [ ] YES [ ] NO

C9. Does your job offer a transportation subsidy?

[ ] YES  
[ ] NO (SKIP TO C11)

C10. Do you use the subsidy?

[ ] YES -----> C10a. What kind of subsidy is it? \_\_\_\_\_  
[ ] NO  
[ ] NOT ELIGIBLE

C11. In what month and year did you first start working at this job?

\_\_\_\_\_  
(MONTH) (YEAR)

C12. How many hours do you usually work each week at your (main) job?

\_\_\_\_\_ HOURS PER WEEK

IF R ABSOLUTELY CAN'T ANSWER BECAUSE OF VARIABLE HOURS EACH WEEK, ASK: Over the last 4 weeks, how many total hours did you work?

\_\_\_\_\_ # HOURS OVER PAST 4 WEEKS

C13. How do you usually get to work - do you drive, walk, get a ride with someone else, take public transportation, like a bus or the T, or do you get there some other way?

DRIVE

WALK (SKIP TO C15)

GET A RIDE WITH SOMEONE ELSE

TAKE PUBLIC TRANSPORTATION

OTHER (SPECIFY: \_\_\_\_\_)

C14. Are you receiving a government subsidy that helps pay for your transportation costs to work?

YES

NO

C15. How much time do you usually spend traveling to work each (one) way?

\_\_\_\_\_ MINUTES

C16. Do you take your child to childcare or school on your way to work?

YES

NO (SKIP TO C18)

C17. How long does it usually take to get your child(ren) there, above and beyond what it takes you to get to work?

\_\_\_\_\_ MINUTES

C18. When you are at work, can you make or get emergency calls from your children or any teacher or caregiver?

YES

NO

C19. INTERVIEWER CHECK (**CHECK C12**): R WORKS AT (MAIN) JOB:

LESS THAN 30 HOURS PER WEEK

30 + HOURS PER WEEK (SKIP TO C22)

C20. If work were available, would you prefer to work full-time or not?

PREFER FULL-TIME

NOT PREFER FULL-TIME

C21. What is the main reason you are not presently (interested in full-time work/working full-time)?

---

---

---

---

C22. INTERVIEWER CHECK: R WORKS....

ONE JOB (SKIP TO C33)

MORE THAN ONE JOB

C23. I need to know more about your (other) job. Do you work for yourself or someone else?

SELF

SOMEONE ELSE

C24. What kind of organization, business or industry is this? (What do they do, make or sell?)

---

---

---

C25. What kind of work do you do there?

---

---

---

C26. What is your present hourly wage before taxes (at that job)?

\$ \_\_\_\_\_  PER HOUR  
 PER WEEK  
 PER MONTH  
 PER \_\_\_\_\_



C34. Have you worked at a job for pay since (DATE)?

[ ] YES

[ ] NO (SKIP TO C48)

C35. The next questions are about the most recent job you have had.

What kind of organization, business or industry was it? (What do they do, make or sell?)

---

---

---

C36. What kind of work did you do there?

---

---

---

C37. In what month and year did you first start working at that job?

            
(MONTH)

            
(YEAR)

C38. About how many hours did you work on your job in an average week?

           HOURS PER WEEK

IF R ABSOLUTELY CAN'T ANSWER BECAUSE OF VARIABLE HOURS EACH WEEK, ASK: Over the last 4 weeks you worked there, how many total hours did you work?

           # HOURS OVER LAST 4 WEEKS

C39. In what month and year did you stop working there?

            
(MONTH)

            
(YEAR)

C40. How much did you earn on this job before taxes?

\$ \_\_\_\_\_  
 PER HOUR  
 PER WEEK  
 PER MONTH  
 PER \_\_\_\_\_

C41. Why did you leave that job — did you quit or were you fired or laid off?

QUIT  
 FIRED OR LAID OFF (INCLUDES SEASONAL WORK)  
 OTHER (EXPLAIN: \_\_\_\_\_)

C42. Aside from the job you just told me about, since (DATE) how many other jobs have you had?

NONE  
 \_\_\_\_\_ # OTHER JOBS

C43. Now I'm going to read a list of reasons why some people leave jobs. For each, please tell me if it contributed to your decision to leave (any of) your job(s) since (DATE).

a. responsibilities for caring for other family members	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. problems with your health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. health problems of someone else in your family	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. problems with availability, reliability, or cost of child care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. transportation problems in getting your child to and from child care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. having to miss work or be late to care for your children	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. length of commute or unavailability of transportation	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C44. Since (DATE), did you leave (any of) your job(s) because (READ A)?

a. ... you took a better job.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. ... you went to school.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. ... it was a seasonal job or the work ended	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ... you were fired or laid off	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. ... the job didn't pay enough to make it worth going to work	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. ... your housing subsidy was going to decrease because of your income from work	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. ... you didn't like the job or the working conditions	<input type="checkbox"/> YES	<input type="checkbox"/> NO



h. ... you did not have the skills to perform the job

YES

NO

C45. Since (DATE) have you lost or quit a job or training program because you had problems with getting or keeping adequate child care?

YES

NO

C46. Since (DATE) were you unable to take a job or participate in a training program because you had problems getting or keeping adequate child care?

YES

NO

C47. Since (DATE), has there been a period of time when you were unemployed even though you wanted to be working?

YES

NO

C48. INTERVIEWER CHECK (**CHECK TAB 2**): IS R CURRENTLY WORKING?

YES (SKIP TO C51)

NO

C49. Are you currently looking for work?

YES

NO (SKIP TO C50)

C49a. For how many weeks have you been actively looking for work?

\_\_\_\_\_ # WEEKS

C49b. In the past week, about how many hours did you spend actively looking for work?

\_\_\_\_\_ HOURS LAST WEEK

C49c. Are you getting help looking for work?

YES

NO (SKIP TO C50)

C49d. From whom?

\_\_\_\_\_  
\_\_\_\_\_

C50. Following are some reasons for (not working/ not looking for work). For each tell me if it is a reason that you are not currently (working/looking for work)?

a.	You can't find a job that pays enough.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	You can't find any job.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	You can't find satisfactory child care at a reasonable cost.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	You can't arrange transportation to get to work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	You are afraid you will lose your current health insurance.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	You are afraid you will lose your housing subsidy or that your rent would go up.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	You are afraid you will lose other benefits you may have, such as food stamps.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Are you not currently (working/looking for work) because... You need more skills or education.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	You need more experience.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	You are pregnant or had a baby within the past 3 months.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k.	You want to stay home with your children.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l.	You have a child with health problems or a disability.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m.	You need to care for someone in your family other than a child.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n.	Are you not currently (working/looking for work) because... You have health problems.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
o.	You are currently in a school or training program.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
p.	Are you not currently (working/looking for work) because... <u>You</u> are on SSI or disability.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
q.	You are getting financial support from a husband or partner.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
r.	A former husband or partner is harassing you or otherwise interfering with your attempt to work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
s.	You are feeling depressed or overwhelmed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
t.	You are dealing with a drinking or drug problem.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C51. A lot of people have irregular or temporary jobs on the side to make ends meet. This could include odd jobs, babysitting, doing hair or other paid work at home, or doing other occasional jobs like cleaning houses or doing day labor.

(Aside from any work you've already told me about) Have you done any jobs like that for pay since (DATE)?

- YES
- NO (SKIP TO C52)

C51a. Have you done any work like that in the past month?

- YES
- NO (SKIP TO C52)

C51b. About how much money total did you earn from jobs like that in the past month?

\_\_\_\_\_ DOLLARS

C52. Not including anything you've already mentioned, since (DATE) have you worked informally for pay, that is received pay under the table?

- YES
- NO

C53. INTERVIEWER CHECK (**CHECK TAB 2**): IS R IN SCHOOL OR WORKING?

- YES
- NO (SKIP TO D1)

C54. Overall, how well do your child care arrangements meet your scheduling needs for work or school - very well, somewhat well, not very well, or not at all?

- VERY WELL
- SOMEWHAT WELL
- NOT VERY WELL
- NOT AT ALL

C55. (Is your child/Are any of your children) ever cared for by an older sibling while you are at work or school?

- YES
- NO

C56. (Is your child/Are any of your children) ever cared for by (his/her/their) other parent or your spouse or partner while you are at work or school?

- YES
- NO (SKIP TO C57)

C56a. Have you and your spouse or partner arranged your schedules so that one of you is available to take care of your child(ren) when the other is in work or school?

- YES
- NO

C57. Do you currently have or need childcare for your child(ren) outside the “normal” business hours, such as in the early mornings, after 6pm, or on weekends because of your work or school commitments?

- YES
- NO (SKIP TO C58)

C57a. Do you require care very early in the morning, that is before 7:30 AM (because of work or school)?

- YES
- NO

C57b. Do you require care at night or in the evenings (because of work or school)?

- YES
- NO

C57c. Do you need care on the weekends (because of work or school)?

- YES
- NO

C58. Sometimes parents try to solve their child care problems by taking their children with them to school or work. Is this something you do on a regular basis?

- YES
- NO

## SECTION D: MARITAL STATUS

D1. Have you ever been married?

YES

NO (SKIP TO E1)

D2. Are you married or unmarried now?

MARRIED

UNMARRIED (SKIP TO D4)

SEPARATED (IF VOLUNTEERED) ---->

D2a. Are you legally separated, or are you just living apart?

LEGALLY SEPARATED

LIVING APART

**(SKIP TO D5)**

D3. Are you and your spouse living together now, or living separately?

TOGETHER (SKIP TO E1)

SEPARATELY (SKIP TO D5)

D4. Are you widowed, legally divorced, legally separated, or just living apart from your spouse?

WIDOWED

DIVORCED

SEPARATED

LIVING APART

D5. In what year (were you (separated/divorced/widowed)/did you begin living apart)?

\_\_\_\_\_ YEAR

## SECTION E: OTHER HOUSEHOLD MEMBERS

Now I'd like to get a listing of the people aged 18 or older who live in your home.

- E1. Altogether, not including yourself, how many other people aged 18 or older live in your household with you? [ ] ONE JOB (SKIP TO E9)  
[ ] MORE THAN ONE
- [ ] NO OTHER ADULTS (SKIP TO E15)
- \_\_\_\_\_ # OTHER ADULTS
- E2. (Let's start with the oldest adult) Is that person male or female?
- [ ] MALE  
[ ] FEMALE
- E3. What is (his/her) relationship to you?
- [ ] SPOUSE  
[ ] PARTNER/BOY OR GIRLFRIEND  
[ ] PARENT  
[ ] CHILD  
[ ] FRIEND/ROOMMATE (SKIP TO E14)
- [ ] OTHER (SPECIFY:  
\_\_\_\_\_)
- E4. Now I have a few questions about (his/her) work history.
- Has (he/she) worked at a job for pay at any time since (DATE)
- [ ] YES  
[ ] NO (SKIP TO E14)  
[ ] DK
- E5. Is (he/she) currently working at a job for pay?
- [ ] YES (SKIP TO E7)  
[ ] NO
- E6. In what month and year did (he/she) last work at a job for pay? [ ] PER HOUR  
[ ] PER WEEK  
[ ] PER MONTH  
[ ] PER
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ MO/YR (SKIP TO E14)
- E7. Is (he/she) working at one job or more than one job? [ ] DON'T KNOW
- E8. Counting all of (his/her) jobs, how many hours does (he/she) usually work a week?
- \_\_\_\_\_ TOTAL HRS PER WEEK
- E9. How many hours a week does (he/she) usually work at (his/her) (main) job?
- \_\_\_\_\_ TOTAL HRS PER WEEK
- E10. Does (he/she) work for (himself/herself) or someone else?
- [ ] SELF  
[ ] SOMEONE ELSE
- E11. What kind of organization, business, or industry is this? (What do they do, make, or sell?)
- \_\_\_\_\_
- \_\_\_\_\_
- E12. What kind of work does (he/she) do there?
- \_\_\_\_\_
- \_\_\_\_\_
- E13. What is (his/her) present hourly wage before taxes?
- \$ \_\_\_\_\_



E13-2. What is (his/her) present hourly wage before taxes?

\$ \_\_\_\_\_ [ ] PER HOUR  
 [ ] PER WEEK  
 [ ] PER MONTH  
 [ ] PER \_\_\_\_\_

[ ] DON'T KNOW

E14-2. INT CHECK: # OTHER ADULTS IN HOUSEHOLD

[ ] ONLY 2 (SKIP TO E15, PAGE 32)

[ ] 3 OR MORE (GO TO HH INSERT)

E15. Do you have any children under 18 years old who are not presently living with you?

[ ] YES

[ ] NO (SKIP TO E21)

E15a. How many?

\_\_\_\_\_ NUMBER OF CHILDREN

(Starting with the oldest) What is the age of the (oldest/next oldest/etc.) child...

	CHILD 1	CHILD 2	CHILD 3
E16. AGE	_____ YRS OLD	_____ YRS OLD	_____ YRS OLD
E17. GENDER	[ ] MALE [ ] FEMALE	[ ] MALE [ ] FEMALE	[ ] MALE [ ] FEMALE
E18. Where is (he/she) currently living - with his or her other parent, in a foster home, with an other relative, (on his/her own), or someplace else?	[ ] W/ OTH PARENT [ ] FOSTER HOME [ ] WITH OTHER REL [ ] (ON OWN) [ ] OTHER	[ ] W/ OTH PARENT [ ] FOSTER HOME [ ] WITH OTHER REL [ ] (ON OWN) [ ] OTHER	[ ] W/ OTH PARENT [ ] FOSTER HOME [ ] WITH OTHER REL [ ] (ON OWN) [ ] OTHER



E19. In what year did (he/she) last live with you?	_____ YEAR (SKIP TO NEXT CHILD) <input type="checkbox"/> 1998 <input type="checkbox"/> 1999	_____ YEAR (SKIP TO NEXT CHILD) <input type="checkbox"/> 1998 <input type="checkbox"/> 1999	_____ YEAR (SKIP TO NEXT CHILD) <input type="checkbox"/> 1998 <input type="checkbox"/> 1999
E20. In what month was that?	_____ MONTH	_____ MONTH	_____ MONTH

E21. Including children, is there anyone you live with now who did not live with you in (DATE)?

YES

NO (SKIP TO E22)

E21a. Who is that? (RECORD RELATIONSHIP - ASK AGE/GENDER IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

E22. Is there anyone (else) who lived with you in (DATE) who is not living with you now?

YES

NO (SKIP TO F1)

E22a. Who is that? (RECORD RELATIONSHIP - ASK AGE/GENDER IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

## SECTION F: COMPARISONS

F1. Now I'm going to ask you to compare some things about how you have been doing since (DATE) with how you were doing before then when you were on welfare.

Since (DATE), has (READ A) been better, worse, or about the same as when you were on welfare (before (DATE))?

	BETTER	WORSE	SAME
a. your financial situation	[ ]	[ ]	[ ]
b. your emotional well-being	[ ]	[ ]	[ ]
c. your housing situation	[ ]	[ ]	[ ]
d. your ability to take care of your children	[ ]	[ ]	[ ]
e. the amount and kind of food you can afford	[ ]	[ ]	[ ]

## SECTION G: HOUSING

Now I have some questions about your housing situation.

G1. INTERVIEWER CHECK ( <b>CHECK COVERSHEET</b> ):	IS R CURRENTLY LIVING IN A SHELTER?
<input type="checkbox"/> YES ----->	Some of these questions may be difficult for you to answer considering where you are living now. (SKIP TO G12)
<input type="checkbox"/> NO	

G2. Is your house or apartment in a public housing project or development?

- YES (SKIP TO G6)
- NO
- DK

G3. Do you have any kind of government subsidy, such as a Section 8 voucher, that helps pay for your housing?

- YES (SKIP TO G6)
- NO

G4. Are you on a waiting list for any kind of government help with your housing costs, such as a Section 8 voucher or a place in public housing?

- YES
- NO

G5. Do you own your house or apartment, are you renting, or do you have some other kind of arrangement?

- OWN
- RENT (SKIP TO G6)
- OTHER (SPECIFY) \_\_\_\_\_ (SKIP TO G6)

G5a. Excluding taxes and insurance, how much is your monthly mortgage payment?

\$ \_\_\_\_\_ (SKIP TO G9)

G6. What is the total monthly rent for your house or apartment?

\$ \_\_\_\_\_ PER MONTH

G7. How much rent do you pay each month to live there?

\$ \_\_\_\_\_ PER MONTH

G8. Some people have to pay the cost of utilities in addition to their rent. Others have some or all utility payments included in their rent. For each of the following, please tell me if you have to pay for it separately or if the cost is included in your rent :

- a. the cost of electricity [ ] PAY [ ] INCLUDED
- b. oil, gas, or other costs for heat or cooking [ ] PAY [ ] INCLUDED
- c. the cost of water supply or sewage disposal [ ] PAY [ ] INCLUDED

G9. About how much money do you pay each month for utilities, that is electricity, gas, oil, water, and sewage?

\_\_\_\_\_ DOLLARS PER MONTH

G10. Do you have a working phone in your (house/apartment)?

[ ] YES

[ ] NO

G11. How many rooms are there in your current housing arrangement? Please count the kitchen and do not count any bathrooms in your total.

\_\_\_\_\_ # ROOMS

G12. Since (DATE) has your gas, electricity, heat, or telephone been turned off because you didn't pay the bill?

[ ] YES

[ ] NO

G13. How many times have you moved since (DATE)?

[ ] ZERO

\_\_\_\_\_ # TIMES (SKIP TO G18)

G14. How many months or years have you lived where you are living now?

\_\_\_\_\_ # MONTHS (SKIP TO G19)

-----OR-----

\_\_\_\_\_ # YEARS (GO TO G15)

G15. INTERVIEWER CHECK (**CHECK E1**, PAGE 30): ARE THERE OTHER ADULTS IN HH?

YES

NO (SKIP TO G17)

G16. In order to get housing, some people have to move in with a relative or friend, or they arrange to become roommates and share a place with a relative or friend. Which kind of situation are you in? Would you say you are living in your own place, in a place you are sharing, or are you staying in a place of a friend or relative?

(INTERVIEWER NOTE: IF R SAYS "LANDLORD'S PLACE," PROBE FOR OTHER RESPONSE)

RESPONDENT'S PLACE

SHARED WITH ROOMMATES

FRIEND'S OR RELATIVE'S PLACE

OTHER PLACE (SPECIFY) \_\_\_\_\_

G17. How would you rate the overall condition of your current housing - would you say excellent very good, good, fair or poor?

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

**ALL SKIP TO G30, PAGE  
39**

G18. How many months have you lived where you are living now?

\_\_\_\_\_ # MONTHS

G19. INTERVIEWER CHECK (**CHECK E1** PAGE 30): ARE THERE OTHER ADULTS IN HH?

YES

NO (SKIP TO G21)

G20. In order to get housing, some people have to move in with a relative or friend, or they arrange to become roommates and share a place with a relative or friend. Which kind of situation are you in? Would you say you are living in your own place, in a place you are sharing, or are you staying in a place of a friend or relative?

(INTERVIEWER NOTE: IF R SAYS "LANDLORD'S PLACE," PROBE FOR OTHER RESPONSE)

- RESPONDENT'S PLACE
- SHARED WITH ROOMMATES
- FRIEND'S OR RELATIVE'S PLACE
- OTHER PLACE (SPECIFY) \_\_\_\_\_

G21. How would you rate the overall condition of your current housing - would you say excellent, very good, good, fair or poor?

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

G22. Since (DATE) has there been a period of time when you either had to double up, that is move into someone else's home, apartment, or room or when you didn't actually move in with someone else, but stayed in other people's homes, because you didn't have anywhere else to live?

- YES
- NO

G23. Since (DATE) was there ever a time when you did not have your own place to live?

- YES
- NO (SKIP TO G26)
  
- R IS CURRENTLY IN SHELTER (SKIP TO G25)

G24. Since (DATE) have you spent any nights in a shelter, on the street, or in another place that was not designed for sleeping, such as in a public building or in car or other vehicle?

- YES
- NO

G25. Since (DATE) have any of your children lived apart from you, such as with a relative, friend, or in foster care, for any period of time because you didn't have a place of your own?

- YES
- NO

G26. Now I want to talk about your housing situation during the 6 months before (DATE). That would be from XXXX to XXXX.

How would you rate the overall condition of your housing in (6 MONTHS BEFORE DATE) - would you say excellent, very good, good, fair or poor?

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

G27. During that time period, was there ever a time when you did not have a place to live?

- YES
- NO (SKIP TO G30)

G28. During those six months, did you spend any nights in a shelter, on the street, or in another place that was not designed for sleeping, such as in a public building or in car or other vehicle?

- YES
- NO

G29. In the 6 months before (DATE), did any of your children lived apart from you, such as with a relative, friend, or in foster care, for any period of time because you didn't have a place of your own?

- YES
- NO

G30. During the 6 months before (DATE) - from XXXX to XXXX - did you have your gas, electricity, heat, or telephone turned off because you didn't pay the bills?

- YES
- NO

## SECTION H: FOOD SECURITY

H1. These next questions ask about the amounts and kinds of food you have to eat.

Since (DATE), did you or other adults in your household ever **cut the size of your meals or skip meals** because there wasn't enough money for food?

- YES
- NO (SKIP TO H2)

H1a. How often did this happen - every month, almost every month, some months but not every month, or in 1 or 2 months?

- EVERY MONTH
- ALMOST EVERY MONTH
- SOME MONTHS BUT NOT EVERY MONTH
- IN 1 OR 2 MONTHS

H2. Since (DATE), did you ever **eat less than you felt you should** because there wasn't enough money for food?

- YES
- NO

H3. Since (DATE), were you ever **hungry but didn't eat** because you couldn't afford enough food?

- YES
- NO

How true are each of the following statements...

H4. "The **food we bought just didn't last**, and we didn't have money to get more." Since (DATE) was that often, sometimes, or never true for you?

- OFTEN
- SOMETIMES
- NEVER

H5. "We **couldn't afford to eat balanced meals**." Since (DATE) was that often, sometimes, or never true for you?

- OFTEN
- SOMETIMES
- NEVER



Now again please think about the 6 months before (DATE) --- (that is from XXXX to XXXX)

H6. During that time period, did you or other adults in your household ever **cut the size of your meals or skip meals** because there wasn't enough money for food?

- YES
- NO (SKIP TO H7)

H6a. How often did this happen - every month, almost every month, some months but not every month, or in 1 or 2 months?

- EVERY MONTH
- ALMOST EVERY MONTH
- SOME MONTHS BUT NOT EVERY MONTH
- IN 1 OR 2 MONTHS

H7. During that time, did you ever **eat less than you felt you should** because there wasn't enough money for food?

- YES
- NO

H8. During that time, were you ever **hungry but didn't eat** because you couldn't afford enough food?

- YES
- NO

Thinking about the 6 months before (DATE) - how true are each of the following statements...

H9. "The **food we bought just didn't last**, and we didn't have money to get more." From XXXX to XXXX, was that often, sometimes, or never true for you?

- OFTEN
- SOMETIMES
- NEVER

H10. "We **couldn't afford to eat balanced meals**." During that time was that often, sometimes, or never true for you?

- OFTEN
- SOMETIMES
- NEVER

**SECTION J: FOOD STAMPS**

J1. Since (DATE) have you received Food Stamps?

YES

NO (SKIP TO J3)

J2. Do you currently receive Food Stamps?

YES ----->

J2a. How much do you get in Food Stamps each month?

\$ \_\_\_\_\_ EACH MONTH (SKIP TO J7)

NO

J3. Since (DATE) have you gone into your welfare office to apply or get recertified for Food Stamps?

YES

NO (SKIP TO J5)

J3a. Was your application for Food Stamps denied?

YES (SKIP TO J7)

NO

J4. Are you not getting Food Stamps now because you didn't reapply or go in to recertify when you were supposed to, or are you not getting them now for some other reason?

DIDN'T REAPPLY (SKIP TO J5)

OTHER REASON

J4a. What is that reason?

---

---

**ALL SKIP TO J7**

J5. There are many reasons households don't receive food stamps. For each of the following, please tell me if it was a reason why you didn't apply for Food Stamps.

a.	You don't need food stamps right now.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	You didn't know food stamps was a separate program from TAFDC.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	It was too hard to arrange transportation for you to get to the office to apply.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	You didn't think you would be eligible for food stamps.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	You thought you would only get a small amount of food stamps.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	It isn't worth the trouble.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	You don't want welfare.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	You could not find time to get to the welfare office during the day to apply.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

J6. Is there any other reason you did not apply for Food Stamps?

YES

NO (SKIP TO J7)

J6a. What is that reason?

---

---

J7. Now I have a few questions about some things you might have been told before you left welfare.

Before you left welfare, were you told in person or in writing, like in a letter or brochure, that DTA can pay for childcare for one year after you leave welfare for work?

YES

NO

DK

J8. Before you left welfare, were you told in person or in writing that you might be eligible for a subsidy for your transportation costs?

YES

NO

DK

J9. Before you left welfare, were you told in person or in writing that you might be eligible for food stamps when you were no longer on welfare?

YES

NO

DK

**SECTION K - R'S HEALTH & WELL-BEING**

K1. Overall, how would you rate your physical health - would you say it is excellent, very good, good, fair, or poor.

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

K2. Since (DATE) how many times have you been hospitalized overnight for serious physical health problems, accidents, or injuries - never, one time, 2-5 times, more than 5 times. (NOT INCLUDING CHILD BIRTH)

- NEVER
- ONE
- 2-5 TIMES
- MORE THAN 5 TIMES

K3. Do you have any physical disability, handicap, or any other serious physical, mental, or emotional problem?

- YES
- NO (SKIP TO K4)

K3a. What is it?

---

---

K4. Since (DATE) has there ever been a time when you were unable to work or carry out your normal activities for at least a month because of a physical, mental, or emotional health problem?

- YES
- NO (SKIP TO K5)

K4a. Are you currently unable to work or carry out your normal activities because of a physical, mental, or emotional health problem?

- YES
- NO

K5. The next questions are about things that sometimes happen in relationships. (Before we begin, I want to remind you that all your answers are confidential.) Has any current or former boyfriend, husband, or partner ever (READ A)...

		K6. Has this happened anytime in the last 12 months?	K7. Has this happened in the last 6 months?
a. made you think that they might hurt you?	[ ] YES ---> [ ] NO (SKIP TO b)	[ ] YES ---> [ ] NO (SKIP TO b)	[ ] YES [ ] NO
b. destroyed or taken your possessions or things of value to you?	[ ] YES ---> [ ] NO (SKIP TO c)	[ ] YES ---> [ ] NO (SKIP TO c)	[ ] YES [ ] NO
c. hit, slapped, or kicked you?	[ ] YES ---> [ ] NO (SKIP TO d)	[ ] YES ---> [ ] NO (SKIP TO d)	[ ] YES [ ] NO
d. thrown or shoved you onto the floor, against the wall, or down the stairs?	[ ] YES ---> [ ] NO (SKIP TO e)	[ ] YES ---> [ ] NO (SKIP TO e)	[ ] YES [ ] NO
e. tried to keep you from seeing or talking with your friends or family?	[ ] YES ---> [ ] NO (SKIP TO f)	[ ] YES ---> [ ] NO (SKIP TO f)	[ ] YES [ ] NO
f. hurt you badly enough that you went to a doctor or clinic?	[ ] YES ---> [ ] NO (SKIP TO g)	[ ] YES ---> [ ] NO (SKIP TO g)	[ ] YES [ ] NO
g. used a gun, knife, or other object in a way that made you afraid?	[ ] YES ---> [ ] NO (SKIP TO h)	[ ] YES ---> [ ] NO (SKIP TO h)	[ ] YES [ ] NO
h. forced you to have sex or engage in sexual activity against your will?	[ ] YES ---> [ ] NO (SKIP TO i)	[ ] YES ---> [ ] NO (SKIP TO i)	[ ] YES [ ] NO
i. consistently told you that you were worthless or called you names in order to make you feel bad about yourself as a person?	[ ] YES ---> [ ] NO (SKIP TO j)	[ ] YES ---> [ ] NO (SKIP TO j)	[ ] YES [ ] NO

j.	tried to control your every move?	<input type="checkbox"/> YES ---> <input type="checkbox"/> NO (SKIP TO k)	<input type="checkbox"/> YES ---> <input type="checkbox"/> NO (SKIP TO k)	<input type="checkbox"/> YES <input type="checkbox"/> NO
k.	threatened to take your children or to do things that might cause your children to be taken away from you?	<input type="checkbox"/> YES ---> <input type="checkbox"/> NO (SKIP TO l)	<input type="checkbox"/> YES ---> <input type="checkbox"/> NO (SKIP TO l)	<input type="checkbox"/> YES <input type="checkbox"/> NO
l.	harassed you at work, training, or school, or interfered with your attempt to go to work, training, or school.	<input type="checkbox"/> YES ---> <input type="checkbox"/> NO (SKIP TO K8)	<input type="checkbox"/> YES ---> <input type="checkbox"/> NO (SKIP TO K8)	<input type="checkbox"/> YES <input type="checkbox"/> NO

K8. Have you ever been to court to get a restraining order against a current or former boyfriend, husband, or partner?

YES

NO (SKIP TO K9)

K8a. Did this happen in the past 12 months?

YES

NO

K9. Have you ever called the police because you were afraid of your husband, boyfriend, or partner?

YES

NO (SKIP TO K10)

K9a. Did this happen in the past 12 months?

YES

NO

K10. Have you ever had to leave your home overnight to protect yourself from a husband, boyfriend, or partner?

YES

NO (SKIP TO L1)

K10a. Did this happen in the past 12 months?

YES

NO



## SECTION L. INSURANCE

Now I'd like to ask some questions about insurance coverage for you and your family.

L1. Do you have any kind of health insurance coverage at all?

- YES
- NO

L2. Do you have any health insurance coverage through government programs such as Medicare, Medicaid, MassHealth, or CommonHealth?

- YES
- NO (SKIP TO L3)

L2a. Through which government program or programs do you have insurance?  
(CHECK ALL THAT APPLY)

- MEDICARE
- MEDICAID
- MASS HEALTH
- COMMONHEALTH
- OTHER (SPECIFY:\_\_\_\_\_)

L3. INTERVIEWER CHECK (**CHECK TAB 2**): IS R CURRENTLY WORKING?

- YES
- NO (SKIP TO L5)

L4. Do you have insurance coverage through your employer?

- YES
- NO (SKIP TO L5)

L4a. Does your employer pay all the cost of the insurance premium, or only part of the cost?

- ALL (SKIP TO L5)
- PART
- NONE

L4b. How much do you have to pay?

\$\_\_\_\_\_ per \_\_\_\_\_



L5. (Is your child/are any of your children) covered by any of the health insurance at all, including Mass Health, Medicaid, HMOs, Children's Medical Security Plan, or any other kind of health insurance program?

YES

NO (SKIP TO M1)

L6. Now I'm going to read you a list of different kinds of health insurance programs. For each, please tell me if (your child is/any of your children are) covered by it.

a. Mass Health  YES  NO  DK

b. Medicaid  YES  NO  DK

c. insurance through your employment or (his/her) other parent's employment  YES  NO  DK

## SECTION M: HEALTH

M1. Next is a list of sentences that describe how you may have felt or behaved in the past week. After each sentence please tell me how many days since last (DAY OF WEEK) you felt this way. (READ A) How many days since last (DAY OF WEEK) did that describe you?

	<1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS
a. You did not feel like eating; your appetite was poor.	[ ]	[ ]	[ ]	[ ]
b. You felt depressed.	[ ]	[ ]	[ ]	[ ]
c. You felt that everything you did was an effort.	[ ]	[ ]	[ ]	[ ]
d. Your sleep was restless.	[ ]	[ ]	[ ]	[ ]
e. You were happy.	[ ]	[ ]	[ ]	[ ]
f. You felt lonely.	[ ]	[ ]	[ ]	[ ]
g. People were unfriendly.	[ ]	[ ]	[ ]	[ ]
h. You enjoyed life.	[ ]	[ ]	[ ]	[ ]
i. You felt sad.	[ ]	[ ]	[ ]	[ ]
j. You felt that people disliked you.	[ ]	[ ]	[ ]	[ ]
k. You could not "get going."	[ ]	[ ]	[ ]	[ ]

PROBES: LESS THAN ONE DAY - (RARELY OR NONE OF THE TIME)

1-2 DAYS - (SOME OR A LITTLE OF THE TIME)

3-4 DAYS - (OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME)

5-7 DAYS - (MOST OR ALL OF THE TIME)

M2. Have alcohol or drugs ever been a problem in your life?

YES

NO (SKIP TO M4)

M3. In the past year were you in a drug or alcohol treatment or detoxification program?

YES ----> In what month and year was the most recent time?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

NO ---> Were you ever in a drug or alcohol treatment or detoxification program?

YES

NO

M4. Have you ever had a serious emotional or psychiatric problem?

YES

NO (SKIP TO N1)

M5. In the past year, did you see a mental health professional such as a psychiatrist, psychologist, or clinical social worker for any emotional or personal problems?

YES

NO (SKIP TO M6)

M5a. In what month and year was your most recent visit?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

M6. Were you ever an inpatient at a psychiatric hospital or a psychiatric ward of a general hospital?

YES

NO (SKIP TO N1)

M6a. In what month and year was the most recent time?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

**SECTION N: WELFARE HISTORY**

N1. We're interested in the first time you received any cash benefits from the AFDC (TAFDC) program. In what year did you first start getting AFDC?

\_\_\_\_\_ YEAR

N2. Have you received any cash benefits from AFDC (TAFDC) since (DATE)?

YES

NO (SKIP TO N3)

N2a. Are you currently receiving them?

YES -----> **MARK TAB 3=BENEFITS & SKIP TO N11**

NO

N3. Before (DATE), had you been receiving AFDC continuously, or was there a period of more than a month that you stopped getting it?

CONTINUOUS (SKIP TO N5)

STOPPED

N4. How many months or years total did you receive AFDC?

MONTHS

\_\_\_\_\_

YEARS

N5. In what month and year did you last receive a check from DTA (a welfare check)?

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

N6. Did the Welfare Department (DTA) cut you off or was it your decision to leave welfare?

CUT OFF (SKIP TO N9)

LEFT

N7. Why did you leave?

---

---

---

N8. Did you apply for an extension of your welfare benefits?

YES

NO (SKIP TO P1)

N8a. Were you granted it?

YES (SKIP TO P1)

NO (SKIP TO P1)

N9. What happened that you were cut off?

24 MONTH TIME LIMIT

---

---

---

N10. Did you apply for an extension of your welfare benefits?

YES

NO (SKIP TO P1)

N10a. Were you granted it?

YES (SKIP TO P1)

NO (SKIP TO P1)

N11. Did you receive AFDC continuously between the time you first started on welfare and (DATE), or was there a period of more than a month during that time that you stopped getting it?

CONTINUOUS (SKIP TO N13)

STOPPED

N12. Before (DATE) for how many months or years total did you receive AFDC?

MONTHS

\_\_\_\_\_

YEARS

N13. In what month and year did you go back on AFDC this most recent time?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR



## SECTION P: FINANCES

P1. Do you own a car, truck, van, or other vehicle?

- YES  
 NO (SKIP TO P2)

P1a. How reliable is it - would you say very reliable, somewhat reliable, or not very reliable?

- VERY RELIABLE  
 SOMEWHAT RELIABLE  
 NOT VERY RELIABLE

P2. Do you have any savings accounts in a bank or credit union, including Christmas Clubs or other savings clubs?

- YES  
 NO (SKIP TO P3)

P2a. About how much money do you have in these savings accounts - less than \$100, \$101-\$200, \$201-\$500, more than \$500?

- LESS THAN \$100  
 \$101-\$200  
 \$201-\$500  
 MORE THAN \$500

P3. Do you currently owe any money (READ A) .....

a. to a credit card company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. to the electric, gas, oil, or phone company for past due bills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. to a doctor, dentist, or hospital	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. for back rent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. for a loan for a car, truck, or other vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. for a personal loan from a bank or loan company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. for a student loan for school	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. to a friend or relative	<input type="checkbox"/> YES	<input type="checkbox"/> NO

P4. Do you currently owe any other money to anyone else?

- YES **p** To whom? \_\_\_\_\_  
 NO

P5. INT CHECK: ARE THERE ANY "YES" ANSWERS IN P3 OR P4?

YES

NO (SKIP TO P7)

P6. (Not counting your mortgage) About how much do you currently owe altogether - less than \$500, \$501-\$1000, \$1001-\$2000, \$2001-\$5000, or more than \$5000?

LESS THAN \$500

\$500-\$1,000

\$1,001-\$2,000

\$2,001-\$5,000

MORE THAN \$5,000

P6a. Is that more, less, or about the same as what you owed just before (DATE)?

MORE

LESS

ABOUT THE SAME

**ALL SKIP TO P8**

P7. Did you owe any money to anyone in (DATE)?

YES

NO (SKIP TO P8)

P7a. About how much did you owe - less than \$500, \$501-\$1000, \$1001-\$2000, \$2001-\$5000, or more than \$5000?

LESS THAN \$500

\$500-\$1,000

\$1,001-\$2,000

\$2,001-\$5,000

MORE THAN \$5,000

P8. The federal government has a special rule that allows parents who make less than \$25,000 a year to pay lower taxes. It's called the Earned Income Tax Credit or EITC. Did you use it on your 1998 federal income tax return or have it added directly to your paycheck?

YES

NO

DON'T REMEMBER/DON'T KNOW

P9. Since (DATE), have you or any member of your family living with you received any income from....

		WHO RECEIVED
a.	Social Security, SSI, or SSDI [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
b.	unemployment compensation [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
c.	worker's compensation or sick pay [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
d.	court ordered child support or alimony [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
e.	veteran's benefits [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
f.	money from relatives or others living outside your home [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
g.	EAEDC - General Relief [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
h.	fuel assistance [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
i.	Food Stamps [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH
j.	foster care pay, that is money you receive for caring for foster children [ ] YES [ ] NO	[ ] R ONLY [ ] FAMILY MEMBER ONLY [ ] BOTH

P10. FOR EACH "YES" ANSWER ABOVE, GO BACK TO GRID AND ASK:  
You said you or a family member received (READ TYPE OF INCOME). Did you receive it, did a family member receive it, or did you both receive it?

- P11. Do any of your children receive free or reduced price lunches or breakfasts at school?
- YES  
 NO
- NONE IN SCHOOL
- P12. Since (DATE), did you get food from a food pantry, food bank, church, or soup kitchen?
- YES  
 NO
- P13. Since (DATE), have you received free clothes or household goods from a church or other charitable organization?
- YES  
 NO
- P14. Since (DATE), did you get any vouchers for food through WIC - the Women, Infants, and Children program ?
- YES  
 NO
- P15. Now again think about the 6 months before (DATE) --- XXXX to XXXX. During that time period did you get food from a food pantry, food bank, church, or soup kitchen?
- YES  
 NO
- DK
- P16. During that period, did you receive free clothes or household goods from a church or other charitable organization?
- YES  
 NO
- DK
- P17. During that period, did you get any vouchers for food through WIC - the Women, Infants, and Children program ?
- YES  
 NO
- DK

P18. INTERVIEWER CHECK (**CHECK TAB 3**): IS R CURRENTLY RECEIVING BENEFITS?

YES (SKIP TO P21)

NO

P19. Is the amount you have to live on now more, about the same, or less than when you were on welfare?

MORE

SAME

LESS

P20. Are your expenses more, about the same or less?

MORE

SAME

LESS

**ALL SKIP TO Q1**

P21. Is the amount you had to live on when you stopped receiving benefits around (DATE) more, less, or about the same as the amount you had to live on before you left welfare in (DATE)?

MORE

SAME

LESS

P22. Were your expenses more, about the same or less?

MORE

SAME

LESS



Q7. Is any language other than English used in your home now?

YES

NO (SKIP TO Q10)

Q7a. Which (main) language is that?

\_\_\_\_\_

Q8. How well can you speak English - well, just fair, or only a little?

WELL

JUST FAIR

ONLY A LITTLE

Q9. How well can you read English - well, just fair, only a little, or not at all?

WELL

JUST FAIR

ONLY A LITTLE

NOT AT ALL

Q10. (Since leaving welfare/While you were off welfare), in what ways (have things been/were things) more difficult or gotten worse for you and your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q11. (Since leaving welfare/While you were off welfare), in what ways (have things been/were things) easier or gotten better for you and your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK R VERY MUCH.**

**GO BACK TO COVERSHEET & RECORD PAYMENT AND RECONTACT**

**INFORMATION.**