

## Primary Caregiver Face-to-Face Interview Wave 1

**INTERVIEWER: THE INFORMATION ON PAGES 1-2 SHOULD BE COLLECTED WHEN YOU FIRST CONTACT THE FAMILY BY PHONE. IF YOU ARE UNABLE TO COLLECT THIS INFORMATION DURING THE PHONE CALL, PLEASE FILL OUT THESE TWO SHEETS IN THE FAMILY'S HOUSEHOLD BEFORE YOU GIVE OUT EACH PARTICIPANT'S QUESTIONNAIRE PACKET.**

**(INTERVIEWER: IN ORDER TO DETERMINE WHO THE PRIMARY CARE GIVER (R) OF CHILD IS, ASK:)**

1. Out of the people living in this household, what is the name of the person who has the most responsibility for and knows the most about (CHILD)?

-----  
Name of Primary Care giver

2. What is this person's relationship to (CHILD)?

-----  
Relationship of Primary Care giver to CHILD

**(NOTE: IF YOU ARE NOT PRESENTLY SPEAKING WITH R, ASK TO SPEAK WITH R. IF R IS NOT AVAILABLE, COLLECT THIS INFORMATION AT A LATER TIME WHEN YOU CAN SPEAK WITH R. DO NOT COLLECT THIS INFORMATION FROM ANYONE BUT R.)**

**(INTERVIEWER: IN ORDER TO DETERMINE WHO THE SECONDARY CARE GIVER (SCG) OF CHILD IS, ASK:)**

3. Out of the people living in this household, what is the name of the person who has the SECOND most responsibility for and knows the second most about (CHILD)?

-----  
Name of Secondary Care giver

4. What is this person's relationship to (CHILD)?

-----  
Relationship of Secondary Care giver to CHILD

**(INTERVIEWER: IN ORDER TO DETERMINE WHO THE TARGET OLDER SIBLING (OS) OF (CHILD) IS, ASK:)**

5. Does (CHILD) have any older brothers or sisters?

Yes  
1

No **(IF NO, SKIP TO Q.7)**  
2

6. Out of (CHILD's) older brothers and sisters living in this household, what is the name of the older brother or sister who is both under 18 and next in age to (CHILD)?

-----  
Name of Older Sibling

7. Please tell me the first names of all the people who are presently living in your household on a full-time basis, and what each one's relationship is to you, what their date of birth is, and what their sex is.

| <u>Name</u>        | <u>What is .....<br/>Relationship<br/>to you?</u> | <u>What is ...'s<br/>Date of<br/>Birth?</u><br><b>(IF R DOESN'T<br/>KNOW DOB,<br/>THEN ASK FOR<br/>PERSON'S AGE)</b> | <u>What is ....'s<br/>Sex</u> |   |
|--------------------|---|--|-------------------------------|---|
| _____              | R   | _____  | M                             | F |
| (RESPONDENT)       | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (TARGET CHILD)     | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (TARGET OLDER SIB) | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (SCG)              | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (OTHER)            | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (OTHER)            | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (OTHER)            | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (OTHER)            | _____   | (DOB)  |                               |   |
| _____              | _____   | _____  | M                             | F |
| (OTHER)            | _____   | (DOB)  |                               |   |

8. Do you have any children who do not live in your household?

Yes  
1

No **(IF NO, SKIP TO Q.9)**  
2

| <u>What are the names of<br/>children not living in the household?</u> | <u>Who is ... living with?</u> | <u>What is the Age of...?</u> |
|--|--------------------------------|-------------------------------|
| _____  | _____                          | _____                         |
| _____  | _____                          | _____                         |
| _____  | _____                          | _____                         |

9. Has (CHILD) ever been living in a separate household from you for at least two months?

Yes  
1

No **(IF NO, SKIP TO Q.11)**  
2

10. How many times?

(SPECIFY) \_\_\_\_\_ **(NOTE: PHONE CONTACT ENDS HERE.)**  
(Number of Times)

=====

In this interview, there are no right or wrong answers. We are just asking for your opinion. First, I am going to ask you some questions about your neighborhood.

11. How long have you lived in this neighborhood? \_\_\_\_\_ (YEARS) \_\_\_\_\_ (MONTHS)

12. How satisfied are you with this neighborhood? **(READ CATEGORIES)**

|                |                    |                                    |                       |                   |
|----------------|--------------------|------------------------------------|-----------------------|-------------------|
| Very Satisfied | Somewhat Satisfied | Neither Satisfied nor Dissatisfied | Somewhat Dissatisfied | Very Dissatisfied |
| 1              | 2                  | 3                                  | 4                     | 5                 |

13. Do you think you will be living in this neighborhood 5 years from now?

|     |    |
|-----|----|
| Yes | No |
| 1   | 2  |

Now I would like to ask you some questions about activities people in your household participate in.

**(INTERVIEWER: FOR EACH ACTIVITY, MOVE ACROSS FROM QUESTION 14 TO QUESTION 15).**

14. During the last year, has anyone in your household participated in...

15. Please use Response Scale #1. Who participates in...? **(CIRCLE ALL THAT APPLY)**

|   | <u>No</u>                      | <u>Yes</u> | <u>(CHILD)</u> | <u>(R)</u> | <u>Another Child</u> | <u>Other</u> |
|---|--------------------------------|------------|----------------|------------|----------------------|--------------|
| a. a community organization or tenant's council?                  | 2<br><b>(IF NO, SKIP TO b)</b> | 1          | 1              | 1          | 1                    | 1            |
| b. local political activities?                                    | 2<br><b>(IF NO, SKIP TO c)</b> | 1          | 1              | 1          | 1                    | 1            |
| c. civil rights activities?                                       | 2<br><b>(IF NO, SKIP TO d)</b> | 1          | 1              | 1          | 1                    | 1            |
| d. an after-school recreational or athletic program for children? | 2<br><b>(IF NO, SKIP TO e)</b> | 1          | 1              | 1          | 1                    | 1            |
| e. an organized summer recreational program for children?         | 2<br><b>(IF NO, SKIP TO f)</b> | 1          | 1              | 1          | 1                    | 1            |
| f. a scouting troop or youth club?                                | 2<br><b>(IF NO, SKIP TO g)</b> | 1          | 1              | 1          | 1                    | 1            |

During the last year, has anyone in your household participated in...

**(IF YES)**  
Who participates in...?  
**(CIRCLE ALL THAT APPLY)**

|  | <u>No</u>                    | <u>Yes</u> | <u>(CHILD)</u> | <u>(R)</u> | Another<br><u>Child</u> | <u>Other</u> |
|--|------------------------------|------------|----------------|------------|-------------------------|--------------|
| g. literacy, GED, or tutoring programs?  | 2                            | 1          | 1              | 1          | 1                       | 1            |
|  | <b>(IF NO, SKIP TO h)</b>    |            |                |            |                         |              |
| h. community volunteer programs?   | 2                            | 1          | 1              | 1          | 1                       | 1            |
|  | <b>(IF NO, SKIP TO i)</b>    |            |                |            |                         |              |
| i. religious services or other religious activities (INCLUDES choir, youth group, and all church attendance) | 2                            | 1          | 1              | 1          | 1                       | 1            |
|  | <b>(IF NO, SKIP TO j)</b>    |            |                |            |                         |              |
| j. other organizations or programs I have not mentioned?   | 2                            | 1          |                |            |                         |              |
|  | <b>(IF NO, SKIP TO Q.16)</b> |            |                |            |                         |              |

(IF YES, SPECIFY)

Who participates in....?  
**(CIRCLE ALL THAT APPLY)**

|          | <u>(CHILD)</u> | <u>(R)</u> | Another<br><u>Child</u> | <u>Other</u> |
|----------|----------------|------------|-------------------------|--------------|
| (1)_____ | 1              | 1          | 1                       | 1            |
| (2)_____ | 1              | 1          | 1                       | 1            |
| (3)_____ | 1              | 1          | 1                       | 1            |

16. Were you the leader or coach in any of the activities that your children belong to?

YES      NO  
1          2

17. Since (CHILD) began the first grade, has (he/she) been involved in...

a. After school sports programs?

YES  
1

NO  
2 (IF NO, SKIP TO b)

SPECIFY: \_\_\_\_\_  
(NAME OF PROGRAM)

How long?\_\_\_\_(CIRCLE: ) days weeks months years seasons summers  
1 2 3 4 5 6

(IF R ONLY GIVES ONE PROGRAM, ASK:) Any others?

SPECIFY: \_\_\_\_\_  
(NAME OF PROGRAM)

How long?\_\_\_\_(CIRCLE: ) days weeks months years seasons summers  
1 2 3 4 5 6

SPECIFY: \_\_\_\_\_  
(NAME OF PROGRAM)

How long?\_\_\_\_(CIRCLE: ) days weeks months years seasons summers  
1 2 3 4 5 6

b. Lessons (for example, in music, sports, dance, art)?

YES  
1

NO  
2 (IF NO, SKIP TO Q.18)

Which ones?: \_\_\_\_\_  
(TYPE OF LESSONS)

How long?\_\_\_\_(CIRCLE: ) days weeks months years seasons summers  
1 2 3 4 5 6

(IF R ONLY GIVES ONE PROGRAM, ASK:) Any others?

SPECIFY: \_\_\_\_\_  
(TYPE OF LESSONS)

How long?\_\_\_\_(CIRCLE: ) days weeks months years seasons summers  
1 2 3 4 5 6

SPECIFY: \_\_\_\_\_  
(TYPE OF LESSONS)

How long?\_\_\_\_(CIRCLE: ) days weeks months years seasons summers  
1 2 3 4 5 6

18. Does (CHILD) have any special talents, skills or interests such as music, reading, art, athletics, drama, schoolwork or some other ability?

Yes  
1

No  
2

**(IF YES, SKIP TO Q.20)**

19. Is there something (he/she) is really good at or likes to do?

Yes  
1

No  
2 **(IF NO,SKIP TO Q.23,PAGE 8)**

**(IF YES, SKIP TO Q.20)**

20. What are these talents or interests? **(PROBE FOR DETAILS IF ANSWER IS TOO GENERAL.)**

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF ONLY ONE ANSWER IS GIVEN, ASK;)** Any other talents?

Yes  
1

No **(IF NO, SKIP TO Q.21)**  
2

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. What have you done to help (CHILD) get better at (this/these) thing(s)?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF ONLY ONE RESPONSE IS GIVEN, ASK;)** Any other things you have done to help (CHILD) get better ?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use Response Scale #2 to choose your answer.

22. In the past six months, how often have you done the following things to help (CHILD) get better at (FIRST TALENT/INTEREST MENTIONED)?

How often have you...

**(REPEAT STEM FREQUENTLY)**

a. told (CHILD) this is a very important talent to have because it will help (him/her) in the future?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

b. praised (CHILD) when (he/she) did well in the activity?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

c. told (CHILD) how to get better at the skill?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

d. signed (CHILD) up for classes or programs to help (him/her) get better at the skill?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

e. made sure (CHILD) practices the skill at home?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

f. done the activity with (CHILD)?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

g. watched (CHILD) do the activity?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

Have any of the following things happened to (CHILD)?

**(INTERVIEWER, FOR EACH EVENT, MOVE ACROSS FROM QUESTION 23 TO QUESTION 25.)**

|   |   |   |                               |  |  |
|---|---|---|-------------------------------|--|--|
| 23. Has (he/she).....                               |   |   | 24. What did you do about it? |  | 25. Did your actionsf?                         |
| a. gotten involved with the wrong kinds of kids?    | No<br>2<br><b>(IF NO, SKIP TO b)</b>    | Yes<br>1<br><b>(IF NOTHING, SKIP TO b)</b>    | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |
| b. gotten involved in drugs?                        | No<br>2<br><b>(IF NO, SKIP TO c)</b>    | Yes<br>1<br><b>(IF NOTHING, SKIP TO c)</b>    | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |
| c. gotten involved with alcohol?                    | No<br>2<br><b>(IF NO, SKIP TO d)</b>    | Yes<br>1<br><b>(IF NOTHING, SKIP TO d)</b>    | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |
| d. gotten in trouble with the police?               | No<br>2<br><b>(IF NO, SKIP TO e)</b>    | Yes<br>1<br><b>(IF NOTHING, SKIP TO e)</b>    | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |
| e. been beaten up by other kids?                    | No<br>2<br><b>(IF NO, SKIP TO f)</b>    | Yes<br>1<br><b>(IF NOTHING, SKIP TO f)</b>    | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |
| f. run away?  | No<br>2<br><b>(IF NO, SKIP TO g)</b>    | Yes<br>1<br><b>(IF NOTHING, SKIP TO g)</b>    | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |
| g. had serious emotional or psychological problems? | No<br>2<br><b>(IF NO, SKIP TO Q.26)</b> | Yes<br>1<br><b>(IF NOTHING, SKIP TO Q.26)</b> | _____                         |  | Yes, but only a Little<br>2<br>Yes, A lot<br>3 |



26. Do you worry about certain things happening to (CHILD)?

Yes No  
1 2

**(IF YES, SKIP TO Q.28)**

27. Do you worry about problems at school, drugs, or something else like that?

Yes No **(IF NO, SKIP TO Q.32)**  
1 2

28. What kinds of things do you worry about happening to (CHILD)? **(PROBE FOR DETAILS IF RESPONSE IS TOO GENERAL...LIKE IF R SAYS CHILD WILL GET IN TROUBLE ASK: WHAT KIND OF TROUBLE?)**

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF ONE RESPONSE GIVEN ASK;)** Are there any other things that you worry about happening to (CHILD)?

Yes No **(IF NO, SKIP TO Q.29)**  
1 2

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. What are you doing to stop these things from happening to (CHILD)?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF ONLY ONE RESPONSE GIVEN, ASK;)** Are there any other things that you are doing to stop these things from happening to (CHILD)?

Yes No **(IF NO, SKIP TO Q.30)**  
1 2

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use Response Scale #2 to answer the following questions.

30. In the past six months, how often have you tried any of the following things to keep (CHILD) from getting involved in the things you worry about?

How often did you...  
(grade

**STEM FREQUENTLY)**

a. talk to (him/her) about (it/them)?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

b. keep (him/her) away from these dangers?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

c. point out how these dangers have destroyed the lives of specific people you know?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

d. get (him/her) involved in good activities?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

e. keep (him/her) at home as much as possible?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

f. threaten to punish (CHILD) for doing things that lead to the problems?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

31. How confident are you that you will be able to prevent the things you worry about from happening? **(READ CATEGORIES)**

- 1. Very confident
- 2. Fairly confident
- 3. Not so confident
- 4. Not confident at all

Now I would like to ask you some questions about (CHILD's) friends.

32. How many of (CHILD's) good friend do you know? **(READ CATEGORIES)**

|             |       |            |      |     |
|-------------|-------|------------|------|-----|
| Almost None | A Few | About half | Most | All |
| 1           | 2     | 3          | 4    | 5   |

33. How many of (CHILD's) friends do you like and approve of? **(READ CATEGORIES)**

|             |       |            |      |     |
|-------------|-------|------------|------|-----|
| Almost None | A Few | About half | Most | All |
| 1           | 2     | 3          | 4    | 5   |

34. Do you think (CHILD) is getting different messages about what it means to be a successful person from (his/her) friends than from you?

|     |                                 |
|-----|---------------------------------|
| Yes | No <b>(IF NO, SKIP TO Q.37)</b> |
| 1   | 2                               |

35. What are the messages (he/she) is getting from (his/her) friends?

(SPECIFY)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

36. What are the messages (he/she) is getting from you?

(SPECIFY)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

37. Do you feel that (CHILD) is being pulled between your values and the values of (his/her) peer group?

|     |                                 |
|-----|---------------------------------|
| Yes | No <b>(IF NO, SKIP TO Q.38)</b> |
| 1   | 2                               |

How? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Now I would like to ask you some questions about your family rules and daily activities.

**(INTERVIEWER: FOR EACH RULE, MOVE ACROSS FROM QUESTION 38 TO QUESTION 39)**

38. Do you have family rules or expectations for your seventh grader about...

39. Please use Response Scale #3.  
How regularly are these rules or expectations enforced?

|   | No                                | Yes | Almost Never | Occasionally | About 1/2 the time | Sometimes | Almost Always |
|---|-----------------------------------|-----|--------------|--------------|--------------------|-----------|---------------|
| a. Maintaining a certain a certain grade point average. | 2<br><b>(IF NO, SKIP to b)</b>    | 1   | 1            | 2            | 3                  | 4         | 5             |
| b. Doing homework                                       | 2<br><b>(IF NO, SKIP to c)</b>    | 1   | 1            | 2            | 3                  | 4         | 5             |
| c. Doing household chores                               | 2<br><b>(IF NO, SKIP to d)</b>    | 1   | 1            | 2            | 3                  | 4         | 5             |
| d. When and how much TV to watch.                       | 2<br><b>(IF NO, SKIP to e)</b>    | 1   | 1            | 2            | 3                  | 4         | 5             |
| e. Which friends (CHILD) can go out with.               | 2<br><b>(IF NO, SKIP to f)</b>    | 1   | 1            | 2            | 3                  | 4         | 5             |
| f. bed time.  | 2<br><b>(IF NO, SKIP to Q.40)</b> | 1   | 1            | 2            | 3                  | 4         | 5             |

Please use Response Scale #3.

40. How often do you know where (CHILD) is in the course of the day?

|              |              |                    |           |               |
|--------------|--------------|--------------------|-----------|---------------|
| Almost Never | Occasionally | About 1/2 the time | Sometimes | Almost Always |
| 1            | 2            | 3                  | 4         | 5             |

41. How often do you know who (CHILD) is with when (he/she) is not at home?

|              |              |                    |           |               |
|--------------|--------------|--------------------|-----------|---------------|
| Almost Never | Occasionally | About 1/2 the time | Sometimes | Almost Always |
| 1            | 2            | 3                  | 4         | 5             |

Please use Response Scale #4.

42. Where does (CHILD) usually go after school?

- 1. Home, supervised by adult or older adolescent
- 2. Home, unsupervised
- 3. Somewhere else which is supervised (SPECIFY:)
- 4. Somewhere else which is unsupervised (SPECIFY:)

Please go back to Response Scale #2 to answer the following questions.

43. If you ask (CHILD) to do something and (he/she) does not do it, how often do you give up trying to get (him/her) to do it?

- |       |                 |              |           |               |
|-------|-----------------|--------------|-----------|---------------|
| Never | Almost<br>Never | Occasionally | Sometimes | Very<br>Often |
| 1     | 2               | 3            | 4         | 5             |

44. If you warn (CHILD) that (he/she) will be punished if (he/she) does not stop doing something, how often do you actually punish (him/her) if (he/she) does not stop?

- |       |                 |              |           |               |
|-------|-----------------|--------------|-----------|---------------|
| Never | Almost<br>Never | Occasionally | Sometimes | Very<br>Often |
| 1     | 2               | 3            | 4         | 5             |

45. If (CHILD) is punished, how often does the punishment work?

- |       |                 |              |           |               |
|-------|-----------------|--------------|-----------|---------------|
| Never | Almost<br>Never | Occasionally | Sometimes | Very<br>Often |
| 1     | 2               | 3            | 4         | 5             |

46. If a punishment has been decided upon, how often can (CHILD) change it by talking you out of it?

- |       |                 |              |           |               |
|-------|-----------------|--------------|-----------|---------------|
| Never | Almost<br>Never | Occasionally | Sometimes | Very<br>Often |
| 1     | 2               | 3            | 4         | 5             |

47. Does the kind of punishment you give (CHILD) depend on whether you are in a good or bad mood? **(READ CATEGORIES)**

It makes...

- |               |                 |                  |
|---------------|-----------------|------------------|
| No Difference | Some Difference | A Big Difference |
| 1             | 2               | 3                |

48. Do you feel you have found the right kind of discipline to deal with (CHILD)? **(READ CATEGORIES)**

- |       |                       |                     |                       |                      |
|-------|-----------------------|---------------------|-----------------------|----------------------|
| Never | In Some<br>Situations | Half of<br>the Time | In Most<br>Situations | In All<br>Situations |
| 1     | 2                     | 3                   | 4                     | 5                    |

**(IF CHILD HAS NO OLDER SIBLINGS LIVING IN HOME, SKIP TO Q.51)**

49. How much do you rely on (CHILD'S) older brothers and sisters to help in raising and taking care of (CHILD)?  
**(READ CATEGORIES)**

Not at all  
1

A little  
2

A lot  
3

**(IF NOT AT ALL,  
SKIP TO Q.51)**

50. How (do/does) (he/she/they) help you?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51. Is there anyone else in the household that you rely on to help in raising and taking care of (CHILD)?

Yes  
1

No **(IF NO, SKIP TO Q. 53, Page 15)**  
2

52. What are the names of the people that you rely on to help in raising and taking care of (CHILD)?

| <u>Name</u> | <u>Relationship to R</u> |
|-------------|--------------------------|
| a. _____    | _____                    |
| b. _____    | _____                    |
| c. _____    | _____                    |

**(FOR EACH PERSON LISTED, ASK :)**

How does (a.) help?  
(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does (b.) help?  
(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does (c.) help?  
(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. What about in the past, was there anyone who helped you to take care of (CHILD)?

Yes  
1

No (If NO SKIP TO Q.54)  
2

a. Who was that? (SPECIFY) \_\_\_\_\_  
(RELATIONSHIP TO R)

Now, a few questions about health.

Please use Scale #5.

54. How would you rate (CHILD's) overall health?

Poor  
1

Fair  
2

Good  
3

Very good  
4

Excellent  
5

55. Has (CHILD) had any accidents, health problems, pain, discomfort or a disability that make it difficult for (him/her) to do certain things?

Yes  
1

No (If NO, SKIP TO Q.56)  
2

What are these health conditions or disabilities? (LIST UP TO 3 HEALTH CONDITIONS)

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use scale #5 for the next question.

56. How would you rate your overall health?

Poor  
1

Fair  
2

Good  
3

Very good  
4

Excellent  
5

57. Do you have any health conditions or disabilities that limit what you can do?

Yes  
1

No (If NO, SKIP TO Q.58, Page 16 )  
2

What are these health conditions or disabilities?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

58. How much do these health conditions or disabilities keep you from doing the activities most people routinely do?  
**(READ CATEGORIES)**

|            |          |      |       |
|------------|----------|------|-------|
| Not at all | A little | Some | A lot |
| 1          | 2        | 3    | 4     |

Now I would like to ask some questions about (CHILD's) education.

59. Does (CHILD) go to a special class or get special help in school because of an emotional, physical, or health problem?

Yes  
1

No **(IF NO, SKIP TO Q.62)**  
2

60. What is the problem?

SPECIFY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

61. What kind of special education class is (CHILD) in?

SPECIFY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

62. Do you think that (CHILD) needs to attend a special class or get special help in school because of an emotional, physical, or health problem?

Yes  
1

No  
2

63. Is (CHILD) in an honors or accelerated class for gifted children?

Yes  
1

No  
2





Please use Response Scale #6 for the next two questions.

67. If finances were not a problem and everything else went right, how far would you like to see (CHILD) go in school?

- 1. 8th grade or less
- 2. 9-11th grade
- 3. Graduate from high school
- 4. Post-high school vocational training
- 5. Some College
- 6. Graduate from 2 year college with Associates degree or other para professional degree
- 7. Graduate from 4 year college
- 8. Master's degree or teaching credential program
- 9. MD, Law, PhD or other doctoral degree

68. Things often don't go right, so how far do you think (CHILD) will actually go in school?

- 1. 8th grade or less
- 2. 9-11th grade
- 3. Graduate from high school
- 4. Post-high school vocational training
- 5. Some College
- 6. Graduate from 2 year college with Associates degree or other para professional degree
- 7. Graduate from 4 year college
- 8. Master's degree or teaching credential program
- 9. MD, Law, PhD or other doctoral degree

69. Thinking back to the last school year, how many times, if ever, did you or your spouse...

a. phone or see a teacher or other school personnel about (CHILD's) schoolwork?

(SPECIFY) \_\_\_\_\_ (IF ANSWER IS NEVER,  
# OF TIMES GO TO B)

What kinds of things did you talk to them about?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

b. phone or see a teacher about (CHILD's) good or bad school behavior?

(SPECIFY) \_\_\_\_\_ (IF ANSWER IS NEVER,  
# OF TIMES GO TO C)

What kinds of things did you talk to them about?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

c. attend a parent/teacher conference?

(SPECIFY) \_\_\_\_\_ (IF ANSWER IS NEVER,  
#OF TIMES SEE INSTRUCTIONS ON  
THE BOTTOM OF THIS PAGE)

What kinds of things did you talk to them about?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

(IF "NEVER" FOR a, b, and c ABOVE, SKIP TO Q.71, PAGE 19)

Please use Response Scale #7.

70. In general, were these interactions...

|                       |                           |              |                           |                       |
|-----------------------|---------------------------|--------------|---------------------------|-----------------------|
| very<br>positive<br>1 | somewhat<br>positive<br>2 | neutral<br>3 | somewhat<br>negative<br>4 | very<br>negative<br>5 |
|-----------------------|---------------------------|--------------|---------------------------|-----------------------|

Please use Response Scale #8 to answer the following questions.

71. In general, how satisfied were you last year with...

|  | Not too<br>Satisfied | Somewhat<br>Satisfied | Very<br>Satisfied |
|--|----------------------|-----------------------|-------------------|
| a. the interest and ability shown by teachers at (CHILD's) sixth grade school?           | 1                    | 2                     | 3                 |
| b. the quality of courses that were offered at (CHILD's) sixth grade school?             | 1                    | 2                     | 3                 |
| c. the extra-curricular and sports activities and clubs at (CHILD's) sixth grade school? | 1                    | 2                     | 3                 |
| d. (CHILD's) safety at (his/her) sixth grade school?                                     | 1                    | 2                     | 3                 |

Please use Response Scale #8.

72. In general, how satisfied are you this year with...

|  | Not too<br>Satisfied | Somewhat<br>Satisfied | Very<br>Satisfied |
|--|----------------------|-----------------------|-------------------|
| a. the interest and ability shown by teachers at (CHILD's) school? | 1                    | 2                     | 3                 |
| b. the quality of courses that are offered at (CHILD's) school?    | 1                    | 2                     | 3                 |
| c. the extra-curricular and sports activities and clubs?           | 1                    | 2                     | 3                 |
| d. (CHILD's) safety at school?                                     | 1                    | 2                     | 3                 |

73. During the past year, have you considered changing (CHILD's) school because you weren't satisfied with it?

|          |                                      |
|----------|--------------------------------------|
| Yes<br>1 | No <b>(IF NO, SKIP TO Q.75)</b><br>2 |
|----------|--------------------------------------|

74. Did you actually do it?

|          |         |
|----------|---------|
| Yes<br>1 | No<br>2 |
|----------|---------|

75. During the past year have you considered getting (CHILD) into a tutoring program?

|          |   |
|----------|---|
| Yes<br>1 | No <b>(IF NO, SKIP TO Q.77, PAGE 20)</b><br>2 |
|----------|---|

76. Did you get (CHILD) into a tutoring program?

|          |         |
|----------|---------|
| Yes<br>1 | No<br>2 |
|----------|---------|

Horizontal Page 20 Goes Here

Horizontal Page 21 Goes Here



Horizontal Page 23 Goes Here

Horizontal Page 24 Goes Here





115. Is (CHILD's) biological father currently: **(READ CATEGORIES)**

|         |                     |         |            |
|---------|---------------------|---------|------------|
| Married | Living with Partner | Neither | Don't Know |
| 1       | 2                   | 3       | 8          |

116. Is he presently employed, unemployed, in school, or something else? **(READ CATEGORIES AND CIRCLE ALL THAT APPLY)**

1. Employed
2. With a job, but not at work because of temporary illness, sick leave, vacation, labor dispute, bad weather
3. Unemployed
4. In School
5. Disabled
6. Keeping house
7. Other (SPECIFY) \_\_\_\_\_

**(IF ABOVE, IS 3 OR 5, SKIP TO Q.118.  
 IF ABOVE, IS 4 AND NOT 1 OR 2, SKIP TO Q.120.  
 IF ABOVE IS 6 OR 7 AND NOT 1 OR 2, SKIP TO Q.121.  
 IF ABOVE IS 1 OR 2, CONTINUE WITH 117.)**

117.

a. What is his main occupation?

(SPECIFY) \_\_\_\_\_  
 (OCCUPATION)

b. Tell me more about what he actually does at the job? What are his main duties?

(SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_  
 (DUTIES)

c. What kind of business, industry or field is that?

(SPECIFY) \_\_\_\_\_  
 (BUSINESS OR INDUSTRY)

d. What do they do or make there?

(SPECIFY) \_\_\_\_\_  
 (MAKE)

**(IF R ANSWERED 117, SKIP TO Q.120)**

**(ASK Q. 118 AND Q.119 ONLY IF 3 OR 5 WAS AN ANSWER ON Q.116; OTHERWISE, SKIP TO Q.120)**

118. What was his main occupation the last time he worked regularly?

(SPECIFY) \_\_\_\_\_  
 (OCCUPATION)







**(ASK Q.137a ONLY IF 4 WAS AN ANSWER ON Q.134; OTHERWISE, SKIP TO Q.138)**

137a. What is she studying to become?  
(SPECIFY)\_\_\_\_\_

**(ASK EVERYONE:)**

138. In raising (CHILD), about how much responsibility does (his/her) biological mother take:  
**(READ CATEGORIES)**

|             |          |      |       |
|-------------|----------|------|-------|
| None at All | A Little | Some | A Lot |
| 1           | 2        | 3    | 4     |

139. Is her relationship with (CHILD): **(READ CATEGORIES)**

|                |              |             |                 |
|----------------|--------------|-------------|-----------------|
| Not Very Close | Fairly Close | Quite Close | Extremely Close |
| 1              | 2            | 3           | 4               |

140. How often do you and (CHILD's) biological mother discuss matters concerning (CHILD):

|       |        |           |            |
|-------|--------|-----------|------------|
| Never | Rarely | Sometimes | Frequently |
| 1     | 2      | 3         | 4          |

**(IF NEVER, SKIP TO Q.143)**

141. When you and (CHILD's) biological mother make decisions about (CHILD), does she have: **(READ CATEGORIES)**

|                       |                |                           |  |
|-----------------------|----------------|---------------------------|--|
| Very Little Influence | Some Influence | A Great Deal of Influence | <b>(DO NOT READ)</b><br>We don't make decisions together |
| 1                     | 2              | 3                         | 7  |

142. In raising (CHILD), how often do you and (his/her) biological mother agree... **(READ CATEGORIES)**

|       |           |         |        |
|-------|-----------|---------|--------|
| Never | Sometimes | Usually | Always |
| 1     | 2         | 3       | 4      |

**(IF R IS NOT MARRIED OR LIVING WITH A PARTNER, SKIP TO Q.161, PAGE 35)**

**(IF R IS MARRIED AND LIVING WITH SPOUSE/PARTNER, CONTINUE WITH Q.143)**

Now I have some questions about (SPOUSE/PARTNER).

143. What is the highest grade of school (he/she) has completed?\_\_\_\_\_ GRADE

**(IF R SAYS, "DON'T KNOW", ASK:)** What is your best guess?\_\_\_\_\_







160. How well do you and your (spouse/partner) get along? **(READ CATEGORIES)**

Not Well at All  
1

Not Very Well  
2

Pretty Well  
3

Very Well  
4

**(IF THERE IS A SCG OTHER THAN SPOUSE/PARTNER OR BIOLOGICAL PARENT ASK Q. 143A - 160A; OTHERWISE, SKIP TO Q. 161, PAGE. 35)**

Now I have some questions about (SCG).

143a. What is the highest grade of school (he/she) has completed? \_\_\_\_\_  
GRADE

**(IF R SAYS, "DON'T KNOW", ASK:)** What is your best guess? \_\_\_\_\_

144a. Is (he/she) presently employed, unemployed, in school, or something else? **(READ CATEGORIES)**

- 1. Employed
- 2. With a job, but not at work because of temporary illness, sick leave, vacation, labor dispute, bad weather
- 3. Unemployed
- 4. In School
- 5. Disabled
- 6. Keeping house
- 7. Other (SPECIFY) \_\_\_\_\_

145a. Does (he/she) do anything else for pay?

|     |    |
|-----|----|
| Yes | No |
| 1   | 2  |

**(IF Q. 144a ABOVE, IS 3 OR 5, SKIP TO Q. 151a.**  
**IF Q. 144a ABOVE, IS 4 AND NOT 1 OR 2, SKIP TO Q. 153a.**  
**IF Q. 144a ABOVE IS 6 OR 7 AND NOT 1 OR 2, SKIP TO Q. 154a.**  
**IF Q. 144a ABOVE IS 1 OR 2, CONTINUE WITH Q.146a)**

146a. How long has (he/she) been at (his/her) present job?

(SPECIFY) \_\_\_\_\_ (CIRCLE ONE) Weeks Months Years  
1 2 3

147a. What is (his/her) main occupation?

(SPECIFY) \_\_\_\_\_  
(OCCUPATION)

148a. Tell me more about what (he/she) actually does at the job? What are (his/her) main duties?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
(DUTIES)





Now I'd like to ask you some questions about your educational experiences since you graduated high school (or got your GED). Tell me about each of the times you were in a program that offered either an associates, BA, MA, or professional degree. Please do not include vocational or trade school experiences such as beauty school or auto mechanic school since I will be asking you about those experiences later on.

**(FOR EACH EXPERIENCE, GO ACROSS FROM Q.165 TO Q. 168 IN ORDER TO GET INFORMATION)**

Please tell me about your...

|                                  | 165. What Years?  | 166. Did you graduate?                  | 167. What degree did you get?  | 168. IF HIGHEST DEGREE... What was this degree in? |
|----------------------------------|-------------------|---|--|--|
| a. First Educational Experience  | 19__to<br>19_____ | Yes No<br>1 2<br><b>(SKIP TO b)</b>     | <b>(CIRCLE ONE)</b><br>Associates (1)<br>Bachelors (2)<br>Masters (3)<br>Doctoral (MD, law, PhD) (4)<br>Other_____ (5) | _____<br>(SPECIFY)                                 |
| b. Second Educational Experience | 19__to<br>19_____ | Yes No<br>1 2<br><b>(SKIP TO c)</b>     | <b>(CIRCLE ONE)</b><br>Associates (1)<br>Bachelors (2)<br>Masters (3)<br>Doctoral (MD, law, PhD) (4)<br>Other_____ (5) | _____<br>(SPECIFY)                                 |
| c. Third Educational Experience  | 19__to<br>19_____ | Yes No<br>1 2<br><b>(SKIP TO d)</b>     | <b>(CIRCLE ONE)</b><br>Associates (1)<br>Bachelors (2)<br>Masters (3)<br>Doctoral (MD, law, PhD) (4)<br>Other_____ (5) | _____<br>(SPECIFY)                                 |
| d. Fourth Educational Experience | 19__to<br>19_____ | Yes No<br>1 2<br><b>(SKIP TO e)</b>     | <b>(CIRCLE ONE)</b><br>Associates (1)<br>Bachelors (2)<br>Masters (3)<br>Doctoral (MD, law, PhD) (4)<br>Other_____ (5) | _____<br>(SPECIFY)                                 |
| e. Fifth Educational Experience  | 19__to<br>19_____ | Yes No<br>1 2<br><b>(SKIP TO Q.169)</b> | <b>(CIRCLE ONE)</b><br>Associates (1)<br>Bachelors (2)<br>Masters (3)<br>Doctoral (MD, law, PhD) (4)<br>Other_____ (5) | _____<br>(SPECIFY)                                 |

169. Aside from schooling you've told me about, have you ever received vocational training for at least a month from any place other than public school or college--for example, a nursing, beauty, auto mechanic or trade school?

Yes  
1

No (IF NO, SKIP TO Q.171)  
2

170. Tell me about the kinds of training and which years you received them, right up until the present time.

| <u>TYPE OF TRAINING</u> | <u>YEAR</u> |
|-------------------------|-------------|
| -----                   | 19-----     |
| -----                   | 19-----     |
| -----                   | 19-----     |

171. Starting with the year that (CHILD) was born, have you had any jobs for at least 6 months?

Yes  
1

No (IF NO, SKIP TO Q.173)  
2

172. In which years since (CHILD) was born did you work outside the home, for pay, for at least 6 months?

19 - 19  
(YEAR) (YEAR)

19 - 19  
(YEAR) (YEAR)

19 - 19  
(YEAR) (YEAR)

19 - 19  
(YEAR) (YEAR)

173. Is your residence now: (READ CATEGORIES)

(SKIP TO Q.175)

1. A house you own
2. An apartment you own
3. Owned by your parent
4. A house you rent
5. An apartment you rent
6. A rehab project
7. Other (SPECIFY)\_\_\_\_\_

174. Is this dwelling owned by the government or a housing authority? For example, is it public housing?

Yes      No  
1        2

175. How many bedrooms do you have?

\_\_\_\_\_
(# of Bedrooms)

176. Since you have been living with (CHILD), about how many places have you lived in?

\_\_\_\_\_
(# PLACES LIVED)

(IF 1, SKIP TO Q.178)

177. Altogether, how many times has (CHILD) f schools because of a move?

\_\_\_\_\_
(# SCHOOL CHANGES)

178. Are you presently employed, unemployed, keeping house, or something else?
(CIRCLE ALL THAT APPLY)

- 1. Employed
2. With a job, but not at work because of temporary illness, sick leave, vacation, labor dispute or bad weather
3. Unemployed
4. In school
5. Disabled
6. Keeping house
7. Other (SPECIFY): \_\_\_\_\_

IF ABOVE, IS 3 OR 5 AND NOT 1 OR 2, SKIP TO Q.182.
IF ABOVE, IS 4 AND NOT 1 OR 2, SKIP TO Q. 181b.
IF ABOVE IS 6 OR 7, SKIP TO Q. 182.
IF ABOVE IS 1 OR 2 CONTINUE WITH Q. 179)

179.

a. What is your main occupation?

(SPECIFY) \_\_\_\_\_
(OCCUPATION)

b. Tell me about what you actually do at the job. What are the main duties?

(SPECIFY) \_\_\_\_\_
\_\_\_\_\_
(DUTIES)

c. What kind of business, industry or field is it?

(SPECIFY) \_\_\_\_\_
(BUSINESS OR INDUSTRY)

d. What do they do or make there?

(SPECIFY) \_\_\_\_\_
(MAKE)







Please look at Response Scale #10 for the following answers.

190. From all sources of income you mentioned, tell me your total family income before taxes in 1990.

**(INTERVIEWER, IF R IS UNCERTAIN, ASK)** What would be your best guess?

1. Less than \$5,000
2. Between \$5,000-9,999
3. Between \$10,000-14,999
4. Between \$15,000-19,999
5. Between \$20,000-24,999
6. Between \$25,000-29,999
7. Between \$30,000-34,999
8. Between \$35,000-39,999
9. Between \$40,000-44,999
10. Between \$45,000-49,999
11. Between \$50,000-54,999
12. Between \$55,000-59,999
13. Between \$60,000-64,999
14. Between \$65,000-69,999
15. Between \$70,000-74,999
16. More than \$75,000

191. Think again over the past 12 months. Generally, at the end of each month do you end up with...

**(READ CATEGORIES)**

Not Enough to  
Make Ends Meet  
1

Just Enough to  
Make Ends Meet  
2

Some Money  
Left Over  
3

More than Enough  
Money Left Over  
4

192. During the past year has (CHILD) tried to earn money so that (he/she) could help you by paying for (his/her) own clothes, activities, school fees, or things like that?

Yes                  No  
1                      2

193. How upset or worried are you because you do not have enough money to pay for things? **(READ CATEGORIES)**

Not at all Upset  
or Worried  
1

A Little Upset  
or Worried  
2

Somewhat Upset  
or Worried  
3

Very Upset  
or Worried  
4

193a. In the past year, has your family...(READ CATEGORIES AND CIRCLE ALL THAT APPLY)

|   | Yes | No |
|---|-----|----|
| a. gone more heavily into debt than usual?                      | 1   | 2  |
| b. fallen behind in paying bills?                               | 1   | 2  |
| c. cut back on social activities and entertainment expenses?    | 1   | 2  |
| d. changed food shopping or eating habits to save money?        | 1   | 2  |
| e. postponed medical or dental care because of a lack of funds? | 1   | 2  |

The following questions ask about important changes you may have experienced during the past year. Please tell me which events happened to you (or your SPOUSE/PARTNER) during the past 12 months.

194. During the PAST 12 MONTHS, did you (or your SPOUSE/PARTNER)...

|   | Yes | No |
|---|-----|----|
| a. change jobs for a worse one?                                 | 1   | 2  |
| b. change jobs for a better one?                                | 1   | 2  |
| c. get demoted, have trouble at work, or trouble with the boss? | 1   | 2  |
| d. get a promotion or major pay increase?                       | 1   | 2  |
| e. get laid off or fired?                                       | 1   | 2  |
| f. take a cut in wage or salary?                                | 1   | 2  |
| g. get into trouble with the law?                               | 1   | 2  |
| h. become a victim of a violent crime?                          | 1   | 2  |
| i. have a serious injury?                                       | 1   | 2  |
| j. have one of your children get seriously ill?                 | 1   | 2  |

195. During the past 12 months, did...

- |   |     |    |
|---|-----|----|
|   | Yes | No |
| a. (CHILD) have a serious injury or accident?                 | 1   | 2  |
| (SPECIFY) _____   |     |    |
| b. someone close to you die?                                  | 1   | 2  |
| (SPECIFY) _____   |     |    |
| (RELATIONSHIP)  |     |    |
| c. someone close to you get seriously ill or injured?         | 1   | 2  |
| (SPECIFY) _____   |     |    |
| (RELATIONSHIP)  |     |    |
| (SPECIFY) _____   |     |    |
| (INJURY OR ACCIDENT)  |     |    |
| d. someone close to you become the victim of a violent crime? | 1   | 2  |
| (SPECIFY) _____   |     |    |
| (RELATIONSHIP)  |     |    |
| e. a close friend or relative have a child die?               | 1   | 2  |

Now I'd like to ask a few questions about your religious and spiritual life.

196. Do you have a ious preference?

Yes  
1

No (IF NO, SKIP TO Q.198)  
2

(SPECIFY) \_\_\_\_\_  
(RELIGIOUS PREFERENCE)

197. How often do you attend religious services and/or other activities at your place of worship?

(SPECIFY) \_\_\_\_\_ (CIRCLE ONE) days weeks months years  
1 2 3 4

Please use Response Scale #2 for the next two questions.

198. When you have difficulties in your family, work, or personal life, how often do you seek spiritual comfort or support?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

(IF NEVER OR ALMOST NEVER, SKIP TO Q.200)

199. When you seek spiritual comfort and support how often does that help you deal with your problems?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

The next few questions are about your ethnic or racial roots. In many parts of the country, schools are experiencing different degrees of racial tension which sometimes can affect school atmospheres, people's goals, and people's attitudes. We would like to ask you some questions about how your racial background may affect you and (CHILD). You may find some of these questions sensitive. Please feel free to let me know if there are any questions you don't feel comfortable with or you prefer to skip.

200. What is your race or ethnicity (for example, do you think of yourself as...White/European Descent, Black/African-American, Latino/Hispanic, Asian/Oriental, or something else)?

(SPECIFY)\_\_\_\_\_

**(IF R DOES NOT SAY WHITE/EUROPEAN DESCENT, BLACK/AFRICAN-AMERICAN, LATINO/HISPANIC, OR ASIAN/ORIENTAL, ASK: )** Would you consider yourself to be.. .

**(READ CATEGORIES)**

|                |                        |                 |                |               |
|----------------|------------------------|-----------------|----------------|---------------|
| Asian/Oriental | Black/African American | Latino/Hispanic | White/European | None of these |
| 1              | 2                      | 3               | 4              | 8             |

**(IF ASIAN/ORIENTAL SKIP TO Q.201, P.45.)**

**(IF BLACK/AFRICAN-AMERICAN SKIP TO Q. 209, P. 47)**

**(IF LATINO/HISPANIC SKIP TO Q. 217, P.49.)**

**(IF WHITE/EUROPEAN DESCENT SKIP TO Q.225, P.51.)**

**(IF NONE OF THESE, SKIP TO Q.232, P.53)**

**(FOR ASIANS/ORIENTALS ONLY.)**

Please use Response Scale # 11.

201. How important is being (Asian/Oriental) to you?

|                              |                            |                            |                        |
|------------------------------|----------------------------|----------------------------|------------------------|
| Not at all<br>Important<br>1 | A Little<br>Important<br>2 | Somewhat<br>Important<br>3 | Very<br>Important<br>4 |
|------------------------------|----------------------------|----------------------------|------------------------|

Please use Response Scale #2.

202. Do you talk in the family about being (Asian/Oriental)?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

203. Has being (Asian/Oriental) affected the goals you have for (CHILD)?

|          |                                       |
|----------|---------------------------------------|
| Yes<br>1 | No <b>(IF NO, SKIP TO Q.204)</b><br>2 |
|----------|---------------------------------------|

In what ways?

-----

-----

-----

-----

204. Now I would like to know some more about how being (Asian/Oriental) affects your experiences in general and at (CHILD's) school. Again, we realize that some of these questions may be sensitive. We would like to assure you that we do not intend to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Please use Response Scale #2.

Over your lifetime, in general, how often have you felt discriminated against because you are (Asian/Oriental)?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

**(IF NEVER,  
SKIP TO Q. 205)**

How?

-----

-----

-----

-----

205. Have you experienced discrimination at (CHILD's) school because you are (Asian/Oriental)?

Yes  
1

No (IF NO, SKIP TO Q.205a)  
2

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF R ONLY MENTIONS ONE RESPONSE GIVEN ABOVE, ASK:) Anything else?

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

205a. Do you think it has been harder for you to get ahead in life because you are (Asian/Oriental)?

Yes  
1

No (IF NO, SKIP TO Q.206)  
2

In what ways has it been harder for you?

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

206. Do you think (CHILD) is getting different messages about what it means to be a successful (Asian/Oriental) adolescent from (his/her) friends than from you?

Yes  
1

No (IF NO, SKIP TO Q.232, P.53)  
2

207. What are the messages (CHILD) gets from (his/her) friends?

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

208. What are the messages (CHILD) gets from you?

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF R IS ASIAN/ORIENTAL, GO TO Q.232, P.53)

**(FOR BLACKS/AFRICAN AMERICANS ONLY.)**

Please use Response Scale # 11.

209. How important is being (Black/African-American) to you?

|                              |                            |                            |                        |
|------------------------------|----------------------------|----------------------------|------------------------|
| Not at all<br>Important<br>1 | A Little<br>Important<br>2 | Somewhat<br>Important<br>3 | Very<br>Important<br>4 |
|------------------------------|----------------------------|----------------------------|------------------------|

Please use Response Scale #2.

210. Do you talk in the family about being (Black/African American)?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

211. Has being (Black/African-American) affected the goals you have for (CHILD)?

|          |         |                               |
|----------|---------|-------------------------------|
| Yes<br>1 | No<br>2 | <b>(IF NO, SKIP TO Q.212)</b> |
|----------|---------|-------------------------------|

In what ways?

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212. Now I would like to know some more about how being (Black/African American) affects your experiences in general and at (CHILD's) school. Again, we realize that some of these questions may be sensitive. We would like to assure you that we do not intend to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Please use Response Scale #2.

Over your lifetime, in general, how often have you felt discriminated against because you are (Black/African American)?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

**(IF NEVER,  
SKIP TO Q. 213)**

How?

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-----

-----

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213. Have you experienced discrimination at (CHILD's) school because you are (Black/African American)?

Yes  
1

No (IF NO, SKIP TO Q.213a)  
2

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF R ONLY GIVES ONE RESPONSE GIVEN ABOVE, ASK:) Anything else?

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

213a. Do you think it has been harder for you to get ahead in life because you are (Black/African American)?

Yes  
1

No (IF NO, SKIP TO Q. 214)  
2

In what ways?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

214. Do you think (CHILD) is getting different messages about what it means to be a successful (Black/African American) adolescent from (his/her) friends than from you?

Yes  
1

No (IF NO, SKIP TO Q.232, P.53)  
2

215. What are the messages (CHILD) gets from (his/her) friends?

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

216. What are the messages (CHILD) gets from you?

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(IF R IS BLACK, SKIP TO Q.232, P.53)



**(FOR LATINOS/HISPANICS ONLY.)**

Please use Response Scale # 11.

217. How important is being (Latino/Hispanic) to you?

- |                         |                       |                       |                   |
|-------------------------|-----------------------|-----------------------|-------------------|
| Not at all<br>Important | A Little<br>Important | Somewhat<br>Important | Very<br>Important |
| 1                       | 2                     | 3                     | 4                 |

Please use Response Scale #2.

218. Do you talk in the family about being (Latino/Hispanic)?

- |       |                 |              |           |               |
|-------|-----------------|--------------|-----------|---------------|
| Never | Almost<br>Never | Occasionally | Sometimes | Very<br>Often |
| 1     | 2               | 3            | 4         | 5             |

219. Has being (Latino/Hispanic) affected the goals you have for (CHILD)?

- |     |    |                               |
|-----|----|-------------------------------|
| Yes | No | <b>(IF NO, SKIP TO Q.220)</b> |
| 1   | 2  |                               |

In what ways?

-----

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220. Now I would like to know some more about how being (Latino/Hispanic) affects your experiences in general and at (CHILD's) school. Again, we realize that some of these questions may be sensitive. We would like to assure you that we do not intend to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Please use Response Scale #2.

Over your lifetime, in general, how often have you felt discriminated against because you are (Latino/Hispanic)?

- |       |                 |              |           |               |
|-------|-----------------|--------------|-----------|---------------|
| Never | Almost<br>Never | Occasionally | Sometimes | Very<br>Often |
| 1     | 2               | 3            | 4         | 5             |
- (IF NEVER,  
SKIP TO Q. 221)**

How?

-----

-----

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221. Have you experienced discrimination at (CHILD's) school because you are (Latino/Hispanic)?

Yes  
1

No (IF NO, SKIP TO Q.221a)  
2

How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF R ONLY MENTIONS ONE RESPONSE GIVEN ABOVE, ASK:) Anything else?**

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

221a. Do you think it has been harder for you to get ahead in life because you are (Latino/Hispanic)?

Yes  
1

No (IF NO, SKIP TO Q. 222)  
2

In what ways?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

222. Do you think (CHILD) is getting different messages about what it means to be a successful (Latino/Hispanic) adolescent from (his/her) friends than from you?

Yes  
1

No (IF NO, SKIP TO Q.232, P.53)  
2

223. What are the messages (CHILD) gets from (his/her) friends?

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

224. What are the messages (CHILD) gets from you?

SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF R IS LATINO/HISPANIC, GO TO Q.232, P.53)**

**(FOR WHITES/EUROPEAN DESCENT ONLY.)**

225. Besides being White, is there any other ethnic group you identify with? **(IF R DOESN'T UNDERSTAND, SAY: "SOME PEOPLE ARE WHITE AND IRISH, WHITE AND JEWISH")**

Yes  
1

No **(IF NO, SKIP TO Q.229)**  
2

(SPECIFY)\_\_\_\_\_

Please use Response Scale # 11.

226. How important is being (ETHNICITY) to you?

Not at all  
Important  
1

A Little  
Important  
2

Somewhat  
Important  
3

Very  
Important  
4

**(IF R SAYS Not at all important or a little important, SKIP TO Q.229)**

Please use Response Scale #2.

227. Do you talk in the family about being (ETHNICITY)?

Never  
1

Almost  
Never  
2

Occasionally  
3

Sometimes  
4

Very  
Often  
5

228. Has being (ETHNICITY) affected the goals you have for (CHILD)?

Yes  
1

No **(IF NO, SKIP TO Q.229)**  
2

In what ways?

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

229. Now I would like to know how being White affects your experiences in general and at (CHILD's) school. Again, we realize that some of these questions may be sensitive. We would like to assure you that we do not intend to offend anyone and that you are welcome to skip any questions you find uncomfortable.

Please use Response Scale #2.

Do you talk in the family about being White?

Never  
1

Almost  
Never  
2

Occasionally  
3

Sometimes  
4

Very  
Often  
5

230. Please use Response Scale #2.

Over your lifetime, in general, how often have you felt discriminated against because you are White?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

**(IF NEVER, SKIP TO Q. 231)**

How? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

231. Have you experienced discrimination at (CHILD's) school because you are white?

|          |  |
|----------|--|
| Yes<br>1 | No <b>(IF NO, SKIP TO Q.231a)</b><br>2 |
|----------|--|

How? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(IF R ONLY MENTIONS ONE RESPONSE GIVEN ABOVE, ASK:)** Anything else?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

231a. Do you think it has been harder for you to get ahead in life because you are White?

|          |  |
|----------|--|
| Yes<br>1 | No <b>(IF NO, SKIP TO Q. 232)</b><br>2 |
|----------|--|

In what ways? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(IF R IS WHITE, GO TO Q.232. P. 53)**

**ASK ALL R'S...**

232. Do you think White and Black kids are treated differently at (CHILD's) school?

Yes  
1

No **(IF NO, SKIP TO Q.233)**  
2

In what ways?  
(SPECIFY) \_\_\_\_\_

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

**(IF R, DOES NOT HAVE A SPOUSE/PARTNER, SKIP TO Q. 235 )**

233. Is (SPOUSE/PARTNER) of the same racial background as you?

Yes  
1

No  
2

**(IF YES, SKIP TO QUESTION 235)**

234. What is (SPOUSE/PARTNER) racial background?

(SPECIFY) \_\_\_\_\_

235. What is your child's racial background?

(SPECIFY) \_\_\_\_\_ **(IF THE SAME AS BOTH PARENTS, SKIP TO Q.236)**  
(RACE)

**(IF MORE THAN ONE BACKGROUND, ASK;)** Which of these backgrounds plays the most predominant role in (CHILD's) life?

\_\_\_\_\_  
Most Predominant Background

**(INTERVIEWER: USE THE MOST PREDOMINANT BACKGROUND FOR THE REMAINDER OF THE INTERVIEW)**

236. Do you think it will be harder for (CHILD) to get ahead in life because (he/she) is (RACE)?

Yes  
1

No **(IF NO, SKIP TO Q. 236a)**  
2

In what ways?

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

Please use Response Scale #12.

236a. How much do you think people will discriminate against (CHILD) because (he/she) is (RACE)?

|                 |               |           |            |
|-----------------|---------------|-----------|------------|
| Not at All<br>1 | A Little<br>2 | Some<br>3 | A Lot<br>4 |
|-----------------|---------------|-----------|------------|

**(IF ABOVE ANSWER IS NOT AT ALL, SKIP TO Q.241)**

237. In what ways will people discriminate against (CHILD)?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

238. What kinds of things are you doing for (CHILD) to protect (him/her) from being discriminated against because (he/she) is (RACE)?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

239. Are you trying to teach (him/her) any special things to help (him/her) deal with discrimination?

|          |                                       |
|----------|---------------------------------------|
| Yes<br>1 | No <b>(IF NO, SKIP TO Q.241)</b><br>2 |
|----------|---------------------------------------|

240. What are you teaching (him/her)?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====

Please use Response Scale #2.

241. Over your lifetime, in general, how often have you felt discriminated against because of your sex?

|            |                      |                   |                |                    |
|------------|----------------------|-------------------|----------------|--------------------|
| Never<br>1 | Almost<br>Never<br>2 | Occasionally<br>3 | Sometimes<br>4 | Very<br>Often<br>5 |
|------------|----------------------|-------------------|----------------|--------------------|

241a. Do you think it has been harder for you to get ahead in life because of your sex?

Yes  
1

No **(IF NO, SKIP TO Q.242)**  
2

In what ways?

-----  
-----  
-----

242. Do you think it will be harder for (CHILD) to get ahead in life because of (his/her) sex?

Yes  
1

No **(IF NO, SKIP TO Q.242a)**  
2

In what ways?

-----  
-----  
-----

242a. Do you think (CHILD) will be discriminated against because of (his/her) sex?

Yes  
1

No **(IF NO, SKIP TO Q.244)**  
2

243. What kinds of things do you do for your child to protect (him/her) from being discriminated against because (CHILD) is (male/female)?

(SPECIFY) -----  
-----  
-----  
-----

=====

Now I would like to ask you some questions about some of your family rules.

244. Do you have rules for (CHILD) about what time to be home on weekend nights?

|          |         |                               |
|----------|---------|-------------------------------|
| Yes<br>1 | No<br>2 | <b>(IF NO, SKIP TO Q.245)</b> |
|----------|---------|-------------------------------|

a. What is that time? \_\_\_\_\_  
SPECIFY TIME

Please use Response Scale #3 for the next two questions.

b. How regularly is this rule enforced?

|                      |                   |                         |                |                       |
|----------------------|-------------------|-------------------------|----------------|-----------------------|
| Almost<br>Never<br>1 | Occasionally<br>2 | About 1/2 the time<br>3 | Sometimes<br>4 | Almost<br>Always<br>5 |
|----------------------|-------------------|-------------------------|----------------|-----------------------|

c. How often do you know if (CHILD) comes home by this time?

|                      |                   |                         |                |                       |
|----------------------|-------------------|-------------------------|----------------|-----------------------|
| Almost<br>Never<br>1 | Occasionally<br>2 | About 1/2 the time<br>3 | Sometimes<br>4 | Almost<br>Always<br>5 |
|----------------------|-------------------|-------------------------|----------------|-----------------------|

245. Do you have rules for (CHILD) about what time to be home on school nights?

|          |         |                               |
|----------|---------|-------------------------------|
| Yes<br>1 | No<br>2 | <b>(IF NO, SKIP TO Q.246)</b> |
|----------|---------|-------------------------------|

a. What is that time? \_\_\_\_\_  
SPECIFY TIME

Please use Response Scale #3 for the next two questions.

b. How regularly is this rule enforced?

|                      |                   |                         |                |                       |
|----------------------|-------------------|-------------------------|----------------|-----------------------|
| Almost<br>Never<br>1 | Occasionally<br>2 | About 1/2 the time<br>3 | Sometimes<br>4 | Almost<br>Always<br>5 |
|----------------------|-------------------|-------------------------|----------------|-----------------------|

c. How often do you know if (CHILD) comes home by this time?

|                      |                   |                         |                |                       |
|----------------------|-------------------|-------------------------|----------------|-----------------------|
| Almost<br>Never<br>1 | Occasionally<br>2 | About 1/2 the time<br>3 | Sometimes<br>4 | Almost<br>Always<br>5 |
|----------------------|-------------------|-------------------------|----------------|-----------------------|

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Now I'd like to ask some questions about (CHILD's) education.

246. Parents often can't help their child at home as much as they would like. What are the things that limit how much time you spend with your child.

SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(IF ONE RESPONSE GIVEN ABOVE, ASK:)** Anything else?

247.

Yes  
1

No **(IF NO, SKIP TO Q.248)**  
2

SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use Response Scale #12.

248. How much do these kinds of things limit the amount of time you have at home to help (CHILD) with (his/her) school work?

Not at all  
1

A little  
2

Some  
3

A Lot  
4

249. Before your child entered the seventh grade:

a. Did the Jr. High school hold any meetings or orientations for parents of new Jr. High students?

|     |    |            |
|-----|----|------------|
| Yes | No | Don't Know |
| 1   | 2  | 8          |

**(IF NO OR DON'T KNOW, SKIP TO Q.251)**

b. Did you attend?

|     |    |
|-----|----|
| Yes | No |
| 1   | 2  |

**(IF YES, SKIP TO d)**

c. Why didn't you attend?

-----  
 ----- **(SKIP TO Q.251)**

d. Did you find these meetings useful or informative? **(READ CATEGORIES)**

|            |         |                    |                  |
|------------|---------|--------------------|------------------|
| Not Useful | Neutral | Yes, Mildly Useful | Yes, Very Useful |
| 1          | 2       | 3                  | 4                |

e. Did you get a tour of the Jr. High?

|     |    |
|-----|----|
| Yes | No |
| 1   | 2  |

f. Did you meet any of the teachers (CHILD) is taking classes from?

|     |    |
|-----|----|
| Yes | No |
| 1   | 2  |

Please use Response Scale #7.

250. Were these experiences:

|               |                   |         |                   |               |
|---------------|-------------------|---------|-------------------|---------------|
| very positive | somewhat positive | neutral | somewhat negative | very negative |
| 1             | 2                 | 3       | 4                 | 5             |

251. Have you done these things any time at (CHILD's) school this year?

Have you...

|  |     |    |
|--|-----|----|
|  | Yes | No |
| a. Helped the teacher in the classroom or on class trips   | 1   | 2  |
| b. Helped in the library, cafeteria, playground, or office | 1   | 2  |
| c. Done fund-raising for PTA                               | 1   | 2  |
| d. Something else? SPECIFY: _____                          | 1   | 2  |

Now I'd like to ask you some more questions about (CHILD's) school.

Please use Response Scale #14 for the next few questions.

252. Do you feel you understand how to interpret your child's standardized test scores? **(READ CATEGORIES)**

|                 |              |    |
|-----------------|--------------|----|
| Yes, Definitely | I think I do | No |
| 1               | 2            | 3  |

253. Do you know what courses your child had to choose from this year? **(READ CATEGORIES)**

|                 |              |                                  |
|-----------------|--------------|----------------------------------|
| Yes, Definitely | I think I do | No <b>(IF NO, SKIP TO Q.255)</b> |
| 1               | 2            | 3                                |

254. How did you find out? **(DON'T READ CATEGORIES)**

- a. my child told me (1)
- b. the school informed me (2)
- c. I already knew because I have had children in this school before (3)
- d. neighbors/friends/relatives told me (4)
- e. other (SPECIFY)\_\_\_\_\_ (5)

255. Do you know which courses your child would have to take in order to get into college preparatory courses in high-school? **(READ CATEGORIES)**

|          |           |           |            |    |                               |
|----------|-----------|-----------|------------|----|-------------------------------|
| Yes, all | Yes, Most | Yes, Some | I think so | No | <b>(IF NO, SKIP TO Q.257)</b> |
| 1        | 2         | 3         | 4          | 5  |                               |

256. How did you find out? Please tell me all that apply: **(DON'T READ CATEGORIES)**

- a. my child told me (1)
- b. the school informed me (2)
- c. I already knew because I have had children in this school before (3)
- d. neighbors/friends/relatives told me (4)
- e. other (SPECIFY)\_\_\_\_\_ (5)

257. Sometimes children in the seventh grade are placed in classes based on their ability level (remedial, basic, intensive). Was your child placed in classes based on (his/her) ability level?

|     |    |            |   |
|-----|----|------------|---|
| YES | NO | DON'T KNOW | <b>(IF NO OR DON'T KNOW, SKIP TO Q.261)</b> |
| 1   | 2  | 8          |   |

258. Do you know which ability level classes your child is in?

|     |    |
|-----|----|
| YES | NO |
| 1   | 2  |

Please use Response Scale #12 for the next few questions.

259. How involved was (CHILD) in making this decision?

|            |          |      |       |
|------------|----------|------|-------|
| Not at All | A Little | Some | A Lot |
| 1          | 2        | 3    | 4     |

260. How involved were you in making this decision?

|            |          |      |       |
|------------|----------|------|-------|
| Not at All | A Little | Some | A Lot |
| 1          | 2        | 3    | 4     |



Please use Scale #16.

269. Thinking about the last two weeks, about how often did (CHILD) do each of the following during out of school time?

|  | Never | Once<br>or<br>Twice | At<br>Least<br>Once<br>a Week | Several<br>Times<br>per<br>Week | Daily<br><i>Less</i><br>than<br>1 hr. | Daily<br><i>More</i><br>than<br>1 hr. |
|--|-------|---------------------|-------------------------------|---------------------------------|---------------------------------------|---------------------------------------|
| a. Music, art, drama, or dance           | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| b. sports or other physical activities   | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| c. hanging out with friends              | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| d. Watching news or educational TV       | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| e. Watching music videos (MTV)           | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| f. Watching other TV programs            | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| g. Playing Nintendo or other video games | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| h. reading for pleasure                  | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| i. doing homework                        | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| j. helping around the house              | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |
| k. working for pay away from home        | 1     | 2                   | 3                             | 4                               | 5                                     | 6                                     |

270. In an average week, about how much time do you spend reading newspapers, magazines or books at home?  
**(READ CATEGORIES)**

1. less than 1 hour
  2. 1-2 hours
  3. 3-5 hours
  4. more than 5 hours
- 
-

This is just about the end of the interview. We have a few more questions for you which deal with what you thought of this interview. We would also like to give you a chance to add anything else which you think is important.

271. Would you like to explain any of your answers further?

Yes  
1

No **(IF NO, SKIP TO Q.272)**  
2

(SPECIFY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

272. Were there any questions that made you feel particularly uncomfortable?

Yes  
1

No **(IF NO, SKIP TO Q.273)**  
2

(SPECIFY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

273. Are there any questions we did not ask you that you think may be important in understanding parent's involvement in their child's education?

Yes  
1

No **(IF NO, SKIP TO Q.274)**  
2

(SPECIFY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

274. Anything else that you would like to add?

Yes  
1

No **(IF NO, SAY THANK YOU.)**  
2

(SPECIFY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THANK YOU!!!!**