

APPENDIX A

Surveys and Measures

FEELINGS ABOUT HOW THINGS ARE GOING

For each of the following statements, check the box that best describes HOW OFTEN YOU HAVE FELT THIS WAY DURING THE PAST WEEK.

	Rarely or none of the time	A little of the time	A moderate amount of time	Most or all of the time
1. I was bothered by things that don't usually bother me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake the blues even with help from my family and friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that I was just as good as other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people disliked me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not "get going".....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT HEALTH SURVEY

Do you and/or your partner have medical insurance?

You Yes _____ No _____
 Partner Yes _____ No _____

If yes, what kind?

- Private/HMO
- Medicaid
- State Health Plan
- Other (Explain)

Do you and/or your partner have any type of dental insurance?

You Yes _____ No _____
 Partner Yes _____ No _____

If yes, what kind?

- Private
- Medicaid
- Other (explain)

About how many times in the past year have you been to a doctor or other health care provider?

Your partner? _____

If none, when was the last time you visited a doctor or health care provider?

Your partner? _____

About how many times in the past year have you visited a dentist?

Your partner? _____

If none, when was the last time you did visit a dentist?

Your partner? _____

Have you or your partner had any injuries or serious illnesses in the past year?

You Yes _____ No _____
 Partner Yes _____ No _____

If yes, please explain

About how many times in the past year have you missed work or job training due to an illness/injury?

Your partner? _____

Have you been pregnant in the past three years Yes _____ No _____

If yes: How many times _____

Are you and your partner able to have more children? Yes _____ No _____

If so, do you currently use birth control?

Yes _____ No _____

In the past three years, have you or your partner experienced any of the following health problems?

	You	Partner		You	Partner
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder/Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Problems	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Disability	<input type="checkbox"/>	<input type="checkbox"/>
Liver Problems	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Disease	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive Problems	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Bladder Infections	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management			Drug Problem	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Problem	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds/flu/sinus	<input type="checkbox"/>	<input type="checkbox"/>	Emotional, physical, or sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>	Migraines/Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>			
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)					
_____	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>			

First name of: Child 1: _____ Child 2: _____ Child 3: _____

CHILD HEALTH SURVEY

Does C1 have medical insurance?

- Private/HMO
- Medicaid
- State Plan
- Other (Explain): _____

C2: Y Yes Y No If yes, what kind?

- Private/HMO
- Medicaid
- State Plan
- Other (Explain): _____

C3: Y Yes Y No If yes, what kind?

- Private/HMO
- Medicaid
- State Plan
- Other (Explain): _____

About how many times in the past year has your child been to a doctor or other health care provider?
C1 _____ C2 _____ C3 _____

If none, when was the last time your child visited a doctor or health care provider?
C1 _____ C2 _____ C3 _____

In the past three years, has your child experienced any of the following health problems?

	C1	C2	C3		C1	C2	C3
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Lice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conjunctivitis (pink eye)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fetal Alcohol Effects/ Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fetal Drug Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Migraines/Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder/Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	_____	_____	_____
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds/flu/sinus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does C1 have any type of dental insurance? Y Yes Y No If yes, what kind?

- Private
- Medicaid
- Other (Explain): _____

C2: Y Yes Y No If yes, what kind?

- Private
- Medicaid
- Other (Explain): _____

C3: Y Yes Y No If yes, what kind?

- Private
- Medicaid
- Other (Explain): _____

About how many times in the past year has your child visited a dentist?
C1 _____ C2 _____ C3 _____

If none, when was the last time your child did visit a dentist?
C1 _____ C2 _____ C3 _____

Has your child had any injuries or serious illnesses in the past year?

C1: Y Yes YNo
C2: Y Yes YNo
C3: Y Yes YNo

If yes, please explain _____

About how many times in the past year has your child missed school due to an illness/injury?
C1: _____

C2: _____

C3: _____

KNOWLEDGE OF COMMUNITY RESOURCES

There are many community services that families need to know how to find. The services needed are different for each family. If you needed it, would you know where to go to:

Service	Yes	No
1. Get help on heating bills		
2. Apply for subsidized housing		
3. Find temporary housing		
4. Apply for Medicaid		
5. Find help for a drug or alcohol problem		
6. Find help for a domestic violence problem		
7. Get your child immunized		
8. Find a family doctor		
9. Find dental care		
10. Find a mental health counselor		
11. Find family planning services		
12. Apply for welfare		
13. Get legal assistance		
14. Apply for food stamps		
15. Apply for WIC		
16. Locate job training		
17. Find transportation choices		
18. Find child care		
19. Apply for a child care subsidy		
20. Find help for a family member with disabilities		
21. Find low-cost clothing for your family		
22. Find Cooperative Extension Activities (EFNEP,		

APPENDIX B

Wave Three Protocol

Interviewer _____ ID: _____ Date: _____ W1 Date _____ W2 Date _____

I want to thank you for agreeing to be interviewed again this year. Just like before, we are interested in hearing what life is like for you and your family. I want to remind you that the interview is voluntary. If you do not want to answer a question, you don't have to. All information that you give us will be kept confidential.

Before we begin, I want to make clear that the time period we want to gather information about is between the date of our last interview, _____ [give date of wave 2 interview], and today. I will keep reminding us both of this as I ask you the questions.

[DO NOT PROCEED UNLESS PARTICIPANT HAS SIGNED THE INFORMED CONSENT FORM.]

CURRENT HOUSEHOLD COMPOSITION

Mother's 1st Name _____

We'd like to catch up on any changes in your life and in your family since our last interview on _____.

1. Last time, you said that [GIVE NAMES] _____ were living in your household.

Have there been any changes since our last interview?

No → [GO TO QUESTION #2]

Yes →

1A) What has changed?
[FILL OUT CHART BELOW FOR NEW CHILD/PARTNER]

1B) [IF CHILD MOVED OUT] When? Why? Where is child living now?

1C) [IF PARTNER MOVED OUT] When? Why?

1D) [IF NEW PARTNER MOVED IN] How long has your new partner lived here?

1E) Any other changes? Are there any other new members of your household?

Notes from previous interview

Partner/Spouse: _____

Child(ren): _____

(FILL IN CHART FOR NEW CHILDREN/PARTNER)

New Child (first name)	Sex	DOB	Relation Mother	Relation Partner/ Spouse	Contact w/ bio parent (Y, N)	Receives child support (Y, N)
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

New Partner DOB Ethnicity

4. _____

[IF APPLICABLE] Does your partner have any children not currently living with you?

*** Key to codes**

S = Single
 M = Married
 LWP = Living with partner
 D = Divorced
 SEP = Separated

****Key to Codes**

W =Non-Hispanic White
 H =Hispanic/Latino
 AA =African American
 N =Native American
 A =Asian
 M =Multi-racial
 O =Other

***** Key to codes**

A = Adopted
 SC = Stepchild
 B = Biologicalchild
 F = Foster child
 NR = Not related
 O = Other

2. Last year you told us you were _____. (*married, separated, divorced, single, living with _____*).
Has that changed?

Yes →
No

2A) What has changed? _____ (*see chart on previous page for appropriate code*)

FAMILY WELL-BEING

1. What is the most important thing that happened to your family since our last interview?
Did something good happen to your family? Did something not so good happen to your family?
2. How are things going for your family right now? Tell me about that.
3. **[IF HAS PARTNER]** How are things between you and your partner? Tell me about that.
4. Relationships with family members can change over time; get better, get worse, or just be different.
Since our last interview, what changes have there been in your relationships with your parents, brothers and sisters, or other relatives?
5. What important events have your parents, brothers and sisters, or other relatives experienced in the last year, or what family news should we know about?
(**PROBE:** births, deaths, marriages, illnesses, moves, misfortunes, etc.)

Family Well-Being notes from
previous interviews:

SOCIAL SUPPORT

1. How often during the last month did friends give you practical help?
Often
Sometimes
Rarely
Never
2. **[IF APPROPRIATE]** What types of things have friends done for you and your family?
3. How often during the last month did relatives (excluding partner) give you practical help?
Often
Sometimes
Rarely
Never
4. **[IF APPROPRIATE]** What types of things have relatives done for you and your family?
5. How many people (excluding partner) could you call on for help if you were having trouble?
No one
1 or 2 people
3-5 people
6-9 people
10 or more

LIVING IN THE COMMUNITY

1. Have you moved since our last interview?

No → [GO TO QUESTION #9]

Yes →

1A) How many different places have you lived? _____

2. (FOR EACH MOVE) Why did you move?
3. How has/have your move(s) affected your family?
4. Is your current home now adequate for your needs?

No → 4A) What makes your current home inadequate?
Yes

5. Do you have easy access to:
- | | | |
|---------------|-----|----|
| Grocery store | Yes | No |
| Medical care | Yes | No |
| School | Yes | No |

6. Are there any services you need, but can't get to?

7. [IF LIVING IN A DIFFERENT COMMUNITY FROM PREVIOUS INTERVIEW]

There are many community services that families need to know how to access, and what each family needs may be very different. I would like to know about the kinds of community services you know about.

[ADMINISTER KNOWLEDGE OF COMMUNITY RESOURCES MEASURE]

8. Were you without your own home (homeless) at any point since our last interview?

Yes → 8A) What happened?
No 8B) Where did you live, and with whom?
8C) How long were you homeless?
8D) Have you found housing again? [If YES] How?

9. Can you tell me about any housing problems that you have experienced since our last interview? (IF NEEDED, PROBE WITH FOLLOWING) Leaky plumbing, Faulty electrical system, Exposed wires, Broken heating system, Pests (such as mice, rats, fleas, or cockroaches), Leaky roof or ceiling, No hot water, Stove or refrigerator that would not work, Environmental problems (such as asbestos, lead paint, radon, or mold, broken stairs, doors, etc.?)

[IF APPLICABLE] Please think back to the worst problem you've experienced. Was it fixed?

Yes → 9A) How long did the problem last?
No 9B) Who paid for it to be fixed?
9C) Was your family affected by the cost of the repair? How?

10. [IF THEY ARE LIVING IN THE SAME PLACE] Has anything changed in your neighborhood since our last interview? Can you tell me about that?

[FOR ALL PARTICIPANTS]

11. Do you feel safe where you live? Yes No Why or why not?

12. Do you feel that your children are safe? (PROBE to fill in chart)

In your home	Yes	No
The neighborhood	Yes	No
At their school	Yes	No

[FOR ALL "NO" RESPONSES]
Why not?

TRANSPORTATION

1. **[IF FAMILY OWNED VEHICLE AT LAST INTERVIEW BEGIN HERE]**
 At our last interview, you said ... (*reliable/unreliable vehicle?*)
 Has that changed?

2. Since our last interview, have you had any problems with your vehicle(s)?

Yes →

2A) Tell me about what happened.
 What did you do?

2B) Do you still own a vehicle?

Yes → [GO TO QUESTION #5]

No → [GO TO QUESTION #4]

No →

2C) [GO TO QUESTION #5]

Transportation notes from previous interviews:

3. **[IF NO VEHICLE AT LAST INTERVIEW BEGIN HERE]**
 Last time we talked you said...
 Since our last interview, have you gotten a vehicle?

No →

3A) Do you still depend on ...?
 [GO TO QUESTION #4]

Yes →

3B) [GO TO QUESTION #5]

4. **[IF FAMILY DOES NOT CURRENTLY OWN CAR]** How does your family's not owning a car affect how you get to appointments (medical, welfare, etc.), work or training programs? **[GO TO QUESTION #6]**

5. **[IF FAMILY CURRENTLY OWNS CAR]** If your car breaks down or is not available to you, how do you get to work, appointments, and the grocery store, etc.?

6. How long does it take you ...
- a. ... to get to work?
 - b. ... to get to medical appointments?
 - c. ... to get to welfare appointments?

7. Have you ever had to miss work or a training program because of a transportation problem?

Yes →

7A) How did your supervisor react?

No

EMPLOYMENT/CURRENT WORK

A. PARTICIPANT'S EMPLOYMENT/CURRENT WORK

1. Since our last interview, have you gotten any further education or training?

Yes →
No

1A) Tell me about that. What kind was it and where did you do it?
1B) How did you pay for it?

**[IF RESPONDENT WAS WORKING AT WAVE 2, BEGIN HERE]
[IF RESPONDENT WAS NOT WORKING AT WAVE 2, GO TO QUESTION #7]**

Participant employment information from wave 2:		Date	Hours/wk	Weeks/yr	Amount
	Wage/Salary	Started			of Raise
Job 1 _____	_____	_____	_____	_____	_____
Job 2 _____	_____	_____	_____	_____	_____
JOB 1			JOB 2		
Health insurance for yourself	Yes	No	DK	Health insurance for yourself	Yes No DK
Health insurance for children	Yes	No	DK	Health insurance for children	Yes No DK
Sick leave	Yes	No	DK	Sick leave	Yes No DK
Vacation	Yes	No	DK	Vacation	Yes No DK
Overtime	Yes	No	DK	Overtime	Yes No DK
Retirement plan	Yes	No	DK	Retirement plan	Yes No DK

2. At our last interview you said you were working at _____. Are you still working there?

No → [GO TO QUESTION #5]
Yes

3. How is your job/work going for you? Has anything changed about your job? Such as....

Different responsibilities Yes No
Different hours Yes No
Have you had a raise, promotion, or received new benefits?

Yes →
No

3A) When? _____ How much? _____ What kind of benefits? _____
3B) Has the raise, promotion, or new benefits changed your family life in any way?
(such as new hours or longer hours)

4. Do you have any additional jobs?

Yes →

4A) Why did you get an additional job?
4B) Tell me about your other job(s).
4C) [FILL OUT JOB 2 ON CHART BELOW [Question #8]]
4D) [GO TO B. Partner's Employment/Current Work]

No →

4E) [GO TO B. Partner's Employment/Current Work]

5. What happened with that job? (PROBE: Why did you leave that job?)

6. Are you currently working?

Yes → [FILL OUT CHART BELOW [Question #8]]

No →	<p>6A) Have you looked for work? Yes→How has that gone? Have you held any other jobs since our last interview? Tell me about that/them. Why did you leave that/those job(s)? [GO TO B. Partner's Employment/Current Work]</p> <p>No→For what reasons are you not looking for work? Have you held any other jobs since our last interview? Tell me about that/them. Why did you leave that/those job(s)? [GO TO B. Partner's Employment/Current Work]</p>
------	---

[IF RESPONDENT WAS NOT WORKING LAST YEAR, BEGIN HERE]

7. At our last interview, you said you were not working. Are you working now?

Yes → [FILL OUT CHART BELOW [Question #8]]

No →	<p>7A) Have you looked for work? Yes→How has that gone? Have you held any jobs since our last interview? Tell me about that/them. Why did you leave the other job(s)? [GO TO B. Partner's Employment/Current Work]</p> <p>No →For what reasons are you not looking for work? Have you held any jobs since our last interview? Tell me about that/them. Why did you leave the other job(s)? [GO TO B. Partner's Employment/Current Work]</p>
------	--

8. [IF YES, PARTICIPANT IS WORKING AT A NEW JOB] Tell me about the job(s) you have now. How did you find this job? Did you know somebody who already worked there? (PROBE to fill in chart: Where are you working now? What is it that you do? Are you working full-time or part-time?)

Participant employment	Wage/Salary	Date Started	Hours/wk	Weeks/yr	Amount Raise
Job 1 _____	_____	_____	_____	_____	_____
Job 2 _____	_____	_____	_____	_____	_____
(PROBE to fill in chart: Do you get any benefits with this new job(s)?)			<u>JOB 2 information</u>		
Health insurance for yourself	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Health insurance for children	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Sick leave	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Vacation	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Overtime	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Retirement plan	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK

9. [IF WORKING AT WAVE 1 OR 2] How does this job compare to your old job? Why do you say that? Has the new job made any difference in your family life? (PROBE: wages, hours, etc.)

B. PARTNER'S EMPLOYMENT/CURRENT WORK

[IF RESPONDENT HAS SAME PARTNER WHO WAS WORKING AT WAVE 2, BEGIN HERE]

[IF RESPONDENT HAS SAME PARTNER WHO WAS NOT WORKING AT WAVE 2, GO TO QUESTION #6]

[IF NEW PARTNER, GO TO QUESTION #9]

Partner employment information from wave 2:		Wage/Salary	Date Started	Hours/wk	Weeks/yr	Amount of Raise	
Job 1 _____		_____	_____	_____	_____		
Job 2 _____		_____	_____	_____	_____		
	JOB 1					JOB 2	
Health insurance for him/herself	Yes	No	DK	Health insurance for him/herself	Yes	No	DK
Health insurance for children	Yes	No	DK	Health insurance for children	Yes	No	DK
Sick leave	Yes	No	DK	Sick leave	Yes	No	DK
Vacation	Yes	No	DK	Vacation	Yes	No	DK
Overtime	Yes	No	DK	Overtime	Yes	No	DK
Retirement plan	Yes	No	DK	Retirement plan	Yes	No	DK

1. Last time we talked, you said _____ was working at _____.
Is he/she still working there?

No → [GO TO QUESTION #4]
Yes

2. Has anything changed about his/her job? Such as....

Different responsibilities Yes No
Different hours Yes No

Has he/she had a raise, promotion, or received new benefits?

Yes →
No

2A) When? _____ How much? _____ What kind of benefits?
2B) Has the promotion, raise, or new benefits changed your family life in any way?
(such as new hours or longer hours)

3. Does he/she have any additional jobs?

Yes →

3A) Why did he/she get an additional job?
3B) Tell me about his/her other job(s).
3C) [FILL OUT JOB 2 ON CHART BELOW [Question #7]]
3D) [GO TO C. Other Employment]

No →

3E) [GO TO C. Other Employment]

4. Can you share with me what happened and why he/she is not working at the same job?
(PROBE: Why did he/she leave the other job?)

5. Is he/she currently working?

Yes → [FILL OUT CHART BELOW [Question #7]]

No →

5A) Has he/she looked for work?
Yes → How has that gone?
Has he/she held any other jobs since our last interview?
Tell me about that/them? Why did he/she leave the other job(s)?
[GO TO C. Other Employment]

No → For what reasons is he/she not looking for work?
Has he/she held any other jobs since our last interview?
Tell me about that/them? Why did he/she leave the other job(s)?
[GO TO C. Other Employment]

[IF RESPONDENT HAS SAME PARTNER WHO WAS NOT WORKING AT WAVE 2, BEGIN HERE]

6. At the last interview you said _____ was not working. Is he/she working now?

Yes → [FILL OUT CHART BELOW [Question #7]]

No →

<p>6A) Has he/she looked for work?</p> <p>Yes → How has that gone?</p> <p>Has he/she held any jobs since our last interview?</p> <p>Tell me about that/them? Why did he/she leave this/those other job(s)?</p> <p>[GO TO C. Other Employment]</p> <p>No → For what reasons has he/she chosen not to look for work?</p> <p>Has he/she held any jobs since our last interview?</p> <p>Tell me about that/them? Why did he/she leave this/those other job(s)?</p> <p>[GO TO C. Other Employment]</p>

7. [IF YES, SAME PARTNER WORKING AT A NEW JOB] Tell me about his/her job(s). (PROBE: How did he/she find out about the job? Did he/she know someone already working there? Where is he/she working now? What is it that he/she does? Is he/she working full-time or part-time? (PROBE to fill in chart.)

Partner employment	Wage/Salary	Date Started	Hours/wk	Weeks/yr	Amount of Raise
Job 1 _____	_____	_____	_____	_____	_____
Job 2 _____	_____	_____	_____	_____	_____
(PROBE to fill in chart: Does he/she get any benefits with this new job(s)?) <u>JOB 2 information</u>					
Health insurance for him/herself	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Health insurance for children	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Sick leave	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Vacation	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Overtime	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Retirement plan	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK

8. [IF WORKING AT WAVE 1 OR 2] How does this job compare to his/her old job? Why do you say that?

[IF RESPONDENT HAS A NEW PARTNER, BEGIN HERE]

9. Is your partner employed?

Yes → [FILL OUT CHART ON NEXT PAGE [Question #10]]

No →

<p>9A) Has he/she looked for work?</p> <p>Yes → How has that gone?</p> <p>Has he/she held any jobs since you've lived together?</p> <p>Tell me about that/them? Why did he/she leave those job(s)?</p> <p>[GO TO C. Other Employment]</p> <p>No → For what reasons is he/she not looking for work?</p> <p>Has he/she held any jobs since you've lived together?</p> <p>Tell me about that/them? Why did he/she leave those job(s)?</p> <p>[GO TO C. Other Employment]</p>

10. **[IF YES, NEW PARTNER IS WORKING]** Tell me about his/her current job(s).
 (PROBE to fill in chart: Where is he/she working now? What is it that he/she does? Is he/she working full-time or part-time?)

New partner employment	Wage/Salary	Date Started	Hours/wk	Weeks/yr	Amount of Raise
Job 1 _____	_____	_____	_____	_____	_____
Job 2 _____	_____	_____	_____	_____	_____
(PROBE to fill in chart: Does he/she get any benefits with this job(s)?)			JOB 2 information		
Health insurance for him/herself	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Health insurance for children	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Sick leave	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Vacation	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Overtime	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
Retirement plan	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK

C. OTHER EMPLOYMENT

1. Does anyone else in the household have a job? (PROBE: Do any children have a job?)

Yes → 1A) Tell me about that.
 No

2. **[IF RESPONDENT IS CURRENTLY WORKING]** How is it combining work responsibilities and family responsibilities? Tell me about any problems you have at home because of work, or any problems at work because of family?

3. **[IF RESPONDENT IS CURRENTLY WORKING]** Is there anything in your life that makes it more difficult for you to hold down a job (or participate in a training program)? What about ... (PROBE to fill in chart)

Childcare	No	Yes
Transportation	No	Yes
Health issues	No	Yes
Family issues	No	Yes
Your partner	No	Yes

[FOR ALL "YES" RESPONSES]
 Tell me about that.

4. **[IF PARTICIPANT IS NOT CURRENTLY WORKING]** Since you are not currently working outside the home, is there anything in your life that makes it more difficult for you to work or participate in a training program? What about ... (PROBE to fill in chart)

Childcare	No	Yes
Transportation	No	Yes
Health issues	No	Yes
Family issues	No	Yes
Your partner	No	Yes

[FOR ALL "YES" RESPONSES]
 Tell me about that.

INCOME AND MAKING ENDS MEET

1. We would like to know about your family's sources of income. Remember, all of this information is completely confidential. From which of the following did you receive income this year? (**PROBE for changes in TANF, child and spousal support, food stamps, wages:** Has that been the same all year? Tell me about the change.)

	Amount	Weekly	Biweekly	Monthly	Other
Wages & Salaries (self)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages & Salaries (partner)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tips, Commissions, Overtime	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Retirement/pensions	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Security Income (SSI)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Compensation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Disability Compensation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child or Spousal Support	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's wages	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular gifts from family/friends	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Tax Refund	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, including odd jobs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you ever received TANF benefits?

Yes →
No

2A) How much time do you have on your TANF clock?
2B) Is the time limit a concern for you and your family? Why?

3. [IF APPLICABLE] When your child/spousal support doesn't come, what do you do? How do you manage?
4. Did you receive assistance from any of the following sources since our last interview? If so, how much?
[RECORD CASH VALUE]

	Yes	No	Amount	Weekly	Biweekly	Monthly	Other
WIC	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Lunch/Breakfast Program	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Earned Income Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PROBE: Do you receive any help paying the rent/mortgage?)							
Energy/fuel Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Grants or Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Assistance[IF APPLICABLE]	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other [describe]_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Tell me about any other regular help you're getting with child care, food, clothing, car/house repairs, baby goods, furniture and holiday gifts. (PROMPT: from other organizations, friends, family, churches)

6. Housing is usually the largest expense for families.

Do you...

own? → 6A) What is your monthly mortgage bill? _____

OR

rent? → 6B) What is your monthly rental bill? _____
6C) [IF TRAILER] What is your monthly lot rental bill? _____

OR

other? → 6D) Please describe.
6C) What is your monthly bill? _____

7. Since our last interview, did you ever have a difficult time paying for your rent or mortgage?

Yes → 7A) What did you do?
No
No; someone else paid

8. About how much do you pay each month for the utilities?

	<u>Included in Rent</u>		<u>Pays</u>		<u>Amount</u>	<u>In winter?</u>
Electricity	Yes	No	Yes	No	how much per month? _____	_____
Gas/Oil/Wood/Coal	Yes	No	Yes	No	how much per month? _____	_____
Cable TV	Yes	No	Yes	No	how much per month? _____	_____
Water	Yes	No	Yes	No	how much per month? _____	_____
Garbage	Yes	No	Yes	No	how much per month? _____	_____

9. Since our last interview, did you ever have a difficult time paying for the utilities?

Yes → 9A) What did you do?
No 9B) Was anything disconnected?
No; someone else paid Yes → What did you do to get it turned on again?
Who helped?
No

10. Do you have telephone service?

Yes → 10A) About how much do you pay each month? _____
No

11. Have you had a problem paying for phone service since our last interview?

Yes → 11A) What happened?
No
No, have not had phone service during this time

12. Since our last interview, have you had a problem paying for any specific items?

Food	No	Yes
Clothing	No	Yes
Medical care	No	Yes
Dental care	No	Yes
Medicines	No	Yes
Credit payments	No	Yes
Personal care items	No	Yes
Diapers	No	Yes
School fees or expenses	No	Yes
Property/school taxes	No	Yes
Childcare	No	Yes
Car repair/maintenance	No	Yes
Anything else	No	Yes

(For example: insurance, loan payments, etc)

[FOR ALL YES RESPONSES]

12A) What have you done when this happened?

13. If you find yourself running short on money, what do you do?

14. Since our last interview, have you borrowed money from a relative or friend?

Yes	→	14A) Why did you borrow it?
No		14B) How much did you borrow? _____
		14C) Have you been able to pay it back?
		Yes → How were you able to do that?
		No → Has anything happened because you
		have not been able to pay it back?
		Yes No

15. When people are having a hard time making ends meet, sometimes they will work for cash by doing different kinds of odd jobs. Since our last interview, have you done anything like that? (**PROBE:** Cleaned homes? Collected bottles/cans? Mowed lawns? Shoveled snow?)

Yes	→	15A) What did you do? _____
No		15B) For how long? _____
		15C) How much did you earn? _____

16. **[IF HAS PARTNER]** Since our last interview, has your partner done anything like that?

Yes	→	16A) What did he/she do? _____
No		16B) For how long? _____
		16C) How much did he/she earn? _____

17. Since our last interview, have you or your partner ever sold or pawned anything you owned?

Yes	→	17A) What did you/your partner sell/pawn?
No		

18. Since our last interview, have you or your partner ever bartered or traded for services or goods with others?

Yes	→	18A) What did you/your partner trade?
No		(PROBE: babysitting, food, car/house repairs)
		18B) With whom?
		18C) How often?

19. Compared with last year, would you say that your family's financial situation has... [CIRCLE NUMBER OF RESPONSE]

- 5 Improved a lot
- 4 Improved a little
- 3 Remained the same
- 2 Gone down a little
- 1 Gone down a lot

20. [RESTATE RESPONSE FROM QUESTION #19] What leads you to say that?

21. To what extent do you think your income is enough for you to live on? [CIRCLE NUMBER OF RESPONSE]

- 1 Not at all adequate
- 2 Can meet necessities only
- 3 Can afford some of the things we want but not all we want
- 4 Can afford about everything we want
- 5 Can afford about everything we want and still save money

22. [IF CHOOSES 2 OR 3 FROM QUESTION #21] When you think of necessities, what do you think of?

LIFE SKILLS SECTION

1. In general, how often are you able to pay your bills?

- Always
- Sometimes
- Never

2. In general, how often are you able to stick to a family budget?

- Always
- Sometimes
- Never

3. In general, how often are you able to stretch your groceries to the end of the month?

- Always
- Sometimes
- Never

4. In general, how often are you able to prepare a well-balanced meal for your family?

- Always
- Sometimes
- Never

FOOD SECURITY

1. Since our last interview, have you or any members of your household, been close to going hungry or ever gone hungry?

Yes →
No

1A) Tell me how this happened. What led to your being hungry?

2. Have you gotten food from a food bank or soup kitchen since our last interview?

Yes →
No

2A) Tell me about this.
2B) How often?

3. [ADMINISTER FOOD SECURITY MODULE]

HEALTH

A. ADULT HEALTH

1. At the previous interviews you mentioned that you... *(describe health conditions from previous interviews)*.
How has your health been since your last interview?

2. Have there been any changes in your health?

3. Have you developed any new medical conditions?

Yes → 3A) Please explain.
No

4. Since the last interview, have you had any injuries, surgeries, or serious illnesses?

Yes → 4A) Please explain.
No

5. Since the last interview, have any of your health problems resolved?

Yes → 5A) Please explain.
No

6. Have you been pregnant (again) since the last interview?

Yes → 6A) How many times?
No

Health Notes from Previous Interviews
Participant:

New Health Conditions
Participant:

[FOR SAME PARTNER]

7. At the previous interviews you mentioned that your partner... *(describe health conditions from previous interviews)*.
How has your partner's health been since the last interview?

8. Have there been any changes in your partner's health?

9. Has your partner developed any new medical conditions?

Yes → 9A) Please explain.
No

10. Since the last interview, has your partner had any injuries, surgeries, or serious illnesses?

Yes → 10A) Please explain.
No

11. Since the last interview, have any of your partner's health problems resolved?

Yes → 11A) Please explain.
No

Health Notes from Previous Interviews
Partner:

New Health Conditions
Partner:

12. [FOR NEW PARTNER] We'd like to hear about your partner's health. →

12A) Administer Adult Health Problems.

13. [ADMINISTER ADULT HEALTH SURVEY.]

14. [ADMINISTER SF-36 TO PARTICIPANT ONLY.]

Health Notes from Previous Interviews	
Child	
C1:	
C2:	
C3:	
C4:	
Etc:	

B. CHILD HEALTH

1. At the previous interviews you mentioned that _____ (CI's name) ...
(describe health conditions from previous interviews).

How has _____'s (CI's name) health been since the last interview?

2. Have there been any changes in _____'s (CI's name) health?

3. Has _____ (CI's name) developed any new medical conditions?

Yes → 3A) Please explain.
No

New Health Conditions:						
C1:	C2:	C3:	C4:	C5:	C6:	Etc:

4. Since the last interview, has _____ (CI's name) had any injuries, surgeries, or serious illnesses?

Yes → 4A) Please explain.
No

5. Since the last interview, have any of _____ (CI's name) health problems resolved?

Yes → 5A) Please explain.
No

6. [REPEAT FOR EACH CHILD WHO WAS LIVING IN HOUSEHOLD AT EITHER WAVE 1 OR WAVE 2]

7. [FOR EACH NEW CHILD LIVING IN HOUSEHOLD]

We'd like to hear about _____'s (child's name) health. →

7A) Administer Child Health Problems.

8. [ADMINISTER CHILD HEALTH SURVEY.]

C. FAMILY HEALTH

1. [If Appropriate] You've said... (*summarize current health problems*)
In what ways do these health problems affect everyday life for your family?

1A) ... affect how your family gets through each day?
1B) ... affect your family financially?
1C) ... affect your ability, and your partner's ability, to be employed?

2. [If without a telephone] How do you make medical/dental appointments for your family without a telephone?
3. What would you do in a health emergency without a car/telephone?
4. Since we've been interviewing you, have there been any changes in your health insurance or healthcare coverage?

Yes → 4A) What are the changes?
4B) How has your healthcare, or your family's healthcare, been affected by these changes?
No →

Health Care Coverage
Notes from Previous
Interview

5. Do you have a doctor or other health care professional you usually see for healthcare?

Yes → 5A) Does always seeing the same doctor/healthcare professional influence your health? [If YES] How?

No → 5B) Where do you go for healthcare?

6. [IF APPLICABLE] Does your partner have a doctor or other health care professional he/she usually sees for healthcare?

Yes → 6A) Does always seeing the same doctor/healthcare professional influence your partner's health? [If YES] How?

No → 6B) Where does your partner go for healthcare?

7. Do your children have a doctor or other health care professional they usually see for healthcare?

Yes → 7A) Does always seeing the same doctor/healthcare professional influence your children's health? [If YES] How?

No → 7B) Where do your children go for healthcare?
7C) How does having to see different doctors/healthcare professionals affect your children's health?

8. Have you, your partner, or your children ever had to use a hospital emergency room because you didn't have a health care professional caring for you at the time?

Yes → 8A) What was this like?
8B) What for?
No → 8C) How many times?

D. COMMUNITY HEALTHCARE

1. What kinds of healthcare services are available in your community that you can use?

- Primary care services [family doctors, pediatricians, obstetricians/midwives, etc.] Yes No
- Dental services Yes No
- Mental health/counseling services Yes No
- Specialist services [surgeons, doctors specializing in skin, heart, diabetes, cancer, etc.] Yes No
- Hospital Yes No
- Pharmacy Yes No

FOR ALL "NO" RESPONSES
BY DATE

CHILD CARE

1. Last time we talked, you said that (describe care situation for preschool children)...
Have you made any changes in your child care arrangements since the last interview?

Yes →
No

1A) What has changed?

IF CURRENTLY NOT WORKING on child care arrangements of children, anything to do with that has not changed?

PROBE: How is this working out? What about new child care providers?

IF MORE THAN ONE PROVIDER: How many? Why more than one?

[IF CURRENTLY NOT USING CHILD CARE, GO TO QUESTION #7]

2. How do you get your children to child care? About how far is it from your house to your child care provider? How far from your child care provider to work?
3. About how long are your children in child care in an average week?
4. About how much do you pay for child care in an average week?
5. How do you like your child care arrangements?
6. What happens to your child care arrangements if your child is sick? What happens if your provider is sick? (PROBE: Has a friend or relative helped you out?)
7. [IF SCHOOL AGE CHILDREN IN HOME] What about your older child/children? Where do they go after school? (PROBE: Are they in an after-school program?)
8. Since our last interview, have you had to miss work or a training program because of a childcare problem?

Yes →
No

9A) How did your supervisor react?

Child Care notes from previous interviews:

PARENTING

1. Since our last interview, how has parenting changed for you? Have you experienced any new challenges? Tell me about that.
2. [IF THERE IS A PARTNER] And what about your partner? How has parenting changed for him/her?
3. Overall, how do you feel about the amount of support you have for parenting in your life?

PERSONAL WELL-BEING

1. Last year, you said the thing you were most looking forward to was _____.
How is that going?

(OR WHATEVER THE APPROPRIATE FOLLOW-UP QUESTION(S) MAY BE.)

2. How are things going for you personally?

3. I'd like to ask you a few questions about how things are going for you personally.
[ADMINISTER FEELINGS ABOUT HOW THINGS ARE GOING MEASURE.]

4. Overall, how satisfied are you with your life right now?

[CIRCLE NUMBER OF RESPONSE]

- 5 Very satisfied
- 4 Satisfied
- 3 Mixed feelings
- 2 Dissatisfied
- 1 Very dissatisfied

Well-Being notes from previous interviews:

Now I'd like to ask you a few questions about how things are going for you with the family members living in your household.

5. I am satisfied that I can turn to my family for help when something is troubling me.

- 4 always
- 3 almost always
- 2 some of the time
- 1 hardly
- 0 never

6. I am satisfied with the way my family talks over things with me and shares problems with me.

- 4 always
- 3 almost always
- 2 some of the time
- 1 hardly
- 0 never

7. I am satisfied that my family accepts and supports my wishes to take on new activities or directions.

- 4 always
- 3 almost always
- 2 some of the time
- 1 hardly
- 0 never

8. I am satisfied with the way my family expresses affection and responds to my emotion, such as anger, sorrow, or love.

- 4 always
- 3 almost always
- 2 some of the time
- 1 hardly
- 0 never

9. I am satisfied with the way my family and I share time together.

- 4 always
- 3 almost always
- 2 some of the time
- 1 hardly
- 0 never

10. What would make life better for your family? Why do you feel that way?

SUMMARY

I. In what ways has participating in this study affected your life?

[Please note that we have purposely left this section open for each state to design its own summary. Please add whatever additional final questions and concluding remarks you wish, including those relevant to your state's future research plans.]