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	J		Ð	
2. I did not feel like eating; my appetite was poor	13	O	อ	ū
3. I felt that I could not shake the blues even with help from my family and friends	Ü	ij	Ō	ם
4. I felt that I was just as good as other people		D	Ð	D
5. I had trouble keeping my mind on what I was doing		U		Ð
6. I felt depressed	Ū	0	Q	ם
7. I felt that everything I did was an effort	0		а	
8. I felt hopeful about the future				а
9. I thought my life had been a failure	a	D	۵	Ü
10. I felt fearful	O	O	D	a
11. My sleep was restless	D	O	۵	
12. I was happy	U	О	ā	ā
13. I talked less than usual	D	O		0
14. I felt lonely	a	O	Ō	ä
15. People were unfriendly	Э	а	П	ū
16. I enjoyed life		(3	a	Ð
17. I had crying spells	ū		D	
18. I felt sad	a	D	0	Ū
19. I felt that people disliked me	Ü	0	ប	Ð
20. I could not "get going"	13	i)	O	0

ADULT HEALTH SURVEY

medica You	and/or your partner have l insurance? YesNo YesNo			ny times in the past een to a doctor or e provider?		ies or se	your partner had any rious illnesses in the pas
If yes, v	what kind?		Your partner?				No
0 0 0	Private/HMO Medicaid State Health Plan Other (Explain)		·	vas the last time you	If yes	s, please	explain
Do you	and/or your partner have a dental insurance? YesNo YesNo	ny	Your partner?_ About how mayear have your	ny times in the past	year traini	have you	nany times in the past u missed work or job o an illness/injury?
If yes, v	what kind?					-	
0 0 0	Private Medicaid Other (explain)		_	vas the last time you	three	years Y	en pregnant in the past esNo nany times
		_	Your partner?		more	childre	your partner able to have ? Yes No currently use birth
					contr Yes_	-01? No)
In the p	oast three years, have you or			any of the following health	Yes_	No	
In the p		You	Partner		Yes_	No s? You	Partner
In the p	Heart Problems	You	Partner □	Joint Problems	Yes_	No s? You □	Partner
In the p	Heart Problems High Blood Pressure	You C	Partner	Joint Problems Chronic Pain	Yes_ problem	No s? You	Partner □
In the p	Heart Problems High Blood Pressure Diabetes	You	Partner C C	Joint Problems Chronic Pain Eating Disorder	Yes_ problem	s? You	Partner : :
In the p	Heart Problems High Blood Pressure Diabetes Cancer	You C C C C C C C C C C C C C C C C C C	Partner C C C C	Joint Problems Chronic Pain Eating Disorder Skin Problems	Yes_ problem 'Obesity	s? You	Partner □ □ □
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems	You C C C C C C C C C C C C C C C C C C	Partner C C C C C C	Joint Problems Chronic Pain Eating Disorder Skin Problems Permanent Disa	Yes_ problem Obesity	s? You	Partner : :
In the p	Heart Problems High Blood Pressure Diabetes Cancer	You C C C C C C	Partner G G G G	Joint Problems Chronic Pain Eating Disorder Skin Problems Permanent Disa Sexually Transn	Yes_ problem /Obesity bility nitted	s? You	Partner □ □ □ □ □ □
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder	You C C C C C C C C C C C C C C C C C C	Partner C C C C C C	Joint Problems Chronic Pain Eating Disorder Skin Problems Permanent Disa Sexually Transn Disease	Yes_problem Obesity bility bility bilited	s? You	Partner □ □ □ □ □ □
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems	You C C C C C C C C C C C C C C C C C C	Partner G G G G G G	Joint Problems Chronic Pain Eating Disorder Skin Problems Permanent Disa Sexually Transn Diseass Reproductive Pr	Yes_ problem Obesity bility nitted coblems	**************************************	Partner □ □ □ □ □ □ □ □
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety	You C C C C C C C C C C C C C C C C C C	Partner G G G G G G	Joint Problems Chronic Pain Eating Disorder Skin Problems Permanent Disa Sexually Transn Diseass Reproductive Pr Bladder Infectio	Yes_ problem Obesity bility nitted coblems	S? You C C C C C C C C C C C C C C C C C C	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management	You	Partner G G G G G G G G G G G G G	Joint Problems Chronic Pain Eating Disorder, Skin Problems Permanent Disa Sexually Transn Diseast Reproductive Pr Bladder Infectio	Yes_problem Obesity bility nitted oblems ns	**************************************	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis	You C C C C C C C C C C C C C C C C C C	Partner G G G G G G G G	Joint Problems Chronic Pain Eating Disorder Skin Problems Permanent Disa Sexually Transn Diseass Reproductive Pr Bladder Infectio	Yes_problem Obesity bility nitted oblems ns	S? You	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis Allergies	You C C C C C C C C C C C C C C C C C C	Partner G G G G G G G G G G G G G	Joint Problems Chronic Pain Eating Disorder. Skin Problems Permanent Disa Sexually Transn Diseast Reproductive Pr Bladder Infectio Drug Problem Alcohol Probler	Yes_problem Obesity bility nitted oblems ns	s? You	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis Allergies Asthma	You	Partner C C C C C C C C C C C C C	Joint Problems Chronic Pain Eating Disorder. Skin Problems Permanent Disa Sexually Transn Disease Reproductive Pr Bladder Infectic Drug Problem Alcohol Probler Tobacco Use	Yes_ problem /Obesity bility nitted coblems ns	You	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis Allergies Asthma Frequent colds/flu/sinus	You	Partner C C C C C C C C C C C C C	Joint Problems Chronic Pain Eating Disorder. Skin Problems Permanent Disa Sexually Transn Disease Reproductive Pr Bladder Infectio Drug Problem Alcohol Probler Tobacco Use Anemia	Yes_ problem /Obesity bility nitted coblems ns	You	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis Allergies Asthma Frequent colds/flu/sinus Thyroid Problems Kidney Problems Fatigue	You	Partner G G G G G C C C C C C C C	Joint Problems Chronic Pain Eating Disorder, Skin Problems Permanent Disa Sexually Transn Disease Reproductive Pr Bladder Infectic Drug Problem Alcohol Probler Tobacco Use Anemia Emotional, phys	Yes_ problem /Obesity bility nitted coblems ns	s? You	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis Allergies Asthma Frequent colds/flu/sinus Thyroid Problems Kidney Problems Fatigue Eye or vision problems	You	Partner G G G G G C C C C C C C C	Joint Problems Chronic Pain Eating Disorder, Skin Problems Permanent Disa Sexually Transn Disease Reproductive Pr Bladder Infectio Drug Problem Alcohol Probler Tobacco Use Anemia Emotional, phys or sexual abus	Yes_problem Obesity bility nitted coblems ns	s? You □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Partner C C C C C C C C C C C C C C C C C C
In the p	Heart Problems High Blood Pressure Diabetes Cancer Digestive Problems Liver Problems Seizure Disorder Depression/Anxiety Anger Management Hepatitis Allergies Asthma Frequent colds/flu/sinus Thyroid Problems Kidney Problems Fatigue	You	Partner G G G G G C C C C C C C C	Joint Problems Chronic Pain Eating Disorder. Skin Problems Permanent Disa Sexually Transn Disease Reproductive Pr Bladder Infectio Drug Problem Alcohol Probler Tobacco Use Anemia Emotional, phys or sexual abus Migraines/Head	Yes_problem Obesity bility nitted coblems ns	No	Partner C C C C C C C C C C C C C C C C C C

First name of: Child 1	:			Child 2: Child	13:		
			(CHILD HEALTH SURVEY			
Does C1 have medical in ☐ Private/HMO ☐ Medicaid	ısuran	ce?	insur kind'			-	hild had any serious illnesses year?
☐ State Plan				Private		C1: Y Yes	YNo
☐ Other (Explain)):		C	Medicaid		C2: Y Yes	YNo
				Other (Explain):		C3: Y Yes	YNo
C2: Y Yes Y No If yes,	what l	kind?					
Private/HMO			C2: \	Yes Y No If yes, what kind?		If yes, plea	
☐ Medicaid			C	Private		explain	
State Plan				Medicaid			
☐ Other (Explain)):			Other (Explain):			
C2. V V V N- IC	. 1 1	. 10					
C3: Y Yes Y No If yes, v	wnat k	and?		Yes Y No If yes, what kind?			
☐ Medicaid				Private		About how	many times in
☐ State Plan				Medicaid			ar has your child
	١.			Other (Explain):			ool due to an
Other (Explain)):					illness/inju	
About how many times i	in the	nast		· · · · · · · · · · · · · · · · · · ·		C1:	-
year has your child been				t how many times in the past			
or other health care prov		.00.01	year	has your child visited a dentist?		C2:	
C1 C2							
	_			C2 C3		C3:	
If none, when was the la	st time	e your	If no	ne, when was the last time your			
child visited a doctor or			child	did visit a dentist?			
provider?			01	00 00			
C1 C2				C2 C3			
In the past three years, h		ır child e	xperience	d any of the following health problem	ns?		
	CI	C2	C3		C1	C2	C3
Allergies				Head Lice			
Anemia				Behavior Problems			C
Asthma							
Cancer	C:			Conjunctivitis (pink eye)			
Chronic Pain				ADD/ADHD			
Learning Disability				Fetal Alcohol Effects/			
Depression/Anxiety				Syndrome			C
Anger Management			G	-			
Diabetes				Fetal Drug Effects			
Digestive Problems				Broken Bones			
Drug Problem			Ō	Sexually Transmitted			•
Alcohol Problem	Ē	ā	Ō	Disease		G	C
Ear Infections	Ē	Ē	Ē	Skeletal Problems		Ō	
Eating Disorder/Obesity		Ē	Ö	Tobacco Use		Ē	Ē
Eye or vision problems		Ē	Ē	Migraines/Headaches		Ē	C C
Fatigue	Ē	Ē		Permanent Disability	Ē	Ē	č
Frequent colds/flu/sinus		<u> </u>	Ē	Other (specify)	_	_	-
Hepatitis	Ē		Ē			⊏	С
Seizure Disorders	C		Ē		Ē	Ē	Ğ
Chi. D. L.	<u>_</u>	L	_		-	<u>_</u>	

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	1	
4.	Apply for Medicaid	<u> </u>	
5.	Find help for a drug or alcohol problem	<u> </u>	
6.	Find help for a domestic violence problem		
7.	Get your child immunized	<u> </u>	
8.	Find a family doctor	<u> </u>	
9.	Find dental care		
10	Find a mental health counselor	1	
11.	Find family planning services		ļ
12.	Apply for welfare		
13.	Get legal assistance		
14.	Apply for food stamps	T	
15.	Apply for WIC	1	
16.	Locate job training		_
17.	Find transportation choices		
18.	Find child care		
19.	Apply for a child care subsidy	1	
20.	Find help for a family member with disabilities	<u> </u>	·
21.	Find low-cost clothing for your family		
22	Find Cooperative Extension Activities (EFNEP,	1	

APPENDIX B

		Wave Thre	ee Protocol	
Interviewer	ID:	Date:	W1 Date	W2 Date
I want to thank you for agri and your family. I want to information that you give u	remind you that the inte	erview is voluntary. If you	fore, we are interested in do not want to answer a	n hearing what life is like for you question, you don't have to. All
(give date of w	ave 2 interview], and to	e period we want to gather i day. I will keep reminding T HAS SIGNED THE INF	us both of this as I ask ve	veen the date of our last interview, ou the questions. ORM.]
CURRENT HOUSEI	HOLD COMPOSI	<u> FION</u>		Notes from previous interview
Mother's 1st Name				Partner/Spouse:
We'd like to catch up on ar	ny changes in your life a	and in your family since our	last interview on	Child(ren):
1. Last time, you said that	[GIVE NAMES]	were livir	g in your household.	
Have there bec	en any changes since ou	r last interview?		
$N_0 \longrightarrow [G$	O TO QUESTION #2]	1		
$\gamma_{es} {\:\longrightarrow\:}$	1A) What has chang [FILL OUT CI	ged? HART BELOW FOR NEV	V CHILD/PARTNER]	
	1B) [IF CHILD MO	OVED OUT] When? Why	? Where is child living no	ow?
	IC) [IF PARTNER	MOVED OUT] When?	Why?	
	ID) [IF NEW PAR	TNER MOVED IN] Hov	long has your new parti	ner lived here?

2	ame)				Relation Partner/ Spouse		child support	
New Part			DOB	Ethnici				
[IF APP	LICABLE	E] Does	your pa	rtner have a	- ny children ne	ot currently li	ving with you	?
* Key to S M LWP		ith partr		**Key t	- ny children no io Codes =Non-Hispanic/Lati =African Ame =Native Amer	: White ino rican		to codes = Adopted

 $\ensuremath{\mathsf{IE}})$ Any other changes? Are there any other new members of your household?

	V	
	Yes 2A) What has changed? (see chart on previous page for appropriate	cod
EA	ILY WELL-BEING	F
1. Dio	hat is the most important thing that happened to your family since our last interview? mething good happen to your family? Did something not so good happen to your family?	p
2.	ow are things going for your family right now? Tell me about that.	
3.	F HAS PARTNER] How are things between you and your partner? Tell me about that.	
4.	elationships with family members can change over time; get better, get worse, or just be different. nce our last interview, what changes have there been in your relationships with your rents, brothers and sisters, or other relatives?	
5. in t	hat important events have your parents. brothers and sisters, or other relatives experienced ast year, or what family news should we know about? (PROBE: births, deaths, marriages, illnesses, moves, misfortunes, etc.)	
<u>SC</u> 1.	AL SUPPORT ow often during the last month did friends give you practical help? Often Sometimes Rarely Never	
2.	FAPPROPRIATE] What types of things have friends done for you and your family?	
3.	w often during the last month did relatives (excluding partner) give you practical help? Often Sometimes Rarely Never	
4.	F 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	
<u>LI</u> 1.	NG IN THE COMMUNITY lave you moved since our last interview?	
	$N_0 \longrightarrow [GO TO QUESTION #9]$	
	Yes I A) How many different places have you lived?	

Family Well-Being notes from previous interviews:

2	(FAD	FACU	MOVE	Why did you mov	
۷.	Iruk	CAUH	MUVEL	way ala you moy	e.

- 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 <u>inadequate?</u>

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 you own home (homeless) at any point since our last interview?

Yes

8A) What happened?

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?

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?

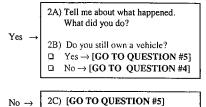
12. Do you feel that your children are safe? (PROBE to fill in chart)

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

[FOR ALL "NO" RESPONSES] Why not?

TRANSPORTATION

- [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)?



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

Yes \rightarrow 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?

EMPLOYMENT/CURRENT WORK

A. PARTICIPANT'S EMPLOYMENT/CURRENT WORK

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

**	
Yes	
Nο	

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]

articipant employment information from v		Date		Amount			
	Wage/Salary	Started	Hour	s/wk Weeks/yr of Raise			
Job 1							
Job 2							
<u>JOB 1</u>				JOB2			
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	DE
Retirement plan	Yes	No	DK	Retirement plan	Yes	No	DI:

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

 $No \longrightarrow [GO TO QUESTION #5]$

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?

 $Yes \longrightarrow$

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]

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

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]

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]

[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 → 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]

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]

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 I						
Job 2						
(DDODE to Silling shouts Doors						
(PROBE to fill in chart: Do you get any	benefits v	with this	new job(s)?)	<u>JOB</u>	2 information	<u>on</u>
Health insurance for yourself	Yes	with this No	new job(s)?) DK	<u>JOB</u> Yes	2 information No	on DK
						
Health insurance for yourself	Yes	No	DK	Yes	No	DK
Health insurance for yourself Health insurance for children	Yes Yes	No No	DK DK	Yes Yes	No No	DK DK
Health insurance for yourself Health insurance for children Sick leave	Yes Yes Yes	No No No	DK DK DK	Yes Yes Yes	No No No	DK DK 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]

rtner employment information from wave 2:	Wage/S	lalary	Date Started	Hours/wk Weeks/yr	Amount of Raise			
Job I								
Joh 2				<u>JOB 2</u>				
Health insurance for him/herself	Yes	No	DK	Health insurance for him/h	erself	Yes	No	DK
Health insurance for children	Yes	No	DK	Health insurance for childre	2n	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

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

 $N_0 \longrightarrow [GO TO QUESTION #4]$

Yes

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

Different responsibilities Different hours

Yes No 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 h	ours or longer hours)	

3. Does he/she have any additional jobs?

 $\underline{Y}_{es} \longrightarrow$

- 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]]

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]

 $No \rightarrow For$ 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]

6. At the last interview you said	PARTNER WHO WAS NOT WORKING AT WAVE 2, BEGIN HERE was not working. Is he/she working now? [FILL OUT CHART BELOW [Question #7]]
No →	6A) Has he/she looked for work? Yes →How has that gone? Has he/she held any jobs since our last interview? Tell me about that/them? Why/did he/she leave this/those other job(s)? [GO TO C. Other Employment] No →For what reasons has he/she chosen not to look for work? Has he/she held any jobs since our last interview? Tell me about that/them? Why did he/she leave this/those other job(s)? [GO TO C. Other Employment]

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 a	any bene	efits with	this new job	o(s)?) <u>JOB</u>	2 information	<u>on</u>
(PROBE to fill in chart: Does he/she get a	any bene Yes	efits with No	this new job	o(s)?) <u>JOB</u> Yes	2 informatio	on DK
-	•		J	` ′		
Health insurance for him/herself	Yes	No	DK	Yes	No	DK
Health insurance for him/herself Health insurance for children	Yes Yes	No No	DK DK	Yes Yes	No No	DK DK
Health insurance for him/herself Health insurance for children Sick leave	Yes Yes Yes	No No No	DK DK DK	Yes Yes Yes	No No No	DK DK 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 →

9A) Has he/she looked for work?

Yes → How has that gone?

Has he/she held any jobs since you've lived together?

Tell me about that/them? Why did he/she leave those job(s)?

[GO TO C. Other Employment]

No → For what reasons is he/she not looking for work?

Has he/she held ant jobs since you've lived together?

Tell me about that/them? Why did he/she leave those job(s)?

[GO TO C. Other Employment]

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		Hours/wk	Weeks/yr	Amount of Raise
Job I						
Job 2						
ennonn aut						
(PROBE to fill in chart: Does he/she get a	iny bene	fits with	this job(s)?)	<u>JOB</u>	2 information	<u>nc</u>
(PROBE to fill in chart: Does he/she get a Health insurance for him/herself	iny bene Yes	fits with No	this job(s)?) DK	<u>JOB</u> Yes	2 information No	on DK
					, -	
Health insurance for him/herself	Yes	No	DK	Yes	No	DK
Health insurance for him/herself Health insurance for children	Yes Yes	No No	DK DK	Yes Yes	No No	DK DK
Health insurance for him/herself Health insurance for children Sick leave	Yes Yes Yes	No No No	DK DK DK	Yes Yes Yes	No No No	DK DK DK

C. OTHER EMPLOYMENT

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

- 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	[FOR ALL "YES" RESPONSES]
Health issues	No	Yes	Tell me about that.
Family issues	No	Yes	
Your partner	No	Yes	

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	[FOR ALL "YES" RESPONSES]
Health issues	No	Yes	Tell me about that.
Family issues	No	Yes	
Your partner	No	Yes	

INCOME AND MAKING ENDS MEET

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)		li ,	L.	12	1.
Wages & Salaries (partner)		U	1.	1	ī.
Tips, Commissions, Overtime		12	Ē	1.5	1-
Social Security Disability		12	1-1	f i	į,
Social Security Retirement/pensions		12	(7)	-	į.
Supplementary Security Income (SSI)		1.	Ē		in .
TANF		12	E.	-	ri.
Unemployment Compensation		13	r-	15	13
Worker's Disability Compensation		12	Ē		rī.
Veterans' Benefits			-	1.	1
Child or Spousal Support		1.		1:	1
Children's wages		1:	11	1 1	11
Food Stamps		i)	Į.	11	1
Regular gifts from family/friends		1	1.	1 -	1.
Income Tax Refund		1 5	ri	1 -	11
x Other, including odd jobs		U	<u>.</u>	Ė	1_

2.	Have v	ou ever	received	TANE	benefits?

 $_{\text{No}} \longrightarrow$

- 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]

			Amount	Weekly	Biweekly	Monthly	Other
WIC	Yes	No		1.3		C.	L
School Lunch/Breakfast Program	Yes	No		1.	12	12	I_
Food Stamps	Yes	No		77	(.)	Γ,	f.,
Earned Income Tax Credit	Yes	No		12	- 13	13	1.
Childcare Assistance	Yes	No		12	77	F.	173
Housing Assistance	Yes	No		i_'	12	Ē.	1.
(PROBE: Do you receive any help paying	the rent	/mortgage?)				·-	
Energy/fuel Assistance	Yes	No		12		['	[
Transportation Assistance	Yes	No		. 1	1.2	12	1.
Education Grants or Loans	Yes	No		1.1	12	12	1
Medicaid	Yes	No	XXXXXXX				
Diversionary Assistance[IF APPLICABLE]	Yes	No		1.1		1	۲.
Other [describe]	Yes	No		1.1		175	1

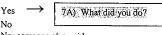
5. Tell me about any other regular help you're getting with child care, food, clothing, car/house repairs, baby goods, furniture and holiday gifts. (PROMPT: from other organizations, friends, family, churches)

6. Housing is usually the largest expense for families.

Do you...

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

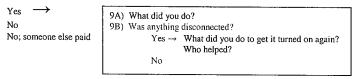


No; someone else paid

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

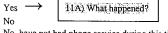
	Includ	ed in Rent	P	<u>ays</u>		Amount	In winter?
Electricity	Yes	No	Yes	No	how much per month?		
Gas/Oil/Wood/0	Coal Yes	No	Yes	No	how much per month?		
Cable TV	Yes	No	Yes	No	how much per month?		
Water	Yes	No	Yes	No	how much per month?		
Garbage	Yes	No	Yes	No	how much per month?		

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



10. Do you have telephone service?

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



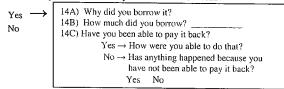
No, have not had phone service during this time

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?

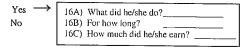
- 13. If you find yourself running short on money, what do you do?
- 14. Since our last interview, have you borrowed money from a relative or friend?



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?)

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Yes \rightarrow 15A) What did you do? 15B) For how long? 15C) How much did you earn?
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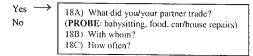
16. [IF HAS PARTNER] Since our last interview, has your partner done anything like that?



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

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Yes -> 17A) What did you/your partner sell/pawn?
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18. Since our last interview, have you or your partner ever bartered or traded for services or goods with others?



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 l Gone down a lot 20. [RESTATE RESPONSE FROM QUESTION #19] What leads you to say that? 21. To what extent to do you think your income is enough for you to live on? [CIRCLE NUMBER OF RESPONSE] I 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? 1A) Tell me how this happened. What led to your being hungry? No 2. Have you gotten food from a food bank or soup kitchen since our last interview? 2A) Tell me about this.

2B) How often?

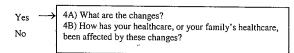
3. [ADMINISTER FOOD SECURITY MODULE]

<u>HEALTH</u>	
A. ADULT HEALTH	
1. At the previous interviews you mentioned that you (describe health conditions fro How has your health been since your last interview?	
2. Have there been any changes in your health?	Health Notes from Previous Interviews
3. Have you developed any new medical conditions?	Participant:
Yes \longrightarrow 3A) Please explain.	
No	
4. Since the last interview, have you had any injuries, surgeries, or serious illnesses?	
Yes \longrightarrow 4A) Please explain.	
No	New Health Conditions
5. Since the last interview, have any of your health problems resolved?	Participant:
Yes → 5A) Please explain.	
No	
6. Have you been pregnant (again) since the last interview?	
Yes \longrightarrow 6A) How many times?	the state of the s
No	
[FOR SAME PARTNER] 7. At the previous interviews you mentioned that your partner (describe health condit How has your partner's health been since the last interview?	tions from previous interviews). Health Notes from Previous Interviews
8. Have there been any changes in your partner's health?	Partner:
Has your partner developed any new medical conditions?	
Yes \longrightarrow 9A) Please explain.	
No Please explain.	
10. Since the last interview, has your partner had any injuries, surgeries, or serious illnesses?	New Health Conditions
Yes \longrightarrow 10A) Please explain.	Partner:
No	- Tauter
11. Since the last interview, have any of your partner's health problems resolved?	
Yes → 11A) Please explain.	
No	

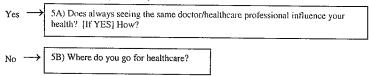
12. [FOR NEW PARTNER] We'd like to hear about your partner's health	12A) Administer Adult Health Problems.				
13. [ADMINISTER ADULT HEALTH SURVEY.]					
14. [ADMINISTER SF-36 TO PARTICIPANT ONLY.]	Health Notes from Previous Interviews				
B. <u>CHILD HEALTH</u>	C1:				
 At the previous interviews you mentioned that(CI's name) (describe health conditions from previous interviews). 	C2:				
How has's (C1's name) health been since the last interview?	C3:				
2. Have there been any changes in's (Cl's name) health?	C4:				
3. Has(CI's name) developed any new medical conditions?	Etc:				
Yes 3A) Please explain.					
New Health Conditions: C1: C2: C3: C4: C:	5: C6: Etc:				
4. Since the last interview, has(Cl's name) had any injuries, surgeries, or serious illnesses?					
Yes → 4A) Please explain.					
5. Since the last interview, have any of(C1's name) health problems resolve Yes	ed?				
6. [REPEAT FOR EACH CHILD WHO WAS LIVING IN HOUSEHOLD AT EIGH	THER WAVE 1 OR WAVE 2]				
7. [FOR EACH <u>NEW CHILD LIVING IN HOUSEHOLD]</u>					
We'd like to hear about's (child's name) health.	ter Child Health Problems.				
8. [ADMINISTER CHILD HEALTH SURVEY.]					

C. FAMILY HEALTH

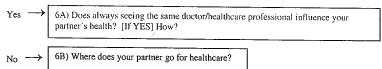
- [If Appropriate] You've said... (summarize current health problems)
 In what ways do these health problems affect everyday life for your family?
 - IA)... affect how your family gets through each day?
 - 1B) ... affect your family financially?
 - IC) ...affect your ability, and your partner's ability, 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?



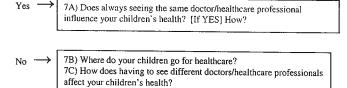
5. Do you have a doctor or other health care professional you usually see for healthcare?



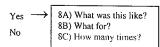
6. [IF APPLICABLE] Does your partner have a doctor or other health care professional he/she usually sees for healthcare?



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



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?



Health Care Coverage Notes from Previous Interview

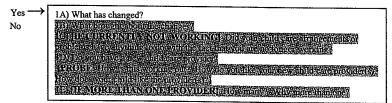
D. COMMUNITY HEALTHCARE

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□ N	1 0 □	FOR ALL ENG PRESPONSES
Dental services	Yes □ N	lo □	Whyner:
Mental health/counseling services	Yes □ N	₩. ПоЮ	
Specialist services [surgeons, doctors specializing in skin, heart, diabetes, cancer, etc.]	Yes 🛭 N	lo 🛮	
Hospital	Yes 🛭 N	lo (1	
Pharmacy	Yes □ N		

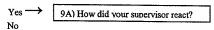
CHILD CARE

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?



[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?)
- [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?



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?

Child Care notes from previous interviews:

PERSONAL WELL-BEING 1. Last year, you said the thing you were most looking forward to was How is that going? 1. Last year, you said the thing you were most looking forward to was 1. How is that going? 1. Last year, you said the thing you were most looking forward to was	Well-Being notes from previous interviews:		
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 			
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 n 4 always 3 almost always 2 some of the time 1 hardly 0 never	ie.		
7. I am satisfied that my family accepts and supports my wishes to take on new activities or did 4 always 3 almost always 2 some of the time 1 hardly 0 never	rections.		
8. I am satisfied with the way my family expresses affection and responds to my emotion, such a always 3 almost always 2 some of the time 1 hardly 0 never	as anger, sortow, or love.		

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

4 always
3 almost always
2 some of the time
I 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.]