

Parent Questionnaire 2000-2001

Study of Instructional Improvement
University of Michigan - ISR
426 Thompson Street Room 1070
Ann Arbor, Michigan 48106-1248

1. SAMPLE I.D. _____

2. INTERVIEWER I.D. NO. _____

**THE FOLLOWING STATEMENT MUST BE READ TO ALL RESPONDENTS
PRIOR TO THE START OF THE INTERVIEW:**

"This interview is confidential and completely voluntary. If we should come to any question that you do not wish to answer, let me know and we will go on to the next question. For quality control purposes I will be tape recording this interview."

**Key to
Household Roster
Relationships**

In order to standardize the relationship names that you record in the household roster, please follow this key to common relationships you are likely to encounter. Anyone in the household who does not fit into one of these categories should be listed as "OTHER."

WIFE	Wife
HUSBAND	Husband
DAUG	Daughter
SON	Son
GFRIEND	Girlfriend
BFRIEND	Boyfriend
STDAUG	Stepdaughter
STSON	Stepson
DAUINLAW	Daughter in law
SONINLAW	Son in law
FOSTRDAU	Foster Daughter
FOSTRSON	Foster son
SISTER	Sister
BROTHER	Brother
SISINLAW	Sister in law
BROINLAW	Brother in law
MOTHER	Mother
FATHER	Father
MOINLAW	Mother in law
FAINLAW	Father in law
GDAU	Granddaughter
GSON	Grandson
GGDAU	Great granddaughter
GGSON	Great grandson
GMOTHER	Grandmother
GFATHER	Grandfather
GGMOTH	Great Grandmother
GGFATH	Great Grandfather
NIECE	Niece
NEPHEW	Nephew
AUNT	Aunt
UNCLE	Uncle
COUSIN	Cousin
DAUFRND	Daughter of friend
SONFRND	Son of friend
NONREL	Nonrelative
OTHER	Anyone who doesn't fit into one of the above categories

INTRODUCTION

SCREENING—SUGGESTED INTRODUCTION:

Hello, may I speak with [PARENT]?

If parent is available: Hello [NAME], this is _____ calling on behalf of the Study of Instructional Improvement at the University of Michigan. As you may know, [CHILD] is participating in an educational research study that is being conducted at [CHILD'S SCHOOL]. At the beginning of this school year we mailed you information about the study. You may remember a special permission form for the Study of Instructional Improvement. I would like to do a short phone interview with the adult most involved with [CHILD'S] education. Would that be you?

If parent is not available: This is _____ calling on behalf of the Study of Instructional Improvement at the University of Michigan. As you may know, [CHILD] is participating in this educational research study that is being conducted at [CHILD'S SCHOOL]. At the beginning of this school year we mailed information about the study. (If explicit consent was obtained, mention the parent consent form that was signed and returned.) I would like to do a short phone interview with the adult most involved with [CHILD'S] education. Who is the adult most involved with [CHILD'S] education? Is that person available to come to the phone? (As needed, start IW or set appointment for callback).

WHEN RESPONDENT IDENTIFIED—SUGGESTED INTRODUCTION:

We are conducting this study to learn more about school and home experiences of young children. The information we gather will be used to help teachers and policymakers improve the school experiences of students across the country. As a token of our appreciation for your help, we will send you a check for \$10 for your participation.

REQUIRED STATEMENT:

"This interview is confidential and completely voluntary. If we should come to any question that you do not wish to answer, let me know and we will go on to the next question. For quality control purposes I will be tape recording this interview."

1. ID: _____

2. IWER #: _____

HOUSEHOLD ROSTER

EXACT TIME NOW: _____

3. I have a couple questions about the people who live with you and [CHILD]. How many people live in your household, including yourself and [CHILD]? Please include all adults and children currently living in your household.

_____ NUMBER OF PERSONS IN HH

4. GO TO HH ROSTER AND COMPLETE 4a–c.

4a. What is your relationship to [CHILD]?

4b. What is your age?

4c. **MARK CORRECT BOX FOR SEX OR VERIFY.**

5. I need a listing of the age, sex, and relationship to you of the other members of your household, starting with your child. We don't need names, just each person's relationship to you and to [CHILD].

5a. What is [CHILD's] relationship to you?

5b. What is [CHILD's] age?

5c. **MARK CORRECT BOX FOR SEX OR VERIFY.**

- 6 – 15. For the next person, what is that person's relationship to you?

a. What is (his/her) relationship to [CHILD]?

b. How old is (he/she)?

c. **MARK CORRECT BOX FOR SEX OR VERIFY.**

INTERVIEWER INSTRUCTION: COMPLETE ITEMS ON ROSTER, AS NEEDED. AFTER R COMPLETES LIST, PROBE TO VERIFY THAT THERE IS NO ONE ELSE IN THE HOUSEHOLD.

ROSTER

RELATION TO INF	RELATION TO CHILD	AGE	SEX (F / M)	PERSON #
4. INFORMANT	4a.	4b.	4c.	1 (R)
5.	5a. CHILD	5b.	5c.	2 (CHILD)
6.	6a.	6b.	6c.	3
7.	7a.	7b.	7c.	4
8.	8a.	8b.	8c.	5
9.	9a.	9b.	9c.	6
10.	10a.	10b.	10c.	7
11.	11a.	11b.	11c.	8
12.	12a.	12b.	12c.	9
13.	13a.	13b.	13c.	10
14.	14a.	14b.	14c.	11
15.	15a.	15b.	15c.	12

INTERVIEWER CHECKPOINT

**MARK,
IF APPLIES:**

NEITHER R NOR PARENT IN HH HAS SPOUSE/PARTNER LIVING IN HH

**ALWAYS MARK
ONE:**

 R

R IS PARENT OF CHILD.

 N

R IS NOT PARENT OF CHILD AND HH ROSTER SHOWS **NO** PARENT IN HOUSEHOLD.

 P

R IS NOT PARENT OF CHILD AND HH ROSTER SHOWS A PARENT IN HOUSEHOLD.

FAMILY ACTIVITIES

16. I'd like to talk with you about [CHILD's] activities with family members. In a typical week, how often do you or any other family member do the following things with [CHILD]—not at all, once or twice a week, 3 to 6 times a week, or every day?

How often do you or any other family member:	NOT AT ALL	ONCE OR TWICE A WEEK	3-6 TIMES A WEEK	EVERY DAY
16a. read books to [CHILD]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16b. tell stories to [CHILD]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16c. listen to [CHILD] read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16d. sing songs with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16e. involve [CHILD] in setting the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16f. play card games, board games or counting games with (him/her)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16g. count together with [CHILD]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. About how many books does [CHILD] have in your home now, including library books? Please only include books that are for children.

_____ NUMBER OF BOOKS

18. Other than at school, how often did [CHILD] read books or magazines in the past week—would you say never, once or twice a week, 3 to 6 times a week, or every day?

1. NEVER	2. ONCE OR TWICE	3. 3-6 TIMES	4. EVERY DAY
8. DON'T KNOW	9. REFUSED		

19. In the past week at home, how often did [CHILD] talk about something that (he/she) had read—would you say never, once or twice a week, 3 to 6 times a week, or every day?

1. NEVER	2. ONCE OR TWICE	3. 3-6 TIMES	4. EVERY DAY
8. DON'T KNOW	9. REFUSED		

20. Other than at school, how often did [CHILD] practice adding and subtracting in the past week— would you say never, once or twice a week, 3 to 6 times a week, or every day?

1. NEVER	2. ONCE OR TWICE	3. 3–6 TIMES	4. EVERY DAY
8. DON'T KNOW	9. REFUSED		

21. Other than at school, how often did [CHILD] count money and change in the past week— would you say never, once or twice a week, 3 to 6 times a week, or every day?

1. NEVER	2. ONCE OR TWICE	3. 3–6 TIMES	4. EVERY DAY
8. DON'T KNOW	9. REFUSED		

22. Other than at school, how often did [CHILD] practice multiplication in the past week— would you say never, once or twice a week, 3 to 6 times a week, or every day?

1. NEVER	2. ONCE OR TWICE	3. 3–6 TIMES	4. EVERY DAY
8. DON'T KNOW	9. REFUSED		

SCHOOL EXPERIENCES

23. Now I'd like to ask about [CHILD]'s experiences before and after starting school. Did [CHILD] ever attend any of the following programs prior to Kindergarten:

	YES ▼	NO ▼
23a. Head Start?.....	<input type="checkbox"/>	<input type="checkbox"/>
23b. Day-care program?.....	<input type="checkbox"/>	<input type="checkbox"/>
23c. State-supported program for four-year-olds?.....	<input type="checkbox"/>	<input type="checkbox"/>
23d. Nursery school, preschool, or early childhood program, other than those you already mentioned?	<input type="checkbox"/>	<input type="checkbox"/>

INTERVIEWER CHECKPOINT

CHILD IS IN KINDERGARTEN. **PROCEED TO QUESTION 25.**

CHILD IS NOT IN KINDERGARTEN. **PROCEED TO QUESTION 24.**

	YES ▼	NO ▼
24. Did [CHILD] ever attend a . . .		
24a. half-day Kindergarten?.....	<input type="checkbox"/>	<input type="checkbox"/>
24b. full-day <u>every day</u> Kindergarten?.....	<input type="checkbox"/>	<input type="checkbox"/>
24c. alternating-day Kindergarten?.....	<input type="checkbox"/>	<input type="checkbox"/>

SKIP TO QUESTION 26

25. Is [CHILD] in full-day every day, half-day, or alternating-day Kindergarten?

1. FULL-DAY

2. HALF-DAY

3. ALTERNATING-DAY

26. Has [CHILD] ever been held back a grade in school?

1. YES

0. NO

8. DON'T KNOW

9. REFUSED



SKIP TO IWER CHECKPOINT ON THIS PAGE

27. What grades did (he/she) repeat? **MARK ALL THAT APPLY.**

1. KINDERGARTEN

2. FIRST

3. SECOND

4. THIRD

5. FOURTH

28. What were the reasons (he/she) repeated this grade/these grades? **MARK ALL THAT APPLY.**

1. ACADEMIC
PROBLEMS

2. IMMATURE;
ACTS TOO YOUNG

3. FREQUENTLY
ABSENT

4. MOVED TO A DIFFERENT
SCHOOL

5. OTHER

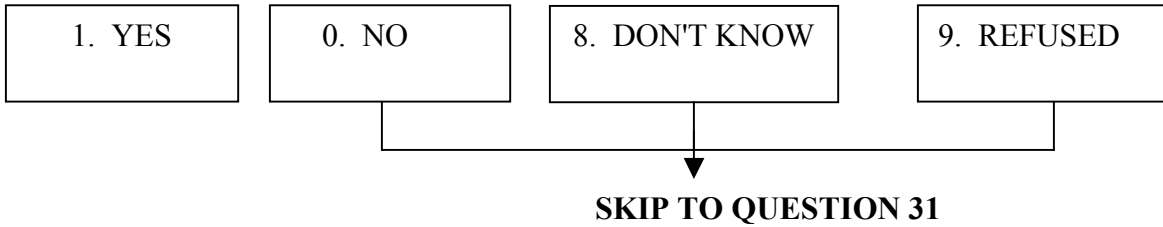
INTERVIEWER CHECKPOINT

CHILD IS IN KINDERGARTEN.
SKIP TO QUESTION 31.

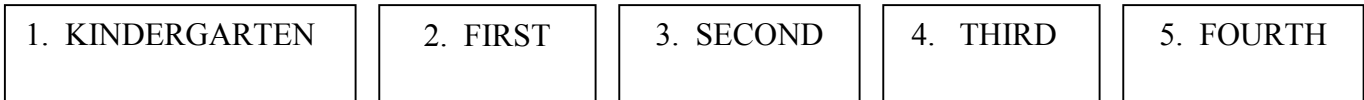
ALL OTHERS PROCEED TO QUESTION 29.

8

29. Has [CHILD] ever skipped a grade in school?



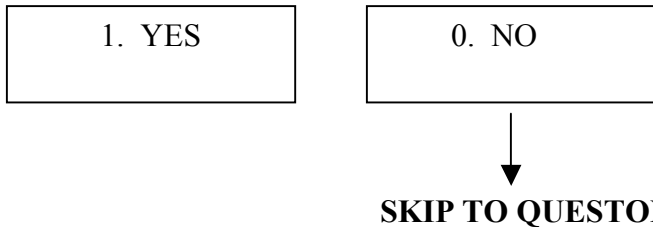
30. What grades did he or she skip? **MARK ALL THAT APPLY.**



31. Since starting Kindergarten, how many times, if any, has [CHILD] changed schools?

_____ NUMBER

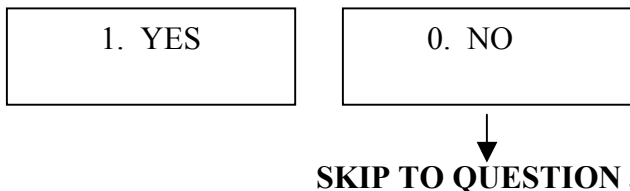
32. Now I have some questions about special services that some children receive. Has [CHILD] ever received services for special education, such as a special education classroom, resource room, a learning disabilities teacher-consultant, or speech and language therapy?



33. Who provided these services for special education—the school, a community agency, or someone else? **MARK ALL THAT APPLY.**



34. Has [CHILD] ever received mental health services, such as counseling or help with attention or social or behavioral problems?



35. Who provided these services for mental health—was it the school, a community agency, or someone else? **MARK ALL THAT APPLY.**

1. SCHOOL

2. COMMUNITY
AGENCY

3. SOMEONE
ELSE

36. Has [CHILD] ever received English as a Second Language (ESL) services, such as help with speaking or understanding English?

1. YES

0. NO

↓
SKIP TO QUESTION 38

37. Who provided these services for English as a Second Language—was it the school, a community agency, or someone else?

1. SCHOOL

2. COMMUNITY
AGENCY

3. SOMEONE
ELSE

38. Has [CHILD] ever received services for other learning problems, such as tutoring for math or reading problems, Title I services, or tutoring due to poor grades?

1. YES

0. NO

↓
SKIP TO IWER CHECKPOINT ON THIS PAGE

39. Who provided these services for other learning problems—was it the school, a community agency, or someone else? **MARK ALL THAT APPLY.**

1. SCHOOL

2. COMMUNITY
AGENCY

3. SOMEONE
ELSE

INTERVIEWER CHECKPOINT

QUESTIONS 32, 34, 36, AND 38 ARE ALL MARKED "NO."
SKIP TO QUESTION 41.

ALL OTHERS CONTINUE TO QUESTION 40.

10

40. How well do you think the school meets the special needs of your child—does it not at all meet (his/her) needs, meet only minimum needs, adequately meet (his/her) needs, more than adequately meet (his/her) needs?

1. DOES NOT AT ALL MEET NEEDS	2. MEETS MIN. NEEDS	3. ADEQUATELY MEETS	4. MORE THAN ADEQUATELY MEETS
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DEMOGRAPHICS

41. Now I have a few questions about your background. Are you of Hispanic or Latino/a origin?

1. YES	0. NO
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42. What is your race—are you American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, or Other? **MARK ALL THAT APPLY.**

1. AMERICAN INDIAN OR ALASKAN NATIVE	2. ASIAN	3. BLACK OR AFRICAN AMERICAN
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	5. WHITE	6. OTHER (SPECIFY):
8. DON'T KNOW	9. REFUSED	

43. Is (CHILD) of Hispanic or Latino/a origin?

1. YES	0. NO
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44. What is (his/her) race—is he/she American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, or Other? **MARK ALL THAT APPLY.**

1. AMERICAN INDIAN OR ALASKAN NATIVE	2. ASIAN	3. BLACK OR AFRICAN AMERICAN
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	5. WHITE	6. OTHER (SPECIFY):
8. DON'T KNOW	9. REFUSED	

45. What is [CHILD]'s date of birth?

____/____/____
MONTH DAY YEAR

46. What is your current marital status— are you married, divorced, widowed, separated, not married but living with someone in a marriage-like relationship, or have you never married?

1. MARRIED

2. DIVORCED

3. WIDOWED

4. SEPARATED

5. NOT MARRIED BUT IN
MARRIAGE-LIKE RELATIONSHIP

6. NEVER
MARRIED

8. DON'T KNOW

9. REFUSED

INTERVIEWER CHECKPOINT

R

R IS PARENT OF CHILD. ASK QUESTIONS 47–54 ABOUT R.

N

R IS NOT PARENT OF CHILD AND HH ROSTER SHOWS NO PARENT IN HOUSEHOLD. ASK QUESTIONS 47–54 ABOUT R.

P

R IS NOT PARENT OF CHILD AND HH ROSTER SHOWS A PARENT IN HOUSEHOLD. ASK QUESTIONS 47–54 ABOUT PARENT.

47. What is the highest level of education (you /[CHILD'S PARENT]) completed?
DO NOT READ CATEGORIES.

1. 8TH GRADE OR LESS	2. 9TH–11TH GRADE	3. HIGH SCHOOL DIPLOMA OR EQUIV
4. VOCATIONAL/TECH PROG— NO DEGREE	5. VOCATIONAL/TECH PROG— DEGREE	
6. SOME COLLEGE NO DEGREE	7. ASSOCIATE'S DEGREE	8. BACHELOR'S DEGREE
9. GRAD OR PROF SCHOOL—NO DEGREE	10. MASTER'S DEGREE	
11. PHD OR OTHER ADVANCED DEGREE		

EMPLOYMENT

48. Next, I'd like to ask some questions about employment and jobs. During the past week, did (you /[CHILD'S PARENT]) work at a job for pay?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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SKIP TO QUESTION 52

49. Were (you /[CHILD'S PARENT]) on leave or vacation from a job?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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SKIP TO QUESTION 52

50. Have (you / [CHILD’S PARENT]) been actively looking for work in the past four weeks?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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SKIP TO QUESTION 52

51. What were (you / [CHILD’S PARENT]) doing most of last week—would you say you were keeping house or caring for children, going to school, retired, unable to work, or something else?

1. KEEPING HOUSE/ CHILD CARE	2. GOING TO SCHOOL	3. RETIRED	4. UNABLE TO WORK
5. SOMETHING ELSE—PLEASE SPECIFY _____	8. DON'T KNOW	9. REFUSED	

ALL SKIP TO IWER CHECKPOINT ON NEXT PAGE

52. What kind of work are (you / [CHILD’S PARENT]) doing now or did (you/[CHILD’S PARENT]) do when (you/[CHILD’S PARENT]) last worked?

_____ JOB TITLE—**WRITE TWO OR MORE WORDS.**

53. What are/were (your / [CHILD’S PARENT]’S) most important activities or duties on this job? What do/did (you / [CHILD’S PARENT]) actually do at this job? **PROBE (PO) FOR MORE DETAIL.**

54. What business or industry is/was this in? **PROBE (PI) FOR MORE DETAIL.**

INTERVIEWER CHECKPOINT

NEITHER R NOR PARENT IN HOUSEHOLD HAS (SPOUSE/PARTNER) LIVING IN HOUSEHOLD.

IF MARKED, **SKIP TO QUESTION 63.**

IF NOT MARKED, GO TO NEXT CHECKPOINT.

INTERVIEWER CHECKPOINT

R IS PARENT OF CHILD. ASK QUESTIONS 55-62 ABOUT R'S (SPOUSE/PARTNER).

N IS NOT PARENT AND HH ROSTER INDICATES THERE IS NO PARENT IN HOUSEHOLD. ASK QUESTION 55-62 ABOUT R'S (SPOUSE/PARTNER).

P IS NOT PARENT AND HH ROSTER INDICATES A PARENT IS IN HOUSEHOLD. ASK QUESTIONS 55-62 ABOUT PARENT'S (SPOUSE/PARTNER).

55. What is the highest level of education your (spouse/partner) has completed?
DO NOT READ CATEGORIES.

IF **P** USE THE FOLLOWING QUESTION.

What is the highest level of education ([CHILD'S PARENT'S]
(spouse/partner)) has completed?

1. 8TH GRADE
OR LESS

2. 9TH-11TH
GRADE

3. HIGH SCHOOL
DIPLOMA OR EQUIV

4. VOCATIONAL/TECH PROG—
NO DEGREE

5. VOCATIONAL/TECH PROG—
DEGREE

6. SOME COLLEGE
NO DEGREE

7. ASSOCIATE'S
DEGREE

8. BACHELOR'S
DEGREE

9. GRAD OR PROF SCHOOL—NO
DEGREE

10. MASTER'S
DEGREE

11. PHD OR OTHER ADVANCED
DEGREE

56. Now I have some questions about your (spouse's/partner's) employment. During the past week, did (your spouse/partner) work at a job for pay?

IF USE THE FOLLOWING QUESTION.

Now I have some questions about ([CHILD'S PARENT'S] (spouse/partner)) employment. During the past week, did ([CHILD'S PARENT'S] (spouse/partner)) work at a job for pay?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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↓
SKIP TO 60

57. Was (your spouse/partner) on leave or vacation from a job?

IF USE THE FOLLOWING QUESTION.

Was ([CHILD'S PARENT'S] (spouse/partner)) on leave or vacation from a job?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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↓
SKIP TO 60

58. Has (your spouse/partner) been actively looking for work in the past four weeks?

IF USE THE FOLLOWING QUESTION.

Has ([CHILD'S PARENT'S] (spouse/partner)) been actively looking for work in the past four weeks?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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↓
SKIP TO 60

59. What was (your spouse/partner) doing most of last week? Would you say keeping house or caring for children, going to school, retired, unable to work, or something else?

IF **P** USE THE FOLLOWING QUESTION.

What was ([CHILD'S PARENT'S] (spouse/partner)) doing most of last week? Would you say keeping house or caring for children, going to school, retired, unable to work, or something else?

1. KEEPING HOUSE/
CHILD CARE

2. GOING TO
SCHOOL

3. RETIRED

4. UNABLE TO
WORK

5. SOMETHING ELSE—PLEASE SPECIFY

8. DON'T KNOW

9. REFUSED

ALL SKIP TO QUESTION 63

60. What kind of work is (your spouse/partner) doing now or did (your spouse/partner) do when (he/she) last worked?

IF **P** USE THE FOLLOWING QUESTION.

What kind of work is ([CHILD'S PARENT'S] (spouse/partner)) doing now or did ([CHILD'S PARENT'S] (spouse/partner)) do when (he/she) last worked?

_____ JOB TITLE—WRITE TWO OR MORE WORDS.

61. What are/were (his/her) most important activities or duties on this job? What does/did (he/she) actually do at this job? **PROBE (PO) FOR MORE DETAIL.**

62. What business or industry is/was this in? **PROBE (PI) FOR MORE DETAIL.**

FAMILY RESOURCES

63. These next questions are about food and clothing. I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was never true, sometimes true, or often true for your household in the last 12 months.

63a. "We worried whether our food would run out before we got money to buy more."
Would you say that was never true, sometimes true, or often true for your household in the last 12 months?

1. NEVER	2. SOMETIMES	3. OFTEN	8. DON'T KNOW	9. REFUSED
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63b. "The food that we bought just didn't last and we didn't have money to get more."
Would you say that was never true, sometimes true, or often true for your household in the last 12 months?

1. NEVER	2. SOMETIMES	3. OFTEN	8. DON'T KNOW	9. REFUSED
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63c. "[CHILD] was not eating enough because we just couldn't afford enough food."
Would you say that was never true, sometimes true, or often true in the past 12 months?

1. NEVER	2. SOMETIMES	3. OFTEN	8. DON'T KNOW	9. REFUSED
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64. Now I'm going to read some similar statements about clothing situations. For each, please tell me whether the statement was never true, sometimes true, or often true for your household in the last 12 months.

64a. "I didn't have enough money to buy ([CHILD]/my children) the kind of shoes and clothes (he/she/they) need(s) for school." Would you say that was never true, sometimes true, or often true for your household in the last 12 months?

1. NEVER	2. SOMETIMES	3. OFTEN	8. DON'T KNOW	9. REFUSED
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64b. "([CHILD]/My children) had to stay home from school sometimes because (he/she/they) did not have warm enough clothes to wear." Would you say that was never true, sometimes true, or often true in the past 12 months?

1. NEVER	2. SOMETIMES	3. OFTEN	8. DON'T KNOW	9. REFUSED
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64c. ([CHILD]/My children) get(s) teased about the clothes (he/she/they) wear(s) to school but I don't have the money to provide any other clothes." Would you say that was never true, sometimes true, or often true in the past 12 months?

1. NEVER	2. SOMETIMES	3. OFTEN	8. DON'T KNOW	9. REFUSED
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65. Finally I have a few questions about your finances. During 2000, did you or anyone in your household receive income from a full- or part-time job?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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66. During 2000, did you or anyone in your household receive Aid to Families with Dependent Children—sometimes called AFDC or ADC—or Temporary Assistance for Needy Families, sometimes called TANF?

1. YES	0. NO	8. DON'T KNOW	9. REFUSED
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↓
SKIP TO 68

67. During 2000, how long did someone in your household receive AFDC or TANF? Was it one to two months, three to five months, six to eight months, or nine to twelve months?

1. 1–2 MO.	2. 3–5 MO.	3. 6–8 MO.	4. 9–12 MO.	8. DON'T KNOW	9. REFUSED
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68. During 2000, did you or anyone in your household receive food stamps?

1. YES

0. NO

8. DON'T KNOW

9. REFUSED

↓
SKIP TO 70

69. During 2000, how long did you or anyone in your household receive food stamps? Was it one to two months, three to five months, six to eight months, or nine to twelve months?

1. 1-2 MO.

2. 3-5 MO.

3. 6-8 MO.

4. 9-12 MO.

8. DON'T
KNOW

9. REFUSED

TURN PAGE

70. In 2000, what was the total household income from all sources? (IF R IS UNSURE OF THE AMOUNT, PROBE: What is your best estimate?)

1. NONE

2. UNDER \$5,000

3. \$5,000 - \$9,999

4. \$10,000 - \$14,999

5. \$15,000 - \$19,999

6. \$20,000 - \$24,999

7. \$25,000 - \$29,999

8. \$30,000 - \$34,999

9. \$35,000 - \$39,999

10. \$40,000 - \$49,999

11. \$50,000 - \$74,999

12. \$75,000 - \$99,999

13. \$100,000 - \$199,999

14. \$200,000 or more

98. DON'T KNOW

99. REFUSED

EXACT TIME NOW: _____

GO TO RESPONDENT NAME AND ADDRESS INFORMATION PAGE

72. **LENGTH OF INTERVIEW:** _____ **MINUTES**

73. **LENGTH OF EDIT:** _____ **MINUTES**

74. **INTERVIEW COMPLETED IN**

1. ENGLISH

2. SPANISH

75. **INTERVIEW COMPLETED**

1. BY PHONE

2. FACE-TO-
FACE

76. **DATE OF INTERVIEW:** _____

77. **FINAL RESULT CODE:** _____

Notes: