WAVE 3
LOCAL QUESTIONS & CUSTOMIZATIONS
Making Connections
I. Local Questions in Des Moines Main Questionnaire

5.1_1 During the past 12 months, have you seen a dentist?

- YES ........................................................................................ 1
- NO ....................................................................................... 2
- DON’T KNOW ....................................................................... DK
- REFUSED ............................................................................. REF

Households sometimes experience difficulties. In the past 12 months, about HOW OFTEN did someone in your household experience the following difficulties?

<table>
<thead>
<tr>
<th></th>
<th>Rarely or Never</th>
<th>Less than Once per Month</th>
<th>Once per Month</th>
<th>Once per Week</th>
<th>Does not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.7_1 Health problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.7_2 Parenting problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.7_3 Conflict with your spouse or partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.7_4 Lack of support from family or friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.7_5 Transportation problems (such as to work, school, grocery store, or doctor)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5.7_6 Problem with an elderly family member</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

In the past 12 months, have you or any member of your household used one of the following financial services:

6.42_1 A loan against a future paycheck or Social Security payment (a pay day loan)?

- YES ........................................................................................ 1
- NO ....................................................................................... 2
- DON’T KNOW ....................................................................... DK
- REFUSED ............................................................................. REF

6.42_2 A loan in anticipation of an income tax refund?

- YES ........................................................................................ 1
- NO ....................................................................................... 2
- DON’T KNOW ....................................................................... DK
- REFUSED ............................................................................. REF
II. Local Questions in Des Moines 0-6 Child Questionnaire

SHOWCARD N_1

5_1 Why does [CHILD] not participate in one of these schools or programs?

- Personal preference, wanted my child kept at home.............. 1
- Language barriers—there is no program for children who speak [LANGUAGE] Preschool................. 2
- Distance—the program(s) is (are) too far from my home or work, or transportation costs too much............... 3
- Tuition or fees were too expensive, I could not afford it ...... 4
- Programs are available only for half a day and I could not make or afford child care arrangements for the other half-day.............................................................. 5
- OTHER ................................................................................... OTH
- DON’T KNOW................................................................. DK
- REFUSED ............................................................................... REF

GO TO SKIP before 9

5a_1 When is this care usually provided?

- On weekdays during the day....................... 1
- On weekdays in the evening or night............ 2
- On weekends during the day....................... 3
- On weekends in the evening or night.......... 4
- DON’T KNOW................................................................. DK
- REFUSED ............................................................................... REF

8d_1 Not counting any financial assistance, how much do you actually pay for this school/program/care each week?

$ __________________________

- NONE ................................................................................... 1
- DON’T KNOW ................................................................. DK
- REFUSED ............................................................................... REF

III. Local Questions in Both Child Questionnaires

14_1 in 7-17, 14a_1 in 0-6

In the last 12 months, has this child been to the dentist?

- YES ................................................................................... 1
- NO .................................................................................. 2
- DON’T KNOW ................................................................. DK
- REFUSED ............................................................................... REF
IV. Customizations
* Customized text appears within brackets.

2.1 Have you (or any member of your household) spoken with a local political official like a [city councilman, county supervisor, or state legislator] about a neighborhood problem or improvement?

3.3i Place where you sign up for [TANF] or welfare.

15 in 7-17, 17 in 0-6

<table>
<thead>
<tr>
<th>17. PHONE INTERVIEW ONLY:</th>
<th>17. IN-PERSON INTERVIEW ONLY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...</td>
<td>Please look at Showcard Q_1. Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...</td>
</tr>
</tbody>
</table>

- [Broadlawns] ................................................................. 13 ➔ GO TO 18
- House of Mercy Medical Center ................................... 14 ➔ GO TO 18
- Iowa Lutheran Hospital ............................................... 15 ➔ GO TO 18
- Iowa Methodist Medical Center ...................................... 16 ➔ GO TO 18
- Blank Children's Hospital ........................................... 17 ➔ GO TO 18
- La Clinica ......................................................................... 18 ➔ GO TO 18
- Children's Health Center ............................................. 19 ➔ GO TO 18
- Visiting Nurses Services ............................................. 20 ➔ GO TO 18
- Planned Parenthood ..................................................... 21 ➔ GO TO 18
- Agape Pregnancy Center ............................................... 22 ➔ GO TO 18
- Community ACCESS Program ....................................... 23 ➔ GO TO 18
- Des Moines Health Center ............................................. 24 ➔ GO TO 18
- Des Moines Department of Public Health ....................... 26] ➔ GO TO 18
- Hospital emergency room ............................................ 01 ➔ GO TO 18
- A clinic ............................................................................ 02 ➔ GO TO 18
- A particular doctor’s office outside a hospital ............... 03 ➔ GO TO 18
- A particular doctor’s office inside a hospital ................. 04 ➔ GO TO 18
- Urgent care center or walk-in center other than a hospital emergency room ........................................... 09 ➔ GO TO 18
- Another type of place (SPECIFY) .................................... 11 ➔ GO TO 18
- Do not go anywhere most often .................................... 12 ➔ GO TO 18
- DON’T KNOW .................................................................. DK ➔ GO TO 18
- REFUSED ............................................................................ REF ➔ GO TO 18
**SHOWCARD Q_2**

15a in 7-17, 17a in 0-6

Would that be . . . .

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Margaret Cramer Free Medical Clinic]</td>
<td>1</td>
</tr>
<tr>
<td>A clinic at a hospital</td>
<td>2</td>
</tr>
<tr>
<td>An HMO-run clinic</td>
<td>3</td>
</tr>
<tr>
<td>A community health center or neighborhood clinic</td>
<td>4</td>
</tr>
<tr>
<td>A school clinic</td>
<td>5</td>
</tr>
<tr>
<td>The health department / health department clinic</td>
<td>6</td>
</tr>
<tr>
<td>Planned Parenthood or family planning clinic</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REF</td>
</tr>
</tbody>
</table>
I. Local Questions in Main Questionnaire

SHOWCARD F

<table>
<thead>
<tr>
<th>2.7_c I would recommend my neighborhood to others as a good place to live.</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
</table>

4.3a_1 Why not? [SELECT ONE]

- Don’t have time ................................................................. 1
- Don’t feel welcome .......................................................... 2
- Can’t get to it ...................................................................... 3
- Not interested ..................................................................... 4
- Family obligations ............................................................ 5
- No child care ...................................................................... 6
- Don’t feel safe ..................................................................... 7
- Don’t get along with or like neighbors .............................. 8
- Was not aware of any events .............................................. 9
- Other (SPECIFY) ............................................................... 10
  DON’T KNOW ...................................................................... DK
  REFUSED ........................................................................... REF

4.5_1 Have you (or any adult member of your household) been involved with (your child’s/any of your children’s) school?

- YES .................................................................................... 1 ➤ GO TO INTRO BEFORE 5.1
- NO ..................................................................................... 2 ➤ GO TO INTRO BEFORE 5.1
- RESPONDENT DOES NOT HAVE CHILDREN IN SCHOOL .................................................. 3 ➤ GO TO INTRO BEFORE 5.1
- DON’T KNOW ..................................................................... DK ➤ GO TO INTRO BEFORE 5.1
- REFUSED ........................................................................... REF ➤ GO TO INTRO BEFORE 5.1
4.5_2 Why not? [SELECT ALL THAT APPLY]

- I can’t get there because I work.............................................. 1
- I can’t get there (transportation).............................................. 2
- I don’t feel welcome (school not approachable)...................... 3
- School doesn’t need me/no one asked/don’t know how............ 4
- I did not pass the background check/I have a criminal record .............................................. 5
- I have other family obligations .............................................. 6
- Other (SPECIFY) ............................................................... 7

DON’T KNOW ......................................................................... DK
DON’T REFUSED ..................................................................... REF

6.1_1 Do you (or any member of your household) use a computer at any other location, such as work, a family member’s or friend’s house, the public library, or school?

YES ...................................................................................... 1
NO ........................................................................................ 2 ➔ GO TO IVQ1
DON’T KNOW ................................................................. DK ➔ GO TO IVQ1
REFUSED ........................................................................... REF ➔ GO TO IVQ1

6.1_1a Do you (or any member of your household) connect to the Internet at this location?

YES ...................................................................................... 1
NO ........................................................................................ 2
DON’T KNOW ................................................................. DK
REFUSED ........................................................................... REF

6.8_1 Does your employer offer health insurance for you?

YES ...................................................................................... 1 ➔ GO TO SKIP
NO ........................................................................................ 2 ➔ GO TO SKIP
DON’T KNOW ................................................................. DK ➔ GO TO SKIP
REFUSED ........................................................................... REF

6.8_2 Why do you not take the health insurance for yourself offered by your employer [SELECT MAIN REASON]?

- It’s too expensive.................................................................. 1
- I don’t need it because I have insurance through my spouse. 2
- I don’t need it because I have other insurance ...................... 3
- Other (SPECIFY) ............................................................... 4

DON’T KNOW ......................................................................... DK
REFUSED ........................................................................... REF
6.8_3 Does your employer offer health insurance for your family?

YES ................................................................................... 1
NO .................................................................................. 2  ➔ GO TO 6.9
DON'T KNOW ................................................................. DK  ➔ GO TO 6.9
REFUSED ........................................................................... REF  ➔ GO TO 6.9

6.8_4 Why do you not take the health insurance for your family offered by your employer?

[SELECT ALL THAT APPLY]

It's too expensive ............................................................... 1
They don't need it because they have insurance through my spouse ............................................................ 2
They don't need it because they have other insurance ..... 4
Other (SPECIFY) _______________________________ 5
DON'T KNOW ................................................................. DK
REFUSED ........................................................................... REF

SHOWCARD K_1

6.11_1 What is the biggest problem you face in getting a job?

Not enough education......................................................... 1
Criminal record .................................................................. 2
Childcare............................................................................ 3
Transportation ..................................................................... 4
Job Training ......................................................................... 5
No jobs where I live ............................................................ 6
Poor health .......................................................................... 7
Other (SPECIFY) ___________________________________________ 8
DON'T KNOW ....................................................................... DK
REFUSED ........................................................................... REF

SHOWCARD K_2

6.12_1 What is the biggest problem you face in advancing in your job?

None – I am satisfactorily employed................................. 1
Not enough education......................................................... 2
Childcare............................................................................ 3
Transportation ..................................................................... 4
Job Training ......................................................................... 5
No opportunities for advancement...................................... 6
Poor health .......................................................................... 7
Other (SPECIFY) ___________________________________________ 8
DON'T KNOW ....................................................................... DK
REFUSED ........................................................................... REF
6.18_1 What is your primary source of health insurance?

Medicare ................................................................. 1
Medicaid ................................................................................. 2
Hoosier Healthwise ................................................................. 3
Blue Cross Blue Shield ........................................................... 4
Healthy Indiana Plan ................................................................. 5
Wishard Advantage or Health Advantage ........................................ 6
Other Employer Provided Health Plan ........................................ 7
Other Self Purchased Health Plan ................................................. 8
Do not have health insurance ................................................. 9
DON’T KNOW ................................................................................. DK
REFUSED ............................................................................... REF

GO TO SKIP BEFORE 6.18_4

6.18_2 Does your [FILL IN RESPONSE FROM 6.18_1] cover the services that you need?

YES ........................................................................................ 1
NO .......................................................................................... 2
DON’T KNOW ......................................................................... DK
REFUSED ............................................................................... REF

6.18_3 Does your [FILL IN RESPONSE FROM 6.18_1] cover mental health services?

YES ........................................................................................ 1
NO .......................................................................................... 2
DON’T KNOW ......................................................................... DK
REFUSED ............................................................................... REF

6.18_4 What is your spouse/partner’s primary source of health insurance?

Medicare ................................................................. 1
Medicaid ................................................................................. 2
Hoosier Healthwise ................................................................. 3
Blue Cross Blue Shield ........................................................... 4
Healthy Indiana Plan ................................................................. 5
Wishard Advantage or Health Advantage ........................................ 6
Other Employer Provided Health Plan ........................................ 7
Other Self Purchased Health Plan ................................................. 8
Do not have health insurance ................................................. 9
DON’T KNOW ................................................................................. DK
REFUSED ............................................................................... REF

GO TO 6.18_7

6.18_5 Does your spouse/partner’s [FILL IN RESPONSE FROM 6.18_4] cover the services that your spouse/partner needs?

YES ........................................................................................ 1
NO .......................................................................................... 2
DON’T KNOW ......................................................................... DK
REFUSED ............................................................................... REF
6.18_6 Does your spouse/partner’s [FILL IN RESPONSE FROM 6.18_4] cover mental health services?

YES ................................................................. 1
NO ................................................................. 2
DON’T KNOW .............................................. DK
REFUSED ...................................................... REF

SHOWCARD L_1

6.18_7 Where do you usually go for health care?

Clinic or Health Center ........................................ 1
Doctor’s Office or HMO ...................................... 2
Hospital Emergency Room .................................. 3
Hospital Outpatient Department ........................ 4
DON’T KNOW .............................................. DK
REFUSED ...................................................... REF

SHOWCARD M_1

7.10_1 Did you try to attend such a class in the last 12 months?

YES ................................................................. 1
NO ................................................................. 2  ➔ GO TO 7.10a
DON’T KNOW .............................................. DK  ➔ GO TO 7.10a
REFUSED ...................................................... REF  ➔ GO TO 7.10a

II. Local Questions in Child Questionnaires

12_1 in 7-17, 14_1 in 0-6

Have you ever thought or been told that your child may have a speech, physical, mental, or developmental delay?

YES ................................................................. 1
NO ................................................................. 2  ➔ GO TO 15
DON’T KNOW .............................................. DK  ➔ GO TO 15
REFUSED ...................................................... REF  ➔ GO TO 15
12_2 in 7-17, 14_2 in 0-6

Have you been able to get an assessment and professional help or therapy for this problem?
   Yes, we got an assessment and help or therapy .................................................. 1 ➔ GO TO 15
   Yes, we got an assessment, but child did not need further help or therapy .............. 2 ➔ GO TO 15
   Yes, we were assessed, but we are not getting the help or therapy that we need .......... 3
   No, we were never assessed ........................................................................ 4
   No, it wasn’t necessary .................................................................................. 5 ➔ GO TO 15
   DON’T KNOW .................................................................................. DK ➔ GO TO 15
   REFUSED ....................................................................................... REF ➔ GO TO 15

SHOWCARD Q_1

12_3 in 7-17, 14_3 in 0-6

Why not?
   Cannot get referred .............................................................................. 1
   Long waiting list .................................................................................. 2
   Insurance won’t cover ............................................................................ 3
   Medicaid won’t cover ............................................................................ 4
   No transportation .................................................................................. 5
   DON’T KNOW .................................................................................. DK
   REFUSED ....................................................................................... REF

14_1 in 7-17, 16_1 in 0-6

What is [CHILD]’s primary source of health insurance?
   Medicare .......................................................................................... 1
   Medicaid .......................................................................................... 2
   Hoosier Healthwise or CHIP ............................................................ 3
   Blue Cross Blue Shield ..................................................................... 4
   Healthy Indiana Plan .......................................................................... 5
   Wishard Advantage or Health Advantage ........................................ 6
   Other Employer Provided Health Plan ............................................. 7
   Other Self Purchased Health Plan .................................................... 8
   Does not have health insurance ....................................................... 9
   DON’T KNOW ................................................................................ DK
   REFUSED ....................................................................................... REF

14_2 in 7-17, 16_2 in 0-6

Does [CHILD]’s [FILL IN RESPONSE FROM 16_1] cover the services that [CHILD] needs?
   YES ................................................................................................. 1
   NO ................................................................................................. 2
   DK ................................................................................................. DK
   REF ............................................................................................... REF
14_3 in 7-17, 16_3 in 0-6

Does [CHILD]'s [FILL IN RESPONSE FROM 16_1] cover mental health services?

YES ........................................................................................ 1
NO .......................................................................................... 2
DK ........................................................................................... DK
REF ...................................................................................................REF

III. Customizations in Main Questionnaire*

* Customized text appears within brackets.

2.1 Have you (or any member of your household) spoken with a local political official like [a township trustee or member of the city council] about a neighborhood problem or improvement?

SHOWCARD G

3.1b Street[/sidewalk] repair?

3.3l Place where you sign up for [TANF] or welfare

4.3 To your knowledge has there been any sort of neighborhood get-together during the past year -- say a [festival, celebration, picnic, neighborhood clean-up, block party] -- something like that?

YES ........................................................................................ 1
NO .......................................................................................... 2  ➔ GO TO 4.4
DON'T KNOW .................................................................................DK ➔ GO TO 4.4
REFUSED ....................................................................................REF ➔ GO TO 4.4

6.35 Do you live in subsidized housing or receive section 8 or housing assistance from the township trustee?
IV. Customizations in Child Questionnaires*

* Customized text appears within brackets.

5 in 0-6

5. Where does [CHILD] spend most of (his/her) time when (he/she) is not with you (or other parent/guardian)?

- Nursery School ......................................................... 1
- Preschool ................................................................. 2
- Head Start ............................................................... 3
- Other Pre-Kindergarten Program/School .................... 4
- Child care center ...................................................... 5
- [Child care ministry] .................................................. 12
- In a child care home ................................................. 11 \( \Rightarrow \) GO TO 6b
- In the care of a relative who is not paid .................. 6 \( \Rightarrow \) GO TO 6e
- In the care of a relative who is paid ......................... 7 \( \Rightarrow \) GO TO 6c
- In the care of a friend who is not paid ................. 8 \( \Rightarrow \) GO TO 6e
- In the care of a friend who is paid .......................... 9 \( \Rightarrow \) GO TO 6c
- There is no other caregiver or place ....................... 10 \( \Rightarrow \) GO TO 8b
- DON'T KNOW .............................................................. DK \( \Rightarrow \) GO TO SKIP before 9
- REFUSED ................................................................. REF \( \Rightarrow \) GO TO SKIP before 9

5a. What is the name of the nursery school/preschool/Head Start/pre-kindergarten/child care center/[child care ministry]?

7 in 0-6

7. Would that be...?

- Nursery School ......................................................... 1
- Preschool ................................................................. 2
- Head Start ............................................................... 3
- Other Pre-Kindergarten Program/School .................... 4
- Child care center ...................................................... 5
- [Child care ministry] .................................................. 12
- In a child care home ................................................. 10 \( \Rightarrow \) GO TO 8b
- In the care of a relative who is not paid .................. 6 \( \Rightarrow \) GO TO 8e
- In the care of a relative who is paid ......................... 7 \( \Rightarrow \) GO TO 8c
- In the care of a friend who is not paid ................. 8 \( \Rightarrow \) GO TO 8e
- In the care of a friend who is paid .......................... 9 \( \Rightarrow \) GO TO 8c
- DON'T KNOW .............................................................. DK \( \Rightarrow \) GO TO SKIP BOX before Q9
- REFUSED ................................................................. REF \( \Rightarrow \) GO TO SKIP BOX before Q9

7a. What is the name of the nursery school/preschool/Head Start/pre-kindergarten/child care center/[child care ministry]?
# SHOWCARD Q_2

<table>
<thead>
<tr>
<th>PHONE INTERVIEW ONLY:</th>
<th>Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a… [FI INSTRUCTION: MAKE SURE TO READ THE ENTIRE LIST]</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-PERSON INTERVIEW ONLY:</td>
<td>Please look at Showcard Q_2. Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a…</td>
</tr>
</tbody>
</table>

- [Hoosier Healthwise] ............................................................ 27 ➔ GO TO 18
- Hospital emergency room ....................................................01 ➔ GO TO 18
- A clinic ..................................................................................02 ➔ GO TO 18
- A particular doctor’s office **outside** a hospital ..................03 ➔ GO TO 18
- A particular doctor’s office **inside** a hospital ....................04 ➔ GO TO 18
- Urgent care center or walk-in center **other than** a hospital emergency room ....................................................09 ➔ GO TO 18
- Another type of place (SPECIFY) ........................................11 ➔ GO TO 18
- Do not go anywhere most often ...........................................12 ➔ GO TO 18
- DON'T KNOW ........................................................................DK ➔ GO TO 18
- REFUSED....................................................................................REF ➔ GO TO 18
Wave 3 Denver Local Questions

I. Local Questions in Main Questionnaire

<table>
<thead>
<tr>
<th>Where do you go for information and current events about your community?</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8a_1 Media</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>1.8b_1 Newspapers</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>1.8c_1 Internet</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>1.8d_1 Community organizations (churches, schools, recreation centers)</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

In the past two years have you felt that you were discriminated against...

<table>
<thead>
<tr>
<th>Because of your race, gender, age, sexual orientation or education?</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6_1</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of your country of origin or your ability to speak English?</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6_2</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because you lived in public or subsidized housing, or received welfare benefits, medicaid, or food stamps?</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6_3</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

3.1_1 Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with this statement...

If my neighborhood had a problem, such as safety, street repairs, or abandoned buildings, I would know who to contact to get the problem solved.

- STRONGLY AGREE .............................................................. 5
- AGREE ................................................................................... 4
- NEITHER AGREE NOR DISAGREE ........................................... 3
- DISAGREE ............................................................................. 2
- STRONGLY DISAGREE ........................................................ 1
- DON'T KNOW.......................................................................... DK
- REFUSED............................................................................... REF

3.1_1a Are you aware of any organization that helps residents like you address concerns or issues you care about that affect your community?

- YES ......................................................................................... 1
- NO .......................................................................................... 2 ➔ GO TO 3.1_2
- DON'T KNOW.......................................................................... DK ➔ GO TO 3.1_2
- REFUSED............................................................................... REF ➔ GO TO 3.1_2
3.1_1b What are the names of those organizations? (CODE ALL THAT APPLY)

METROPOLITAN ORGANIZATIONS FOR PEOPLE (MOP) .............................................. 1
PROJECT WISE ................................................................. 2
FRONT RANGE ECONOMIC STRATEGY CENTER (FRESC) ................................. 3
OTHER (SPECIFY AS MANY AS RESPONDENT INDICATES) ......................................................... 4

DON'T KNOW ................................................................. DK
REFUSED ........................................................................... REF

Have you ever been worried or concerned that if you got involved in efforts to improve your community...

<table>
<thead>
<tr>
<th>3.1_2 Other people in your neighborhood might retaliate against you?</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

4.4_2 Have you ever participated in a leadership training program?

| YES ................................................................. 1 |
| NO ................................................................... 2 |
| DON'T KNOW ................................................. DK |
| REFUSED ....................................................... REF |

II. Local Questions in Child Questionnaires

Please tell me if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements about your child’s school or education:

5_1 in 7-17; 4_1, 5c_1 and 7c_1 in 0-6

The report cards and important papers from my child’s school are easy to understand.

| Strongly agree ................................................................. 5 |
| Agree ........................................................................ 4 |
| Neither agree nor disagree ........................................ 3 |
| Disagree ................................................................... 2 |
| Strongly disagree .......................................................... 1 |
| DON'T KNOW ............................................................. DK |
| REFUSED ................................................................. REF |
I feel welcome in my child’s school.

Strongly agree ................................................................. 5
Agree ................................................................................. 4
Neither agree nor disagree ........................................... 3
Disagree ........................................................................... 2
Strongly disagree ............................................................... 1
DON’T KNOW ........................................................................ DK
REFUSED ............................................................................... REF

Do you expect your child to have better opportunities than you have had?

YES ............................................................................................ 1
NO .............................................................................................. 2
DON’T KNOW ............................................................................ DK
REFUSED ................................................................................... REF

III. Customizations
* Customized text appears within brackets.

2.1 Have you (or any member of your household) spoken with a local political official like [a city council person, representative, or school board member] about a neighborhood problem or improvement?

YES ............................................................................................ 1
NO .............................................................................................. 2
DON’T KNOW ............................................................................ DK
REFUSED ................................................................................... REF

3.3 Place where you sign up for [TANF] or welfare

4.3 To your knowledge has there been any sort of neighborhood get-together during the past year -- say [a festival, celebration, picnic, block party] -- something like that?
I. Local Questions in Main Questionnaire

1.6_1 In the past school year did you or your spouse/partner attend any of the following activities at the schools your child(ren) attend? (circle all that apply)

- Parent-teacher association (PTA) meetings .................................................................1
- Sports events .................................................................................................................2
- Concerts, plays, or shows ............................................................................................3
- Individual meetings with teachers of your child(ren) .................................................4
- School-board meetings .................................................................................................5
- School fairs (i.e. science fairs) .....................................................................................6
- Other (SPECIFY)__________________ ................................................................................7
- DON’T KNOW ...............................................................................................................DK
- REFUSED ......................................................................................................................REF

1.7_1 Do you take care of any children in your home who are not your own children and who are under the age of 6 years?

- Yes, for pay ...................................................................................................................1
- Yes, but not for pay .........................................................................................................2
- No ...................................................................................................................................3
- DON’T KNOW ...............................................................................................................DK
- REFUSED ......................................................................................................................REF

6.8_1 What is the main reason that you do not have health insurance from your job?

- Health insurance is not offered .....................................................................................1
- Health insurance premium is not affordable .................................................................2
- I get health insurance from my spouse’s/partner’s job .................................................3
- Another reason (specify) __________________________ .........................................................4
- DON’T KNOW ...............................................................................................................DK
- REFUSED ......................................................................................................................REF

6.8_2 What is the main reason that your family does not have health insurance from your job?

- Health insurance is not offered .....................................................................................1
- Health insurance premium is not affordable .................................................................2
- My family gets health insurance from my spouse’s/partner’s job ..................................3
- Another reason (specify) __________________________ .........................................................4
- DON’T KNOW ...............................................................................................................DK
- REFUSED ......................................................................................................................REF
6.10_1 What is the biggest problem you face in getting a job or getting a better job?

- Not enough education ................................................................. 1
- Criminal record ........................................................................... 2
- Childcare ..................................................................................... 3
- Transportation ........................................................................... 4
- Job training .................................................................................. 5
- No jobs where I live .................................................................... 6
- Poor health ................................................................................... 7
- Don’t speak English well enough ................................................. 8
- Other (Specify) ............................................................................. 9
- I’m currently not searching for a job .......................................... 10
- DON’T KNOW ............................................................................. DK
- REFUSED ................................................................................... REF

6.12_1 Did your training/education lead to employment advancement?

- YES .............................................................................................. 1
- NO ............................................................................................... 2
- DON’T KNOW ............................................................................. DK
- REFUSED .................................................................................. REF

6.16_1 What is the main reason that your (spouse/partner) does not have health insurance from his/her job?

- Health insurance is not offered ................................................... 1
- Health insurance premium is not affordable .............................. 2
- My spouse/partner gets health insurance from my job ............... 3
- Another reason (specify) ............................................................... 4
- DON’T KNOW ............................................................................. DK
- REFUSED .................................................................................. REF

6.16_2 What is the main reason that your family does not have health insurance from your (spouse’s/partner’s) job?

- Health insurance is not offered ................................................... 1
- Health insurance premium is not affordable .............................. 2
- My family gets health insurance from my job ............................. 3
- Another reason (specify) ............................................................... 4
- DON’T KNOW ............................................................................. DK
- REFUSED .................................................................................. REF
6.18_1 What is the biggest problem your (spouse/partner) faces in getting a job or getting a better job?

Not enough education ................................................................. 1
Criminal record ........................................................................... 2
Childcare ...................................................................................... 3
Transportation ............................................................................. 4
Job training ................................................................................... 5
No jobs where I live ..................................................................... 6
Poor health .................................................................................. 7
Doesn’t speak English well enough ........................................... 8
Other (specify) ______________________________________________ 9
Spouse/partner currently not searching for a job ...................... 10
DON’T KNOW .............................................................................. DK
REFUSED ..................................................................................... REF

6.18_2 In the last 12 months, has your (spouse/partner) completed any job training classes or education programs (GED classes, courses for college credit, apprentice programs, or other classes)?

YES ............................................................................................. 1
NO ............................................................................................... 2 ➔ GO TO 6.19
DON’T KNOW ............................................................................. DK ➔ GO TO 6.19
REFUSED .................................................................................... REF ➔ GO TO 6.19

6.18_3 Did your (spouse/partner)’s training/education lead to employment advancement?

YES ............................................................................................. 1
NO ............................................................................................... 2
DON’T KNOW .............................................................................. DK
REFUSED .................................................................................... REF

6.40h_1 Payday loan

1  2  DK  REF

6.42_1 Has your mortgage payment gone up in the past 12 months?

Yes .............................................................................................. 1
No ............................................................................................... 2
DON’T KNOW .............................................................................. DK
REFUSED .................................................................................... REF

6.43b_1 For school or college for your child(ren)

1  2  DK  REF

6.49_1 If your income were disrupted today, do you have enough accessible savings to get your household by for three months without any income?

YES .............................................................................................. 1
NO ............................................................................................... 2
DON’T KNOW .............................................................................. DK
REFUSED .................................................................................... REF
7.8_1 At home do you speak:

- Only Spanish ................................................. 6
- More Spanish than English .............................. 5
- Spanish and English Equally .......................... 4
- More English than Spanish ............................. 3
- Only English .................................................. 2
- Some other language ..................................... 1
- DON'T KNOW .................................................. DK
- REFUSED ......................................................... REF

II. Local Questions in Child Questionnaires

4_1 in 7-17, 3_1 in 0-6
When [CHILD] receives homework, how often do you help him/her with it?

- All of the time ............................................. 4  ➔ GO TO 3_3
- Most of the time ......................................... 3
- Some of the time ......................................... 2
- Never ......................................................... 1
- DON'T KNOW .................................................. DK  ➔ GO TO 3_3
- REFUSED .......................................................... REF

4_2 in 7-17, 3_2 in 0-6
When you do not help [CHILD] with homework what is the main reason why?

- Homework is too complicated ........................ 1
- Someone else is helping [CHILD] with homework (SPECIFY WHO HELPS) __________________________ 2
- Not enough time ......................................... 3
- Not enough energy ........................................ 4
- Don't speak English well enough .................... 5
- [CHILD] can do homework on his/her own .......... 6
- [CHILD] does not have homework .................... 7
- DON'T KNOW .................................................. DK
- REFUSED .......................................................... REF

4_3 in 7-17, 3_3 in 0-6
In a typical week, how often do you and [CHILD] eat dinner together?

- Not at all .................................................. 1
- Once or twice ............................................. 2
- 3-6 Times .................................................. 3
- Every day .................................................. 4
- DON'T KNOW .................................................. DK
- REFUSED .......................................................... REF
14_1 in 7-17, 16_1 in 0-6
What type of health insurance covers [CHILD]?
- Medicaid ................................................................. 1
- Children’s Health Insurance Plan (CHIP) ....................... 2
- CareLink ........................................................................ 3
- Employer based insurance ............................................. 4
- Private health insurance plan ....................................... 5
- Other (specify) ____________________............................. 6
- Don’t know ..................................................................... DK
- Refused .......................................................................... REF

15a_1 in 7-17, 17a_1 in 0-6
Now I want to ask you about the number of times [CHILD] has gone to any of these for treatment and for screening or prevention. First, how often in the past 12 months has [CHILD] gone to any of these for treatment.

Now, how often in the past 12 months has [CHILD] gone to any of these for treatment?
- Not at all.............................................................................. 1
- Once ................................................................................... 2
- Twice ................................................................................... 3
- Three or more times ......................................................... 4
- DON’T KNOW ..................................................................... DK
- REFUSED ............................................................................ REF

15a_2 in 7-17, 17a_2 in 0-6
How often in the past 12 months has [CHILD] gone to any of these for screening or prevention?

Not at all.............................................................................. 1
- Once ................................................................................... 2
- Twice ................................................................................... 3
- Three or more times ......................................................... 4
- DON’T KNOW ..................................................................... DK
- REFUSED ............................................................................ REF

III. Customizations
* Customized text appears within brackets.

2.1 Have you (or any member of your household) spoken with an elected official like a [school board member or a city council person] about a neighborhood problem or improvement?
- YES ................................................................................ 1
- NO .................................................................................... 2
- DON’T KNOW ................................................................. DK
- REFUSED .......................................................................... REF
3.3l Place where you sign up for [TANF, Lone Star,] or welfare

6.19g Public assistance or welfare payments, such as [TANF or Lone Star], from the state or local welfare office?

In both Child Questionnaires

SHOWCARD Q_1

15 in 7-17, 17 in 0-6

<table>
<thead>
<tr>
<th>PHONE INTERVIEW ONLY:</th>
<th>Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a... [FI INSTRUCTION: MAKE SURE TO READ THE ENTIRE LIST]</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-PERSON INTERVIEW ONLY:</td>
<td>Please look at Showcard AD. Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...</td>
</tr>
</tbody>
</table>

- [Curandera/Folk Healer] .......................................................28  ➔ GO TO 17a_1
- Hospital emergency room ..................................................01  ➔ GO TO 17a_1
- A clinic ...................................................................................02
- A particular doctor’s office outside a hospital ....................03  ➔ GO TO 17a_1
- A particular doctor’s office inside a hospital ......................04  ➔ GO TO 17a_1
- Urgent care center or walk-in center other than a Hospital emergency room ..................................................09  ➔ GO TO 17a_1
- Another type of place (SPECIFY) ........................................11  ➔ GO TO 17a_1
- Do not go anywhere most often ..........................................12  ➔ GO TO 17a_1
- DON'T KNOW ........................................................................DK  ➔ GO TO 17a_1
- REFUSED ...............................................................................REF ➔ GO TO 17a_1
Wave 3 White Center Local Questions

I. Local Questions in White Center Main Questionnaire

1.8_1 Think about what the idea “close-knit family” means to you. Would you say that you are a member of a close-knit family?

YES .......................................................................................... 1
NO ............................................................................................ 2
DON’T KNOW ............................................................................ DK
REFUSED .................................................................................. REF

QXQ: By “close-knit” we mean that family members stay in touch on a regular basis and are available to help out when there is a need.

2.6_1 While you have been in the US, have you ever been discriminated against because of your age, gender, social class, race or color, ethnic background or language, sexual orientation, religion or disability?

YES .......................................................................................... 1
NO ............................................................................................ 2 ➔ GO TO 2.7
DON’T KNOW ............................................................................ DK ➔ GO TO 2.7
REFUSED .................................................................................. REF ➔ GO TO 2.7

2.6_2 Why do you think you were discriminated against?

______________________________________________________________

______________________________________________________________

DON’T KNOW ............................................................................ DK
REFUSED .................................................................................. REF

3.2_1 Have you ever contacted the Police or Sheriff’s Department to address crime or other problems in your neighborhood?

YES .......................................................................................... 1
NO ............................................................................................ 2 ➔ GO TO 3.2_3
DON’T KNOW ............................................................................ DK ➔ GO TO 3.2_3
REFUSED .................................................................................. REF ➔ GO TO 3.2_3
3.2_2 How satisfied were you with the way the Police or Sheriff’s Department handled the situation the last time you called them? Were you…

- Very satisfied ................................................................. 5
- Somewhat satisfied ....................................................... 4
- Neither satisfied nor dissatisfied ..................................... 3
- Somewhat dissatisfied ................................................... 2
- Very dissatisfied ............................................................ 1
- DON’T KNOW ................................................................. DK
- REFUSED ....................................................................... REF

3.2_3 The next question is about service providers. By service providers we mean people who help you or your family members get food stamps, housing, employment, education/tutoring help, or health care. Please tell me what you think about the following statement:

The service providers I have come in contact with are sensitive to the needs of people who come from different cultures.

Would you say that you…

- Strongly agree ............................................................... 5
- Agree ............................................................................... 4
- Neither agree nor disagree ............................................. 3
- Disagree .......................................................................... 2
- Strongly disagree .......................................................... 1
- DON’T KNOW ................................................................. DK
- REFUSED ....................................................................... REF

4.4_1 In 2008, John McCain ran against Barack Obama for President of the United States. Did you vote in the 2008 election for president?

- YES ............................................................................... 1
- NO .................................................................................. 2
- DON’T KNOW ................................................................. DK
- REFUSED ....................................................................... REF

6.39_1 Have you ever applied for and been denied a loan?

- YES ............................................................................... 1
- NO .................................................................................. 2 ➔ GO TO 6.40
- DON’T KNOW ................................................................. DK ➔ GO TO 6.40
- REFUSED ....................................................................... REF ➔ GO TO 6.40
6.39_2 Why do you think you were denied?

DON'T KNOW ................................................................. DK
REFUSED ........................................................................... REF

7.9_1 How well can you speak English?

Very well ................................................................. 4
Well ........................................................................ 3
Not very well ......................................................... 2
Not at all ................................................................. 1
DON'T KNOW ............................................................... DK
REFUSED ........................................................................... REF

7.9_2 How well can you read English?

Very well ................................................................. 4
Well ........................................................................ 3
Not very well ......................................................... 2
Not at all ................................................................. 1
DON'T KNOW ............................................................... DK
REFUSED ........................................................................... REF

II. Local Questions in White Center 0-6 & 7-17 Child Questionnaires

11_1 in 7-17; 6e_1 and 8e_1 in 0-6
Do you think that this care arrangement is the best situation for your child?

YES ........................................................................ 1
NO ........................................................................ 2
DON'T KNOW ............................................................... DK
REFUSED ........................................................................... REF

8_1 in 7-17, 11_1 in 0-6
Did you go to any school related activities or events over the past school year, such as the first day of school, parent-teacher conferences, other teacher meetings, holiday events, sports activities or other events like these?

YES ........................................................................ 1
NO ........................................................................ 2
DON'T KNOW ............................................................... DK
REFUSED ........................................................................... REF
8_2 in 7-17, 11_2 in 0-6

Please tell me what you think about the following statement:

I feel welcome and am encouraged to come to my child's school.

Would you say that you…

Strongly agree ................................................................. 4
Agree somewhat ............................................................ 3
Disagree somewhat ....................................................... 2
Strongly disagree .......................................................... 1
Don't know / no opinion ................................................. DK
REFUSED ........................................................................... REF

14_1 in 7-17, 16_1 in 0-6

16_1 PHONE INTERVIEW ONLY: Who provided prenatal care for this child before (he/she) was born? [FI INSTRUCTION: MAKE SURE TO READ THE ENTIRE LIST]

IN-PERSON INTERVIEW ONLY: Please look at Showcard Q_b. Who provided prenatal care for this child before (he/she) was born?

- No prenatal care was provided for this child .................. 1
- Midwife ......................................................................... 2
- Nurse Practitioner ......................................................... 3
- Doula ............................................................................. 4
- Family member or trusted community member ............ 5
- Medical doctor, OB-GYN, family doctor ...................... 6
- Public health department .............................................. 7
- Community health center ............................................. 8
- Some other source ........................................................ 9
- DON'T KNOW ............................................................. DK
- REFUSED ....................................................................... REF

QxQ: A “doula” is a woman experienced in childbirth who provides physical, emotional, and informational support to the mother before, during and just after childbirth.

III. Local Questions in White Center 0-6 Child Questionnaire

<table>
<thead>
<tr>
<th>Do you or someone in your household engage in the following activities with this child?</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>12_1 Tell stories?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>12_2 Spend time cuddling and holding?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>12_3 Play games?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>12_4 Go to the park or a recreation center?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>12_5 Run errands?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>12_6 Speak or teach about your native culture?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>
IV. Local Questions in White Center 7-17 Child Questionnaire

<table>
<thead>
<tr>
<th>Do you or someone in your household engage in the following activities with this child?</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>9_1 Spend time talking about school or social activities?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>9_2 Set aside time and space to do homework?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>9_3 Meet their friends?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>9_4 Eat meals together?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>9_5 Speak or teach about your native culture?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

V. Customizations in Main White Center Questionnaire*

* Customized text appears within brackets.

1.1 How long have you lived in the [White Center/Boulevard Park area/CITY]?

__________________ YEARS   ____________ MONTHS

DON’T KNOW.................................................................DK
REFUSED.................................................................REF

2.1 Have you (or any member of your household) spoken with a local political official like [someone from Highline School Board, King County Sheriff’s Office, King County government, or the governor's office] about a neighborhood problem or improvement?

YES..................................................................................1
NO....................................................................................2
DON’T KNOW.................................................................DK
REFUSED.................................................................REF
### SHOWCARD I

Thinking about the [Police or Sheriff’s Department] serving your neighborhood, how strongly do you agree with the following statements? The response categories are: strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2a Helpful when dealing with residents.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>3.2b Honest when dealing with residents.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>3.2c Quick to respond when called.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

6.5 How do you usually get to work? **CODE ALL THAT APPLY**

- Walk............................................................................................ 1
- Bike............................................................................................. 2
- [Bus]............................................................................................ 3
- Alone in car ............................................................................... 4
- Carpool/Vanpool ........................................................................ 5
- Work at home ............................................................................... 6
- DON’T KNOW.................................................................................. DK
- REFUSED....................................................................................... REF

6.22 Who prepared your 2007 tax return [last] year?

- DID NOT FILE LAST YEAR............................................................. 1
- H&R BLOCK, JACKSON HEWITT, LIBERTY OR ANOTHER PAID TAX PREPARER   2
- FREE TAX PREPARATION SITE...................................................... 3
- A FRIEND OR FAMILY MEMBER DID IT FOR ME............................... 4
- DID IT MYSELF............................................................................. 5
- OTHER (SPECIFY) _______________________________________________ 6
- DON’T KNOW.................................................................................. DK
- REFUSED....................................................................................... REF
I. Local Questions in Providence Main Questionnaire

SHOWCARD A

1.5 I'm going to read some statements about your neighborhood, the people in it, and things that happen in the neighborhood. For each statement, tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5e_1 I am proud to live in this neighborhood.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

1.6_1a How often have you gone to your [child's/children's] school to talk about your child?

Never ........................................................................................................... 1
Once or twice a year .................................................................................... 2
Almost every month ..................................................................................... 3
Almost every week ........................................................................................ 4
More than once a week.................................................................................. 5
DON'T KNOW ............................................................................................. DK
REFUSED ................................................................................................. REF

1.6_1 Have you experienced recent increases in the cost of child care for any of your children? Please make sure to include any increases in your co-payment for childcare services.

YES ............................................................................................................. 1
NO ................................................. 2 ➔ GO TO 1.6_3
NO CHILDREN IN HOUSEHOLD ARE IN CHILD CARE ............. 3 ➔ GO TO 1.6_3
DON'T KNOW ......................................................................................... DK ➔ GO TO 1.6_3
REFUSED ................................................................................................. REF ➔ GO TO 1.6_3
SHOWCARD C

1.6_2 PHONE INTERVIEWS ONLY: I am going to read some ways in which your child may have been affected because of the increases in the cost of child care. Please answer yes or no to each statement.

IN-PERSON INTERVIEWS ONLY: Please look at Showcard C. I am going to read some ways in which your child may have been affected because of the increases in the cost of child care. Please answer yes or no to each statement.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
</tbody>
</table>

SKIP: IF 1.6_2d = 2, DK, OR REF GO TO 1.6_3. OTHERWISE CONTINUE.

1.6_2f In what other way was your household affected by the increased cost of child care?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

1.6_3 Please tell me if you agree or disagree with the following statement:

If I could read or write English better I could be more of a help in getting my (child/children) ready for school.

Would you say that you…

Agree strongly ................................................................. 5
Agree .................................................................................. 4
Neither agree nor disagree .............................................. 3
Disagree ........................................................................... 2
Disagree strongly ............................................................ 1
DON’T KNOW ................................................................. DK
REFUSED ........................................................................... REF
1.6_4  Is English your native language?

YES.................................................................................................................. 1
NO ................................................................................................................... 2
DON’T KNOW .................................................................................. DK
REFUSED .............................................................................................. REF

1.12w_1  Did you move because the landlord of the building you lived in was foreclosed on?

YES .................................................................................................................. 1
NO ................................................................................................................... 2
I DID NOT LIVE IN A RENTAL UNIT ........................................................ 3
DON’T KNOW .......................................................................................... DK
REFUSED .............................................................................................. REF

SHOWCARD G

2.6_1 For each statement, tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>

2.6_1  I feel that I am a positive role model in my community.

2.6_2  I know who to call when there is a problem in my neighborhood, such as drug activity, potholes, or abandoned buildings.

2.6_2a  Have you ever called the police, or a community, religious, or political leader, or 211 about a problem in your neighborhood?

YES .................................................................................................................. 1
NO ................................................................................................................... 2  ➔ GO TO 2.6_3
DON’T KNOW .................................................................................. DK ➔ GO TO 2.6_3
REFUSED .............................................................................................. REF ➔ GO TO 2.6_3

2.6_2b  Was action taken as a result of your call?

YES .................................................................................................................. 1
NO ................................................................................................................... 2  ➔ GO TO 2.6_3
DON’T KNOW .................................................................................. DK ➔ GO TO 2.6_3
REFUSED .............................................................................................. REF ➔ GO TO 2.6_3
2.6_2c How satisfied were you with the actions taken? Were you…

Very satisfied ................................................................. 5
Somewhat satisfied .......................................................... 4
Neither satisfied nor dissatisfied ...................................... 3
Somewhat dissatisfied .................................................... 2
Very dissatisfied .............................................................. 1
DON’T KNOW ........................................................................... DK
REFUSED .................................................................................... REF

2.6_3 Have there been any organized efforts to reduce violence in your community, for example after school youth programs or community rallies?

YES ............................................................................................. 1
NO ............................................................................................. 2  ➔ GO TO 2.7
DON’T KNOW ............................................................................. DK  ➔ GO TO 2.7
REFUSED ................................................................................... REF ➔ GO TO 2.7

2.6_3a Have you participated in any of these activities?

YES ............................................................................................ 1
NO ............................................................................................ 2
DON’T KNOW ............................................................................. DK
REFUSED .................................................................................. REF

3.2_1 During the past year, have you had to wait for services or assistance because you didn’t speak enough English and there was no one to translate for you?

YES ............................................................................................ 1
NO ............................................................................................ 2
DON’T KNOW ............................................................................. DK
REFUSED .................................................................................. REF

4.4_1 Have you ever participated in a leadership training program?

YES ............................................................................................ 1
NO ............................................................................................ 2
DON’T KNOW ............................................................................. DK
REFUSED .................................................................................. REF

4.4_2 Have you ever attended community organization or leadership organization meetings in your neighborhood?

YES ............................................................................................ 1
NO ............................................................................................ 2  ➔ GO TO SEGMENT 5
DON’T KNOW ............................................................................. DK  ➔ GO TO SEGMENT 5
REFUSED .................................................................................. REF ➔ GO TO SEGMENT 5
4.4_3 Have you served in a leadership role for a neighborhood organization in the last year?

- YES ................................................................. 1
- NO ................................................................. 2
- DON'T KNOW ................................................ DK
- REFUSED ....................................................... REF

5_a in 7-17, 4_1 in 0-6

4_1 How many of CHILD’s parent-teacher conferences did you attend in the past school year?

- None ............................................................. 1
- One .............................................................. 2
- Two ............................................................... 3
- Three ........................................................... 4
- Four or more ................................................. 5
- DON'T KNOW ................................................. DK
- REFUSED ...................................................... REF

5_1 Does the child spend any time alone, that is, without supervision from an adult or a teenage relative age 14 or over?

- YES ............................................................. 1
- NO .............................................................. 2
- DON'T KNOW ................................................. DK
- REFUSED ...................................................... REF

7-17 only

11_1 Does the child spend any time alone, that is, without supervision from an adult or a teenage relative age 14 or over?

- YES ............................................................. 1
- NO .............................................................. 2
- DON'T KNOW ................................................. DK
- REFUSED ...................................................... REF

7-17 only

11a_1 Does [CHILD] spend any time without adult supervision?

- YES ............................................................. 1
- NO .............................................................. 2
- DON'T KNOW ................................................. DK
- REFUSED ...................................................... REF
II. Customizations*
* Customized text is in brackets below.

2.1 Have you (or any member of your household) spoken with a local political official like [your city councilperson or the mayor’s office] about a neighborhood problem or improvement?

3.3l Have you (or any member of your household) used a place where you sign up for [FIP (Family Independence Program) or welfare] in the last 12 months?

6.22 Who prepared your [2008] tax return last year?

- DID NOT FILE LAST YEAR ................................................... 1
- H&R BLOCK, JACKSON HEWITT, LIBERTY ............................ 2
- OR ANOTHER PAID TAX PREPARER ................................. 2
- FREE TAX PREPARATION SITE .......................................... 3
- A FRIEND OR FAMILY MEMBER DID IT FOR ME ............... 4
- DID IT MYSELF ..................................................................... 5
- OTHER (SPECIFY) __________________________ ........... 6
- DON'T KNOW ........................................................................ DK
- REFUSED .............................................................................. REF

Q15 in 7-17, Q17 in 0-6

SHOWCARD AB

15. PHONE INTERVIEW ONLY: Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...

IN-PERSON INTERVIEW ONLY: Please look at Showcard AB. Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...

[Rhode Island Hospital Emergency Room] ...................................................28  ➔ GO TO 16
[Other hospital emergency room] .........................................................29  ➔ GO TO 16
[Central Health Center] .................................................................30  ➔ GO TO 16
[Fox Point Health Center] .................................................................34  ➔ GO TO 16
[Olneyville Health Center] .................................................................35  ➔ GO TO 16
A clinic ..............................................................................................02
A particular doctor's office outside a hospital ...................................03  ➔ GO TO 16
A particular doctor's office inside a hospital.....................................04  ➔ GO TO 16
Urgent care center or walk-in center other than a hospital emergency room ...................................................09  ➔ GO TO 16
Another type of place (SPECIFY) ...................................................11  ➔ GO TO 16
Do not go anywhere most often .......................................................12  ➔ GO TO 16
DON'T KNOW .............................................................................DK  ➔ GO TO 16
REFUSED .....................................................................................REF ➔ GO TO 16
15a. Would that be . . . .

[St Joseph's Hospital clinic] ........................................ 37
[Hasbro Hospital clinic] ........................................ 38
A clinic at a hospital ............................................. 2
An HMO-run clinic ................................................ 3
A community health center or neighborhood clinic .......... 4
A school clinic ...................................................... 5
The health department / health department clinic .......... 6
Planned Parenthood or family planning clinic ............... 7
DON'T KNOW ....................................................... DK
REFUSED ............................................................ REF
1. Local Questions in Main Questionnaire

**SHOWCARD C_1**

1.7_1 PHONE INTERVIEWS ONLY: If you needed help or advice with a personal problem, such as feelings of depression or feelings of being overwhelmed, where would you most likely go to get that help?

IN-PERSON INTERVIEWS ONLY: Please see Showcard C_1. If you needed help or advice with a personal problem, such as feelings of depression or feelings of being overwhelmed, where would you most likely go to get that help?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A spouse or partner</td>
<td>1</td>
</tr>
<tr>
<td>A friend</td>
<td>2</td>
</tr>
<tr>
<td>A relative</td>
<td>3</td>
</tr>
<tr>
<td>A health professional</td>
<td>4</td>
</tr>
<tr>
<td>A Pastor or minister</td>
<td>5</td>
</tr>
<tr>
<td>A group at your church</td>
<td>6</td>
</tr>
<tr>
<td>Some other person or place (specify)</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>DK</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REF</td>
</tr>
</tbody>
</table>

1.7_2 Imagine that you were looking for a different house or apartment to live in. Would you want to stay in the neighborhood you live in now?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>GO TO 1.7_4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>DK</td>
<td>GO TO 1.7_4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REF</td>
<td>GO TO 1.7_4</td>
</tr>
</tbody>
</table>

---

Louisville Wave 3
Local Questions & Customizations
### SHOWCARD C_2

**PHONE INTERVIEWS ONLY:** Which would you say is the most important reason you would choose to stay in this neighborhood?

**IN-PERSON INTERVIEWS ONLY:** Please see Showcard C_2. Which would you say is the most important reason you would choose to stay in this neighborhood?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is close to where I work</td>
<td>1</td>
</tr>
<tr>
<td>It is close to my family and/or friends</td>
<td>2</td>
</tr>
<tr>
<td>It is close to day care</td>
<td>3</td>
</tr>
<tr>
<td>I am close to my child’s school</td>
<td>4</td>
</tr>
<tr>
<td>The housing in this neighborhood is affordable</td>
<td>5</td>
</tr>
<tr>
<td>I have easy access to grocery stores and other services</td>
<td>6</td>
</tr>
<tr>
<td>I know my neighbors and can depend on them for help</td>
<td>7</td>
</tr>
<tr>
<td>I feel safe here</td>
<td>8</td>
</tr>
<tr>
<td>There are safe areas for children to play</td>
<td>9</td>
</tr>
<tr>
<td>The neighborhood is clean</td>
<td>10</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>11</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>DK</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REF</td>
</tr>
</tbody>
</table>

**SKIP: GO TO 1.8**

### SHOWCARD C_3

**PHONE INTERVIEWS ONLY:** Which would you say is the most important reason you would choose to leave this neighborhood?

**IN-PERSON INTERVIEWS ONLY:** Please see Showcard C_3. Which would you say is the most important reason you would choose to leave this neighborhood?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is too far from where I work</td>
<td>1</td>
</tr>
<tr>
<td>It is too far from my family members and/or friends</td>
<td>2</td>
</tr>
<tr>
<td>It is too far from day care</td>
<td>3</td>
</tr>
<tr>
<td>It is too far from my child’s school</td>
<td>4</td>
</tr>
<tr>
<td>Rent/mortgages are too high</td>
<td>5</td>
</tr>
<tr>
<td>The quality of the housing is poor</td>
<td>6</td>
</tr>
<tr>
<td>It is too far from grocery stores and other services</td>
<td>7</td>
</tr>
<tr>
<td>I don't feel safe here</td>
<td>8</td>
</tr>
<tr>
<td>There is too much crime or violence</td>
<td>9</td>
</tr>
<tr>
<td>There are no safe areas for children to play</td>
<td>10</td>
</tr>
<tr>
<td>The neighborhood is unattractive and dirty</td>
<td>11</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>12</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>DK</td>
</tr>
<tr>
<td>REFUSED</td>
<td>REF</td>
</tr>
</tbody>
</table>
4.4_2 Have you ever attended community organization or leadership organization meetings in your neighborhood?

YES ............................................................................................ 1
NO .............................................................................................. 2
DON'T KNOW ............................................................................ DK
REFUSED .................................................................................. REF

4.4_3 Are you registered to vote?

YES ............................................................................................. 1
NO ............................................................................................... 2
DON'T KNOW ............................................................................. DK
REFUSED ................................................................................... REF

4.4_4 In November, 2008, Barack Obama ran against John McCain for President of the United States. Did you vote in that election?

YES ............................................................................................. 1
NO ............................................................................................... 2
DON'T KNOW ............................................................................. DK
REFUSED ................................................................................... REF

4.4_5 In November, 2010, Hal Heiner ran against Greg Fischer for Mayor of Louisville. Did you vote in that election?

YES ............................................................................................. 1
NO ............................................................................................... 2
DON'T KNOW ............................................................................. DK
REFUSED ................................................................................... REF
**SHOWCARD K_1**

6.9_2 **PHONE INTERVIEWS ONLY:** What do you feel is the primary reason you are not working at this time?

**IN-PERSON INTERVIEWS ONLY:** Please look at Showcard K_1. What do you feel is the primary reason you are not working at this time?

- I stay home to take care of my (child/children) ....................... 1
- A child or other person with a health condition requires routine care................................................................. 2
- I have a health condition that makes it difficult to maintain a job ........................................................................ 3
- I have a felony record that makes it difficult to find a job .......... 4
- I lack the skills, training or education that qualify me for a job .... 5
- I have difficulty getting transportation to where the jobs are…… 6
- I looked but I couldn’t find a job .................................................. 7
- I prefer not to work ...................................................................... 8
- I am retired ................................................................................. 9
- I am a student............................................................................. 10
- Some other reason ..................................................................... 11
- DON’T KNOW ............................................................................ DK
- REFUSED .................................................................................. REF

6.20p_1 What kind of work does the primary wage earner in this household do? That is, what is the primary wage earner’s occupation?

**FI INSTRUCTIONS:** IF NECESSARY SAY: For example, registered nurse, auto mechanic, personnel manager, accountant.

**MORE THAN ONE JOB:** IF THE PRIMARY WAGE EARNER HAS MORE THAN ONE JOB, ASK ABOUT THE JOB THAT THE PRIMARY WAGE EARNER WORKS THE MOST HOURS AT.

**PRIMARY WAGE EARNER:** IF THE PERSON WHO CONTRIBUTED THE LARGEST SHARE OF THE FAMILY’S INCOME IN THE LAST 12 MONTHS IS CURRENTLY UNEMPLOYED, THAT PERSON IS STILL CONSIDERED THE PRIMARY WAGE EARNER. FOR EXAMPLE, IF THE HUSBAND MADE THE MOST MONEY IN THE LAST 12 MONTHS BUT WAS LAID OFF 2 MONTHS AGO, HE IS STILL CONSIDERED THE PRIMARY WAGE EARNER FOR THIS QUESTION.

---

NO ONE IN THE HOUSEHOLD HAS WORKED IN THE LAST 12 MONTHS. 1
DON’T KNOW ............................................................................ DK
REFUSED .................................................................................. REF
6.34_1 In the last three years, how much have you spent on improvements to your house or property?

- NOTHING ................................................................................... 1
- $2500 OR LESS ........................................................................ 2
- BETWEEN $2501 - $5000 ....................................................... 3
- BETWEEN $5001 - $7500 ....................................................... 4
- BETWEEN $7501 - $10,000 ..................................................... 5
- BETWEEN $10,001 - $20,000 ...................................................... 6
- GREATER THAN $20,000 ........................................................... 7
- DON’T KNOW ............................................................................ DK
- REFUSED ................................................................................ REF

**SKIP:**

IF 6.34_1= 1, DK, OR REF AND 6.29 = 4 OR 5 (R IS RENTING TO OWN OR BUYING ON CONTRACT), GO TO 6.35
IF 6.34_1 = 1, DK, OR REF AND 6.29 = 1 OR 2 (R OWNS OR IS BUYING), GO TO 6.38
OTHERWISE CONTINUE

**SHOWCARD L_1**

6.34_2 PHONE INTERVIEWS ONLY: Where would you go to get that sum of money for necessary repairs to your house or property?

IN-PERSON INTERVIEWS ONLY: Please look at Showcard L_1. Where would you go to get that sum of money for necessary repairs to your house or property?

- Savings ....................................................................................... 1
- Home improvement loan ......................................................... 2
- Home equity loan ..................................................................... 3
- Borrow from family ................................................................... 4
- Borrow from friends .................................................................. 5
- Put off repairs ........................................................................... 6
- DON’T KNOW ............................................................................ DK
- REFUSED ................................................................................ REF

**SKIP:** IF 6.29 = 1 OR 2 GO TO 6.38, OTHERWISE CONTINUE
6.39_1 When you apply for credit, lenders want to know the risk that they would take if they loaned you money. Your “credit score,” which is sometimes called your FICO score, is what most lenders use to determine your credit risk. Have you been told what your credit score is?

PROMPT (IF NEEDED): I don’t need to know the actual number, just whether or not you know what your score is.

YES ................................................................................................... 1
NO .................................................................................................... 2
DON’T KNOW .................................................................................. DK
REFUSED ........................................................................................ REF

II. Local Questions – Both Child Questionnaires

3_1 in 7-17, 2_1 in 0-6

2_1 Think back to the spring of 2010. Did you receive any information about preparing your child for this school year – including informal advice as well as more formal things like flyers and handouts?

YES .......................................................................................................... 1
NO ........................................................................................................... 2 ➔ GO TO SKIP BOX BEFORE Q3
DON’T KNOW .......................................................................................... DK ➔ GO TO SKIP BOX BEFORE Q3
REFUSED ................................................................................................ REF ➔ GO TO SKIP BOX BEFORE Q3

3_2 in 7-17, 2_2 in 0-6

SHOWCARD M_1

2_2 PHONE INTERVIEWS ONLY: Who gave you this information?

IN-PERSON INTERVIEWS ONLY: Please see Showcard M_1. Who gave you this information?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2_2a The Jefferson County Public School system?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>2_2b Childcare providers?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>2_2c Nursery School/preschool?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>2_2d Family or friend?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
<tr>
<td>2_2e A community organization?</td>
<td>1</td>
<td>2</td>
<td>DK</td>
</tr>
</tbody>
</table>

SKIP: IF Q1=2 (CHILD IS ATTENDING PRE-KINDERGARTEN PROGRAM) GO TO 5. OTHERWISE CONTINUE.
5_1 in 7-17, 4_1 in 0-6
4_1 Does [CHILD] usually come home right after school?

Yes...........................................................................................................1 ➔ GO TO 5_3
No ...........................................................................................................2
DON’T KNOW....................................................................................DK ➔ GO TO 5_3
REFUSED..........................................................................................REF ➔ GO TO 5_3

4_2 in 0-6, 5_2 in 7-17

SHOWCARD N_1

4_2 PHONE INTERVIEWS ONLY: Where does [he/she] usually go after school?

IN-PERSON INTERVIEWS ONLY: Please see Showcard N_1. Where does [he/she] usually go after school?

To a Head Start or other preschool program ...................................... 01
To a child care center ......................................................................... 02
To a child care home .......................................................................... 03
To the home of a relative, neighbor or family friend ......................... 04
To an after school program in school .............................................. 05
To a Boys and Girls Club, recreation center, or other
organization that provides activities after school ......................... 06
[He/she] takes care of self ................................................................. 07
Hangs out with their own friends ..................................................... 08
To work at [HIS/HER] own job .......................................................... 09
Something else (SPECIFY) _________________________________________ 10
DON’T KNOW .................................................................................. DK
REFUSED .......................................................................................... REF

4_2a Is that after-school activity located...

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT APPLICABLE</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4_2a_1 Close to [CHILD]’s school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>4_2a_2 Close to home?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>DK</td>
<td>REF</td>
</tr>
<tr>
<td>4_2a_3 Close to your work or your spouse/partner's work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>DK</td>
<td>REF</td>
</tr>
</tbody>
</table>
SHOWCARD N_2

PHONE INTERVIEWS ONLY:
Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

IN-PERSON INTERVIEWS ONLY:
Please see Showcard N_2. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>4_4</td>
<td>I feel welcome in [CHILD’S] school.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>4_5</td>
<td>I feel I could talk to [CHILD’S] teacher if I wanted to know how (he/she) was doing in school.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
</tbody>
</table>

**4_6** In 2002, the federal government passed legislation called No Child Left Behind to assess schools' progress toward certain standards. Adequate Yearly Progress (AYP) is the term used under this legislation to refer to the minimum improvement in reading, mathematics, and other academic areas that is required of each school over the course of one year.

Did your child's school make Adequate Yearly Progress on No Child Left Behind goals last year?

**IF NECESSARY:** For this question, we are interested in the progress made by your child's school based on No Child Left Behind standards, rather than your child’s individual progress.

YES ............................................................................................ 1
NO .............................................................................................. 2
DON'T KNOW ............................................................................... DK
REFUSED .................................................................................... REF

**4_7** Parents have different ways of finding out whether their child is reading at grade level. Which of the following has given you the best information about [CHILD]’s ability to read at his/her grade level?

FI INSTRUCTION: PROMPT FOR ONE RESPONSE IF NECESSARY

[CHILD]’s report card ........................................................................ 1
[CHILD]’s test scores ....................................................................... 2
Conversations with [CHILD]’s teacher ............................................ 3
Observing [CHILD] reading at home ............................................. 4
Something else (SPECIFY: ______________________________________) .... 5
DON’T KNOW ............................................................................... DK
REFUSED .................................................................................... REF
4_8 Is your child reading at his/her grade level, above his/her grade level, or below his/her grade level?

AT GRADE LEVEL ................................................................. 1
ABOVE GRADE LEVEL ......................................................... 2
BELOW GRADE LEVEL ....................................................... 3
CHILD IS TOO YOUNG TO READ ....................................... 4
DON'T KNOW ................................................................. DK
REFUSED ............................................................................ REF

16_1 and 16_2 in 7-17, 18_1 and 18_2 in 0-6
18_1 In the past year has your child visited the doctor?

YES.................................................................................... 1
NO ...................................................................................... 2
DON'T KNOW ................................................................. DK
REFUSED ............................................................................ REF

18_2 In the past year has your child visited the dentist?

YES.................................................................................... 1
NO ...................................................................................... 2
DON'T KNOW ................................................................. DK
REFUSED ............................................................................ REF

III. Louisville Customizations

1.1 How long have you lived in the [Louisville area/NAME OF CITY]?

_________ YEARS ____________ MONTHS

2.1 Have you (or any member of your household) spoken with a local political official like your [Metro Council Member] about a neighborhood problem or improvement?

3.1l Have you (or any member of your household) used a place where you sign up for [“K-TAP” (Kentucky Transitional Assistance Program) or welfare] in the last 12 months?
SHOWCARD Q_1

17. PHONE INTERVIEW ONLY: Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a… [FI INSTRUCTION: MAKE SURE TO READ THE ENTIRE LIST]

IN-PERSON INTERVIEW ONLY: Please look at Showcard Q_1. Think about the main place where [CHILD] went or would have gone for care if (s/he) was sick or needed advice about (his/her) health. Is this place a...

- Hospital emergency room ........................................................... 01 ➔ GO TO 16
- A clinic ................................................................................ 02
- A particular doctor’s office outside a hospital ......................... 03 ➔ GO TO 18
- A particular doctor’s office inside a hospital ......................... 04 ➔ GO TO 18
- Urgent care center or walk-in center other than a
- Hospital emergency room ................................................ 09 ➔ GO TO 18
- Another type of place (SPECIFY) ........................................ 11 ➔ GO TO 18
- Do not go anywhere most often ........................................ 12 ➔ GO TO 18
- DON’T KNOW ..................................................................... DK ➔ GO TO 18
- REFUSED .......................................................................... REF ➔ GO TO 18

SHOWCARD Q_2

17a. Would that be . . . .

- A clinic at a hospital ................................................................. 2
- An HMO-run clinic ................................................................. 3
- [A community health center or neighborhood clinic ......................... 4
- The health department / health department clinic ......................... 6] *Removed option 5 (school clinic)
- Planned Parenthood or family planning clinic ....... 7
- DON’T KNOW ..................................................................... DK
- REFUSED .......................................................................... REF