

WIHS ID #

B3. HAND PARTICIPANT RESPONSE CARD 1.

Where are you living now?

- In your own house/ apartment1
- At your parent's house2
- Someone else's house/ apartment.....3
- In a rooming, boarding, or halfway house4 (B13)
- In a shelter/ welfare hotel.....5 (B13)
- On the street(s) (beach).....6 (B13)
- Jail/ other correctional facility7 (B21 if ODD, B22 if EVEN)
- Residential drug, alcohol treatment facility8 (B13)
- Other place.....9 (B13)

IF LIVING "ON THE STREET(S)/BEACH", REFER TO SOCIAL SERVICE PROVIDER.

PROMPT: IF ODD-NUMBERED VISIT, SKIP TO B13.

ADULTS IN HOUSEHOLD: BURDEN/SUPPORT CONTINUUM

B4. Not including yourself, on average during the past year, how many adults (individuals 18 years of age or older) live in your household?

TOTAL NUMBER OF ADULTS : |_|_| (If B4 = 00, SKIP TO QUESTION B6)

B5. HAND PARTICIPANT RESPONSE CARD 2.

When thinking about how you and the adults in your household depend on each other to manage the household, which of the following statements best describes your household during the past year? (PROMPT: "Managing the household" includes shopping, cleaning, preparing meals, paying the bills, taking care of children or ill members, and/or providing other kinds of physical and emotional support.)

The adults in my household:

- Depend on me to manage everything in the household.
 - I am considered head of the household.1
- Depend on me to manage most everything, but do provide some support and help in the household2
- Provide an equal amount of support and help in the household as I do.....3
- Provide more support and help in the household than I do.....4
- Provide complete management of the household. I depend on them for most everything5

CHILDCARE: BURDEN/SUPPORT CONTINUUM

B6. Thinking about the past year, on average how many children younger than 18 years of age do you take care of? (PROMPT: By "take care of" I mean those children who depend on you for their basic needs (food, shelter, etc.) at least eight hours a day. This includes your own children as well as anyone else's children you care for or help care for.)

TOTAL NUMBER OF CHILDREN: |_|_| (If B6 = 00, SKIP TO QUESTION B13)

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B7. We are interested in knowing your relationship to the children in your care and how much time you spend caring for these children. More than one type of relationship may apply so I will ask you about each.

Are you the child(ren)'s...	<u>YES</u>	<u>NO</u>
a. Mother or Step-mother	1	2
b. Foster parent	1	2
c. Grandmother	1	2
d. Relative (aunt, cousin, sister, etc.).....	1	2
e. Other (babysitter, daycare worker, nanny, etc).....	1	2

SPECIFY: _____

B8. How many hours per day or per week do you provide childcare? Do not count the hours that you are away from children you care for, for example, while you are at work, out of their presence, or while the children are in school or in someone else's care. **(TOTAL CANNOT EXCEED 24 HOURS PER DAY OR 168 HOURS PER WEEK).**

#HOURS |__|__|__| PER DAY..... 1
PER WEEK..... 2

PARENTING / PARENTING SELF-EFFICACY CONTINUUM

B9. HAND PARTICIPANT RESPONSE CARD 3.

How would you describe the ease or difficulty of taking care of the children you parent?

- Very difficult1
- Somewhat difficult2
- Neither difficult nor easy.....3
- Fairly easy4
- Very easy5

B10. HAND PARTICIPANT RESPONSE CARD 4.

Please select the one response from Response Card 4 that best describes your opinion of your parenting skills.

I feel that I am:

- Not very good at being a parent1
- A person who has some trouble being a parent.....2
- An average parent.....3
- A better than average parent.....4
- A very good parent.....5
- Not applicable / I am not a parent/foster-parent/step-parent6

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B11. HAND PARTICIPANT RESPONSE CARD 5.

Some older children help with shopping, cleaning, preparing meals, taking care of younger children or ill family members, and/or provide other kinds of physical and emotional support. Select the response that best describes how often you receive help from children in your care.

- Not at all1
- A little bit2
- Some/Moderately3
- Quite a bit4
- A lot/Extremely5
- I do not have children old enough to help6

B12. In the past year, have you lost or gained custody (formal or informal) of any children (biological or foster) under 18 years of age?

- Neither lost nor gained custody1
- Lost custody2
- Gained custody3

EMPLOYMENT CONTINUUM

B13. Are you currently employed (for pay, full-time or part-time)?

- YES 1
- NO 2 **(B17)**

B14. How many hours per week or per month do you work?

#HOURS |__|__|__| PER WEEK.....1
PER MONTH....2

B15. What shift do you work?

- Day shift1
- Evening (“pm”)2
- Night shift.....3
- Mixed shifts4

B16. HAND PARTICIPANT RESPONSE CARD 6.

Please select the one response from Response Card 6 that best describes your opinion of your employee abilities.

I feel that I am:

- Not a very good employee.....1 **(B19)**
- A person who has some trouble being an employee2 **(B19)**
- An average employee3 **(B19)**
- A better than average employee4 **(B19)**
- A very good employee5 **(B19)**

B17. Are you currently looking for a job?

- YES 1
- NO 2

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B18. There are many reasons people may have difficulty getting or keeping a job or why it may not be possible for them to work. Please indicate all the reasons that apply to you:

	<u>YES</u>	<u>NO</u>
a. I don't know how to find a job	1	2
b. I do not have many skills or abilities.....	1	2
c. I have children at home and no one to help take care of them	1	2
d. I have a relative or friend that I take care of.....	1	2
e. I do not have good transportation to get to and from work	1	2
f. My partner/husband doesn't want me to work.....	1	2
g. I don't want to risk losing my disability income if I start working.....	1	2
h. I am too sick or disabled to work	1	2
i. I am using drugs or alcohol	1	2
j. I am not a U.S. citizen	1	2
k. I don't want/need to work	1	2
l. I'm retired or too old to work.....	1	2
m. Other.....	1	2 (B19)

SPECIFY: _____

B19. Do you barter or trade a service or product (that means you do not exchange money) for something you or your family needs on a regular basis (at least monthly)?

YES 1
NO 2

B20. Do you volunteer your time (provide a service to others)?

YES 1
NO 2 **(B21 if ODD; B22 if EVEN)**

a. How many hours per week or per month do you volunteer?

#HOURS |__|__| PER WEEK.....1
PER MONTH....2

PROMPT: IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B22.

