

30 year follow-up
Family, Home and Education Modules

Date _____ Interviewer _____ ID _____

I am going to ask you some questions about your home, schooling, any work that you do and about personal things like your relationships and experiences. Everything you tell me will be kept strictly private and confidential. We will not tell anyone. Please answer the questions carefully and truthfully.

Module HH: Household

First I'm going to ask about your household and who lives with you.

HH 1. What is your current relationship status?

- Single,(no current relationship) never married 1 (>>HH4)
- Visiting 2 (>>HH3)
- Married 3
- Common law union 4 (>>HH3)
- Divorced 5 (>>HH4)
- Separated 6 (>>HH4)

- Other 7 (>>HH4)

HH 2. How long have you been married?

_____ years /months (>>HH4)

HH 3. How long have you been in this relationship?

_____ years / months

HH 4. Do any other adults (≥ 18 yrs) beside you live with you in the same household?

This means adults who sleep in your home at least 4 nights per week and who "eat from the same pot".

Yes 1

No 0 (>>HH6)

HH 5. *If yes: Can you tell me their relationship to you,?*

	<i>Relationship to you(partner, relative, friend/non- relative</i>
1	
2	
3	
4	

5	
6	

HH 6. Do any children and young people (< 18 yrs) live with you in the same household?
This means children who sleep in your home at least 4 nights per week and who “eat from the same pot”.

Yes 1

No 0 (>>HH8)

HH 7. *If yes:* Can you tell me their first name, their relationship to you, and if they are your child their date of birth and whether they are male or female?

	<i>First name</i>	<i>Relationship to you (child, relative, non-relative)</i>	<i>Date of birth for participant's children</i>	<i>Sex</i>
1				1=M 2=F
2				1=M 2=F
3				1=M 2=F
4				1=M 2=F
5				1=M 2=F
6				1=M 2=F

HH 8. So in your household there are.... children and ... adults including you.

Is there anyone else?

Yes 1 (>>HH4)

No 0 (>>H10)

HH 9. *(If number of children and number of adults is 0)*

So that means you live on your own?

Yes 1

No 0 (>>HH 4)

HH 10. Do you have any children who do not live with you?

Yes 1

No 0 (>>HH 12)

HH 11. *If yes: Please can you tell me their first name, whether they are male or female, their date of birth, and who they live with? How often do you see them?*

	<i>First name</i>	<i>Gender</i>	<i>Date of birth</i>	<i>Who do they live with? other parent, relative, other parent's family, non-relative</i>	<i>How often do you see them?</i> Daily 4 See at least weekly 3 See at least monthly 2 Less often 1 Never 0
1		Male 1 Female 2			
2		Male 1 Female 2			
3		Male 1 Female 2			
4		Male 1 Female 2			
5		Male 1 Female 2			
6		Male 1 Female 2			

HH 12. Are there childcare providers near you?

Yes 1

No 0

HH 13. Do you use childcare?

Yes 1

No 0 (>> HH18)

HH 14. What type of childcare do you use?

Informal childcare (e.g. babysitter, nanny) 1

Formal childcare (e.g. daycare centre, nursery, after school care) 2

Both (informal and formal childcare) 3

HH 15. How much do you usually pay for childcare each week? _____dollars

HH 16. How many hours did your children spend in childcare last week? _____hours

HH 17. How many weeks in the past year did your children go to childcare? _____weeks

HH 18. Is your mother alive?

Yes 1

No 0 (>> HH22)

HH 19. Where does your mother live?

- Lives with participant 1
- Same community 2
- Outside community 3

HH 20. Does your mother help you take care of your children? (not provide money)

- Yes 1
- No 0 (>>HH 22)

HH 21. How many hours per week does she take care of your children? _____hours

HH 22. Is your father alive?

- Yes 1
- No 0 (>>HH 26)

HH 23. Where does your father live?

- Lives with participant 1
- Same community 2
- Outside community 3

HH 24. Does your father help you take care of your children? (not provide money)

- Yes 1
- No 0 (>>HH 26)

HH 25. How many hours per week does he take care of your children? _____hours

HH 26. Do any other family members help you take care of your children on a regular basis?

- Yes 1
- No 0

HH 27. In **the past year** have you, your child/children or partner received any money or other benefits from the PATH programme?

- Yes 1
- No 0 (>> H 1)

If yes, who, how long (months) and how much money was received.

	PATH programme		
	no=0, yes=1	How long (months)	Amount/Benefit
Participant			
Child/Children			
Partner/spouse			

Module H: Home/Living arrangements

H 1. What type of home do you live in?

House	8
Apartment	7
Section of a house with own kitchen and bath	6
Room in or attached to a house	5
Temporary structure, shelter	4
Military barracks, dormitory	3
Prison	2
Other _____	1

H 2. Who owns the home you live in?

Self/spouse/partner	6
Other family member	5
Friend	4
Private landlord	3
Government	2
Informal/captured	1

H 3. How many rooms are there in your home? _____

(Record number of bedrooms and other rooms. Do not count bathrooms. Only count the kitchen if you can sit in the kitchen and eat.)

You can use the following table as a help:

<i>Use of room</i>	<i>Number of rooms</i>
<i>How many rooms do you have that are used only as a bedroom?</i>	
<i>Is there a living room</i>	
<i>Is there a kitchen you can sit and eat in?</i>	
<i>Other rooms (e.g. dining, washroom, enclosed verandah etc.)</i>	
	<i>TOTAL:</i>

H 4. What type of toilet facility do your household members/you *(if living alone)* use at home?

Own inside flush	6	Own pit	2
Shared inside flush	5	Shared pit	1
Own outside flush	4	None	0
Shared outside flush	3		

H 5. What is your household's/your (*if living alone*) main source for drinking water?

Own inside pipe	7	Shared in yard	4
Shared inside pipe	6	Outside yard	3
Own in yard	5	River or well	2
		Stored water not connected to home	1

H 6. Do you have electricity in your home?

Yes 1
No 0

H 7. I'm going to read a list of items. Please say if there is one in your home. Also please tell me if this item is owned by you or your partner

		Yes	No	Owned by you or partner	
				Yes	No
A	Oil, gas, electric stove	1	0	1	0
B	Fridge	1	0	1	0
C	Washing machine	1	0	1	0
D	Living room set	1	0	1	0
E	Bed/Mattress	1	0	1	0
F	Clothes iron	1	0	1	0
G	Radio/ component set	1	0	1	0
H	CD or DVD Player	1	0	1	0
I	MP3 player or ipod	1	0	1	0
J	Game console	1	0	1	0
K	TV	1	0	1	0
L	Cable TV	1	0	1	0
M	Cellular Phone	1	0	1	0
N	Computer (desktop or laptop)	1	0	1	0
O	Tablet	1	0	1	0
P	Adult bicycle	1	0	1	0
Q	Motor bike	1	0	1	0
R	Motor car	1	0	1	0

Module ED: Education

Now I'm going to ask about any training or education after you left secondary/high school.

ED 1. After leaving secondary/high school did you go to a college or university?

Yes 1
No 0 (>> ED4)

ED2. How many years of education did you successfully complete?

_____ years

ED 3. Did you obtain any higher education diploma or degree?

Graduate 4
Bachelors 3
Associate Degree 2
Diploma 1
No 0

ED 4. After leaving high school, did you obtain any further job training skills, such as training from computer schools, cosmetology schools, nursing courses, apprenticeship programs, vocational or technical institutes or schools, correspondence courses, military training, employer training programs?

Yes 1
No 0 (>> End of module)

ED 6. Did you complete the training and obtained any qualifications, such as a Certificate, Diploma etc. (HEART/ NCTVET level 1-3, NVQ-J)?

Yes 1
No 0 (>> End of module)