Survey Year: 86 88 90 92 94 96 98 00 02 04 06  CHILD SUPPLEMENT AND MOTHER SUPPLEMENT  Child's date of birth  Date mother supplement completed  Relationship of person completing supplement to child  Verify child's age with mother  A. Child background  Child background  Child currently aftending or enrolled in regular school (or preschool)  Child currently aftending or enrolled in regular school, or preschool  Child ever attended regular school, nursery school, or preschool  Current or last school attended¹  Current or last school attended¹  Current or last school attended¹  Current or last grade attended  Head Start program information  B. Child health  Child beath  Child's eye and hair color  Place of child's birth  Does health limit school or play  Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment  Type and duration of health conditions  Accidents and injuries needing since last interview or since birth' details  Number of illnesses requiring medical attention in last 12 months: details  Number of linesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Place of health insurance, if any  Behavioral, emotional, or mental problems; did insurance  Cover doctor visit  Any wedicines or prescription drugs taken to help control activity or behaviory  Height and body weight of child  ** ** ** ** ** ** ** ** ** ** ** ** **	Curron Vocas	86	88	90	92	94	96	98	00	02	04	06
Child's date of birth Child's age Date of child interview Date mother supplement completed Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Verify child's age with mother Relationship of person completing supplement to child Relationship of person completing supplement to child Relationship of person completing supplement to child's birth Relationship of person completing since last interview or standard Relationship of lithesses requiring medical attention or treatment Date of last routine health checkup Relationship of last one control and injuries needing medical attention or treatment Relationship of lithesses requiring medical attention or treatment Relationship of lithesses requiring medical attention or treatment Relationship of lithesses requiring medical attention or dental work Relationship of health checkup or dental work Relationship of health checkup or dental work Relationship of health insurance, if any Relationship of health checkup or dental work Relation		80	88	90	92	94	90	98	00	02	04	06
Child's age  Date of child interview  Date mother supplement completed  Relationship of person completing supplement to child  Verify child's age with mother  Verify child's age with mother  Child currently attending or enrolled in regular school (or preschool)  Child currently attended regular school, nursery school, or preschool  Child current ast school attended		*	*	*	· *	· *	*	l *	*	*	l *	*
Date of child interview  Date mother supplement completed  Relationship of person completing supplement to child  Verify child's age with mother  A. Child background  Child currently attending or enrolled in regular school (or preschool)  Child currently attending or enrolled in regular school (or preschool)  Child currently attending or enrolled in regular school, or preschool  Child currently attended regular school, nursery school, or preschool  Current or last school attended												
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Child ever attended regular school, nursery school, or preschool  Current or last school attended¹  Current or last grade attended  Head Start program information  B. Child health  Asthma  Child's eye and hair color  Place of child's birth  Does health limit school or play  Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment  Type and duration of health conditions  Accidents and injuries needing medical attention in last 12 months; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	A. Child background											
Current or last school attended¹		*	*	*	*	*	*	*	*	*	*	*
Current or last grade attended  Head Start program information  B. Child health  Asthma  Child's eye and hair color  Place of child's birth  Does health limit school or play  Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment  Type and duration of health conditions  Accidents and injuries needing medical attention in last 12 months; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior		*		*	*	*	*	*	*	*	*	*
Head Start program information	Current or last school attended <sup>1</sup>		*		*	*						
B. Child health  Asthma Child's eye and hair color Place of child's birth Does health limit school or play Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment Type and duration of health conditions Accidents and injuries needing medical attention in last 12 months; details Accidents and injuries needing since last interview or since birth; details Number of illnesses requiring medical attention or treatment Date of last routine health checkup Sex of child Menstrual period information Right- or left-handedness Date of last dental checkup or dental work Source of health insurance, if any Behavioral, emotional, or mental problems; did insurance cover doctor visit Any medicines or prescription drugs taken to help control  Any medicines or prescription drugs taken to help control activity or behavior	Current or last grade attended	*	*	*	*	*	*	*	*	*	*	*
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Child's eye and hair color  Place of child's birth  Does health limit school or play  Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment  Type and duration of health conditions  Accidents and injuries needing medical attention in last 12 months; details  Accidents and injuries needing since last interview or since birth; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	B. Child health											
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Does health limit school or play  Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment  Type and duration of health conditions  Accidents and injuries needing medical attention in last 12 months; details  Accidents and injuries needing since last interview or since birth; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Child's eye and hair color	*										
Any physical, emotional, or mental condition requiring: frequent treatment, medicine, or special equipment  Type and duration of health conditions  Accidents and injuries needing medical attention in last 12 months; details  Accidents and injuries needing since last interview or since birth; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Place of child's birth			*	*							
frequent treatment, medicine, or special equipment  Type and duration of health conditions  * * * * * * * * * * * * * * * * * * *	Does health limit school or play	*	*	*	*	*	*	*	*	*	*	*
Accidents and injuries needing medical attention in last 12 months; details  Accidents and injuries needing since last interview or since birth; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior		*	*	*	*	*	*	*	*	*	*	*
months; details  Accidents and injuries needing since last interview or since birth; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  ***********************************	Type and duration of health conditions	*	*	*	*	*	*	*	*	*	*	*
Since birth; details  Number of illnesses requiring medical attention or treatment  Date of last routine health checkup  Sex of child  Menstrual period information  Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Accidents and injuries needing medical attention in last 12 months; details	*	*	*	*	*	*	*	*	*	*	*
treatment  Date of last routine health checkup  * * * * * * * * * * * * * * * * * * *			*	*	*	*	*	*	*	*	*	*
Sex of child		*	*	*	*	*	*	*	*	*	*	*
Menstrual period information	Date of last routine health checkup	*	*	*	*	*	*	*	*	*	*	*
Right- or left-handedness  Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Sex of child	*	*	*	*					*	*	*
Date of last dental checkup or dental work  Source of health insurance, if any  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Menstrual period information	*	*	*	*	*	*	*	*	*	*	*
Source of health insurance, if any  * * * * * * * * * * * * *  Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Right- or left-handedness						*	*	*	*	*	*
Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior	Date of last dental checkup or dental work	*	*	*	*	*	*	*	*	*	*	*
Behavioral, emotional, or mental problems; did insurance cover doctor visit  Any medicines or prescription drugs taken to help control activity or behavior  * * * * * * * * * * * * * * * * * * *	·	*	*	*	*	*	*	*	*	*	*	*
activity or behavior	Behavioral, emotional, or mental problems; did insurance	*	*	*	*	*	*	*	*	*	*	*
Height and body weight of child		*	*	*	*	*	*	*	*	*	*	*
	<u> </u>	*	*	*	*	*	*	*	*	*	*	*

<sup>&</sup>lt;sup>1</sup> Child's school information collected in mother's main Youth questionnaire.

Survey Year:	86	88	90	92	94	96	98	00	02	04	06
Asthma symptoms; frequency; limit activities (also see Section 9, Main Youth Quex for mother report on all children under age 15)										*	*
C. Child assessments (see table 4.4 for age restrictions)										•	
Parts of the Body: number of body parts child can identify by common names	*	*									
Memory for Locations: how long child remembers the location of the doll	*	*									
Verbal Memory test: ability to remember and repeat word sequences	*	*	*	*	*						
SPPC: what child thinks he or she is like, how he or she thinks and feels	*	*	*	*	*	*	*	*	*	*	*
Memory for Digit Span test (WISC-R): memory for number order	*	*	*	*	*	*	*	*	*	*	*
PIAT Math subtest	*	*	*	*	*	*	*	*	*	*	*
PIAT Reading: Recognition and Comprehension subtests	*	*	*	*	*	*	*	*	*	*	*
Peabody Picture Vocabulary Test (PPVT): vocabulary	*	*	*	*	*	*	*	*	*	*	*
HOME inventory (in 2000: ages 0 to 3 in Child Supplement, others in Mother Supplement; after 2000: all items but Observations in Mother Supplement)	*	*	*	*	*	*	*	*	*	*	*
Temperament Scales (in 2000: ages 0 to 3 in Child Supplement, others in Mother Supplement; after 2000: entirely in CAPI Mother Supplement)	*	*	*	*	*	*	*	*	*	*	*
Motor and Social Development Scale (not admin. 2004)	*	*	*	*	*	*	*	*	*		*
Behavior Problems Index	*	*	*	*	*	*	*	*	*	*	*
D. Child schooling (see also Child Self-Administered Supp	lemer	nt sec	tion f	or sel	f-repo	rted	schoo	ol info	rmatio	on)	
Time spent on homework, reading for fun						*	*	*	*	*	*
Style of teaching in English or Language Arts classes						*	*	*	*	*	*
Parent involvement in child's schooling (19 items) (age 5 or older)						*	*	*	*	*	*
E. School and family background (children 10 to 14 years of	old 19	86–19	94; 5	to 14	years	s after	2002	<u>')</u>		•	
Type of school child attends		*	*	*	*	*	*	*	*	*	*
Reason child not attending school		*	*	*	*	*	*	*	*	*	*
Grades child has repeated		*	*	*	*	*	*	*	*	*	*
Reason child last repeated a grade		*	*	*	*	*	*	*	*	*	*
Has child had behavior problems at school; grade this first happened		*	*	*	*	*	*	*	*	*	*
Number of different schools child has attended						*	*	*	*	*	*
Time child spends on homework each week						*	*	*	*	*	*
Extent of parent involvement in school						*	*	*	*	*	*
Child ever suspended or expelled from school; grade this first happened		*	*	*	*	*	*	*	*	*	*
Parent ranking of child in class		*	*	*	*	*	*	*	*	*	*
Does child get remedial help in school		*	*	*	*	*	*	*	*	*	*
Does child attend advanced classes		*	*	*	*	*	*	*	*	*	*
Parent rating of child's school (series)				*	*	*	*	*	*	*	*

Survey Year:	86	88	90	92	94	96	98	00	02	04	06
Parent perception of child's probable educational attainment	1 20	55	*	*	*	*	*	*	*	*	*
Parent perception of difficulty in raising child				*	*	*	*	*	*	*	*
Parent rating of aspects of child's life (series): Health, friendships, relationship with mother, feelings about self, future prospects, relationships with siblings				*	*	*	*	*	*	*	*
Number of child's friends the parent knows			*	*	*	*	*	*	*	*	*
How often parent knows who child is with when the child is not at home				*	*	*	*	*	*	*	*
Frequency of child's attendance at religious services in the past year			*	*	*	*	*	*	*	*	*
Importance parent puts on child's religious training			*	*	*	*	*	*	*	*	*
Interviewer evaluation of testing conditions	*	*	*	*	*	*	*	*	*	*	*
Home observations: Interviewer observations of home environment	*	*	*	*	*	*	*	*	*	*	*
CHILD SELF-ADMINISTERED SUPPLEMENT (10 to 14 year	s old)										
A. Home											
In last month, have R and parents gone to: Movies, shopping, outing, church		*	*	*	*	*	*	*	*	*	*
In last week, have R and parents done: Crafts, schoolwork, games together		*	*	*	*	*	*	*	*	*	*
Does R help around house		*	*	*	*	*	*	*	*	*	*
Any rules about: Homework, TV, whereabouts, dating, parties		*	*	*	*	*	*	*	*	*	*
How much say R has in making rules		*	*	*	*	*	*	*	*	*	*
How often R argues with parent(s) about the rules		*	*	*	*	*	*	*	*	*	*
How often each parent talks over decisions, listens to R's side		*	*	*	*	*	*	*	*	*	*
Who usually decides about: Buying clothes, spending money, friends, curfew, allowance, TV, religious training		*	*	*	*	*	*	*	*	*	*
B. Parents											
How often each parent knows who R is with when R is not home				*	*	*	*	*	*	*	*
Does R think parents spend enough time with him or her				*	*	*	*	*	*	*	*
How often each parent misses events or activities important to R				*	*	*	*	*	*	*	*
How close R feels to each parent				*	*	*	*	*	*	*	*
How well R and each parent share ideas and talk about things that matter				*	*	*	*	*	*	*	*
In dealing with R, how often child and mother or father agree with each other				*	*	*	*	*	*	*	*
Does R live with biological father, stepfather, or neither					*	*	*	*	*	*	*
Do biological parents (and mother and stepfather, if applicable) get along, agree about rules, argue					*	*	*	*	*	*	*
Does R feel caught in middle; can R talk to each parent about the other					*	*	*	*	*	*	*

Survey Year:	86	88	90	92	94	96	98	00	02	04	06
What R tells parent about activities (TV and movies watched, whereabouts, teachers, and so forth)						*	*	*	*	*	*
How often R feels (series): Sad, happy, nervous, bored, lonely, tired, excited, too busy, pressured				*	*	*	*	*	*	*	*
Has R been away from mother or father for at least 2 months, except summer camp		*	*	*	*	*	*	*	*	*	*
Where, how old was R the last time away from mother or father		*	*	*	*	*	*	*	*	*	*
C. School and activities											
Current grade attending		*	*	*	*	*	*	*	*	*	*
Characteristics of R's school (8 items)		*	*	*	*	*	*	*	*	*	*
Level of satisfaction with school		*	*	*	*	*	*	*	*	*	*
Usual activities between school and dinner		*	*	*	*	*	*	*	*	*	*
If R goes home after school, is an adult usually present		*	*	*	*	*	*	*	*	*	*
Level of schooling R anticipates		*	*	*	*	*	*	*	*	*	*
Is R member of any clubs, teams, or school activities in/out of school		*	*	*	*	*	*	*	*	*	*
Perceptions of gender roles (six items)					*	*	*	*	*	*	*
Usual activities in summer				*	*	*	*	*	*	*	*
Does R feel safe in neighborhood				*	*	*	*	*	*	*	*
Usual time watching TV on weekdays and on weekends			*	*	*	*	*	*	*	*	*
Number of times in last year R engaged in a series of criminal or delinquent acts		*	*	*	*	*	*	*	*	*	*
D. Employment (Interviewer-administered in the Child Sup	pleme	ent aft	er 20	00)	=	=	-	=			
Work for pay (babysitting, paper route, yard work, etc.) ,excluding chores around home; type of work		*	*	*	*	*	*	*	*	*	*
Usual frequency with which R works; hours worked in usual week in last 3 months		*	*	*	*	*	*	*	*	*	*
Money earned in a usual week		*	*	*	*	*	*	*	*		*
Work expectations at age 35 (14 year olds only)										*	*
E. Religion (Interviewer-administered in the Child Supplem	ent a	fter 20	000)		-	-	-	-			
Present religion, attendance at religious services in past year		*	*	*	*	*	*	*	*	*	*
Does R attend services with or without parents		*	*	*	*	*	*	*	*	*	*
Do friends attend services; if so, do they attend services at the same place		*	*	*	*	*	*	*	*	*	*
F. Friendships and peers											
Number of close friends of each sex		*	*	*	*	*	*	*	*	*	*
How much R tells own parents about friends and friends' parents							*	*	*	*	*
Are close friends in the same or a different grade or not in school		*	*	*	*	*	*	*	*	*	*
How often R is lonely, wants more friends		*	*	*	*	*	*	*	*	*	*
Does R feel pressure from friends to (series): Smoke, work hard in school, try drugs, drink alcohol, skip school, or commit a crime or do something violent				*	*	*	*	*	*	*	*

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Survey Year:	86	88	90	92	94	96	98	00	02	04	06
Risk-taking behaviors and attitudes (six items)								<u> </u>			
G. Substance use	1				T .	1 .	T .	1 .		T .	
Cigarette use; age first smoked; frequency		*	*	*	*	*	*	*	*	*	*
Alcohol use (more than a sip or two); age at which R first drank; frequency		*	*	*	*	*	*	*	*	*	*
Marijuana use; age at which R first used; frequency		*	*	*	*	*	*	*	*	*	*
Use of substances (like glue, gas, sprays, fluids) that are "sniffed/huffed"; age at which R first used; frequency					*	*	*	*	*	*	*
Other drug use (LSD, cocaine, uppers, downers); age at which R first used; frequency (age at first use/frequency dropped 2004 on)		*	*	*	*	*	*	*	*	*	*
H. Dating and relationships											
Age at which R had first date or went out alone with someone of opposite sex		*	*	*	*	*	*	*	*	*	*
How often R usually has a date; is it usually the same person		*	*	*	*	*	*	*	*	*	*
Best age and youngest age R can imagine for getting married, having first child		*	*	*	*	*	*	*	*	*	*
I. Sex education								•			
Any courses or time spent in class on sex education; grade, month and year		*	*	*	*	*	*	*	*	*	*
Whom in family R talks to about sex		*	*	*	*	*	*	*	*	*	*
When during the menstrual cycle pregnancy is most likely to occur		*	*	*	*	*	*	*	*	*	*
J. Computer use				•							
Does R have a computer at home					*	*	*	*	*	*	*
What R uses computer for most often					*	*	*	*	*	*	*
Ever used computer at school					*	*	*	*	*	*	*
Where and from whom has R learned most about computers					*	*	*	*	*	*	*
Ever had a class or other training, in school or elsewhere, on: Computer use, programming, or word processing					*	*	*	*	*	*	*
How often R uses computer to do homework, play games, use e-mail, and so forth					*	*	*	*	*	*	*
K. Volunteer activities											
Do volunteer work after school?					*	*	*	*	*	*	*
Ever done any volunteer/community work sponsored by school?										*	*
Ever done any volunteer/community work not related to school?										*	*
Was volunteer/community work required for class or school?										*	*
Was volunteer/community work required or sponsored by church?										*	*
What volunteer/community organizations were you involved in?										*	*