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# EARLY HEAD START

## PARENT INTERVIEW

*FOR PARENTS OF  
2-YEAR-OLD CHILDREN*

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Items 1.1 A-H. KIDI. MacPhee, D. *Manual: Knowledge of Infant Development*. Unpublished manuscript. University of North Carolina, 1983.

Items 1.2 A-J. PMS. *Parental Modernity Scale*. Schaefer, Earl and Marianna Edgerton. "Parental and Child Correlates of Parental Modernity." In I. E. Sigel, Ed., *Parental Belief Systems: The Psychological Consequences for Children*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc., 1985.

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Items 1.4 A-W and 1.5. PSI. Abidin, Richard R. *Parenting Stress Index*, Third Edition: Professional Manual. Odessa, FL: Psychological Assessment Resources, Inc., 1995. "Adapted and reproduced by special permission of the Publisher, Psychological Assessment Resources, Inc., Odessa, FL 33556, from the Parenting Stress Index by Richard R. Abidin, Ed.D., Copyright 1990 by PAR, Inc.. Further reproduction is prohibited without permission from PAR, Inc."

Items various, starting at 2.3. HOME. Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock, 2003.

Items 3.5 A-E. FES. Reproduced by special permission of the Publisher, Mind Garden, Inc., [www.mindgarden.com](http://www.mindgarden.com) from the *Family Environment Scale* by Rudolf H. Moos and Bernice S. Moos. Copyright 1974, 1994, and 2002 by Rudolf Moos. All rights reserved. Further reproduction is prohibited without the Publisher's written consent.

Items 4.16 A-J. PRS. *Parent-Caregiver Relationship Scale*. Copyright James Elicker, Illene C. Noppe, and Lloyd D. Noppe, 1996.

Items 7.14 1-58. WJPICVOCAB. *Woodcock Munoz Language Survey, Picture Vocabulary Test*. Copyright (c) 1993 by The Riverside Publishing Company. Reproduced from *Woodcock-Munoz Language Survey, English and Spanish Forms* by Richard W. Woodcock and Ana F. Munoz-Sandoval with permission of the publisher. All rights reserved.

Items 10.1-10.3 *MacArthur Communicative Development Inventory*. MacArthur Communicative Development Inventories (CDI) Instruments are copyrighted by the MacArthur CDI Advisory Board.

Items 11.1 A-FF. CBC. *Achenbach System of Empirically-Based Assessment, Child Behavior Checklist*. Achenbach, Thomas M. and Leslie A. Rescorla. *Manual for the ASEBA Preschool Forms and Profiles*. Burlington, VT: University of Vermont Department of Psychiatry, 2000.

Items 13.2-13.41. CIDI DEP, ANX, ALC, DRUGS. *Composite International Diagnostic Inventories*. An updated version of the Composite International Diagnostic Inventories (CIDI) – Short Form and scoring rules can be found at: [www.who.int/msa/cidi/cidif.htm](http://www.who.int/msa/cidi/cidif.htm).

## INTRODUCTION

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Hello. Thank you for agreeing to talk with us again. As I mentioned (on the phone/when we made the appointment), the entire visit will take about 2½ hours. The visit has three parts. (Just as we did last time.) I will need to spend about a half hour with (CHILD), letting (him/her) show me some of the things (he/she) has been learning. Next, I will take out different toys for (CHILD) to play with while I videotape you and (him/her) together. While you, (CHILD) and I are working together, it would be best if we were not interrupted. Finally, I will be asking you some questions about (CHILD) and your family routines. (Many of these questions are the same or similar to questions we asked you when [CHILD] was 14 months old.) As we go along, I will be telling you what we need you to do. And please, if you have any questions, feel free to ask them!

If at any time you need to take a break to take care of (CHILD) (or your other children), please let me know.

All the information you give me is confidential. Neither your name nor (CHILD)'s will be attached to any of the information you give us. If there is ever anything you are not comfortable talking about or doing, please let me know and we will skip that part.

Is this a good time for (CHILD)? We can start with (his/her) activities or with the interview if you think (he/she) isn't at (his/her) best right now.

IS THIS A GOOD TIME FOR CHILD?

YES ..... 01 → **GO TO SECTION 0**

NO ..... 00 → **START INTERVIEW,  
RETURN TO SECTION 0  
WHEN CHILD IS READY**

**SECTION 0**  
**CHILD ASSESSMENT AND VIDEOTAPE**

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**INTERVIEWER: WHEN ARE YOU DOING THE BAYLEY?**

AT START OF VISIT ..... 01

AFTER START OF QUESTIONNAIRE ..... 00 → **Which section?**

**WHEN YOU DO THE BAYLEY OR AT ANY TIME WHEN THE CHILD IS PRESENT, PRAISE (HIM/HER) AND NOTE PARENT'S REACTION.**

**YOU WILL CODE PARENT'S REACTION IN QUESTION 9.12.**

**INTRODUCTION TO THE BAYLEY:**

0.1 Now I would like to give (CHILD) a chance to show us some of the skills (he/she) has been learning. These activities are designed to be fun for children and we think (he/she) will enjoy most of them.

I will need a few minutes to get my materials set up. Would you please see if (CHILD) needs anything such as (changing/a bathroom break) or a snack so that (he/she) will be comfortable. (Also, we need to make sure that the other children let (CHILD) do these tasks by (him/her)self).

0.2 All the toys we will use are non-toxic, clean and safe, and have been thoroughly washed. We don't expect (CHILD) to be able to do all the tasks. They are designed for a wide range of children. Please don't try and help (him/her) out.

**WHEN YOU DO THE BAYLEY, IF POSSIBLE, HAVE THE PARENT COMPLETE THE SELF ADMINISTERED QUESTIONNAIRE 1. [QUESTIONS 1.2, 1.3, 1.4, 7.1, 11.1 AND 12.1.] DO NOT GIVE SAQ2 (MacARTHUR , SECTION 10) NOW.**

**PROCEED WITH BAYLEY BOOKLET.**

## SECTION 1

### RAISING A CHILD

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1.1

KIDI

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1.5

PSI

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**SECTION 2**  
**CHILD'S HEALTH**

---

The next questions are about (CHILD)'s health.

2.1 Overall, since (THIS MONTH) of last year, would you say (CHILD)'s health has been . . .

NHI

**PROBE:** In the last 12 months.

CIRCLE ONE

- Excellent, . . . . . 01
- Very good, . . . . . 02
- Good, . . . . . 03
- Fair, or . . . . . 04
- Poor? . . . . . 05

2.2 A. Since (his/her) first birthday, how many **different** times has (CHILD) stayed in a hospital for at least one night?

|\_\_|\_\_| TIMES

NONE . . . . . 00 → **GO TO Q2.3**

B. Altogether, since (his/her) first birthday, how many nights did (CHILD) stay in a hospital?

|\_\_|\_\_|\_\_| NIGHTS

C. (Was this/Were any of these) hospitalization(s) because of an accident or injury?

YES ..... 01

NO ..... 00 → **GO TO D**

1) How many of these hospitalizations were because of an accident or injury?

|\_\_|\_\_| NUMBER OF HOSPITALIZATIONS

2) How many nights did (CHILD) stay in the hospital because of an accident or injury?

|\_\_|\_\_| NUMBER OF NIGHTS

**D. CODE WITHOUT ASKING IF KNOWN:**

How many of the (NUMBER IN Q2.2A) hospitalizations were because of . . .

1) Dehydration/diarrhea? ..... |\_\_|\_\_|\_\_| TIMES

2) Asthma/bronchitis? ..... |\_\_|\_\_|\_\_| TIMES

3) Pneumonia/acute respiratory infection? ..... |\_\_|\_\_|\_\_| TIMES

4) Ear infection (otitis media)? ..... |\_\_|\_\_|\_\_| TIMES

5) Surgery or an operation (SPECIFY) . . . |\_\_|\_\_|\_\_| TIMES

\_\_\_\_\_ |\_\_|\_\_|

6) Something else? (SPECIFY) ..... |\_\_|\_\_|\_\_| TIMES

\_\_\_\_\_ |\_\_|\_\_|

2.3

HOME

Since (CHILD)'s first birthday, how many times has (he/she) gone for well-baby checkups? Was it . . .

**PROBE:** These are visits to the doctor when (he/she) isn't sick, but to get (him/her) checked over or to get vaccinations.

CIRCLE ONE

- Never . . . . . 01
- Once, . . . . . 02
- Twice, or . . . . . 03
- 3 or more times? . . . . . 04

2.4

SCS

The next few questions are about ways in which children can get hurt.

If (CHILD) swallows something dangerous or poisonous, do you have anything in the house to make (him/her) vomit?

**PROBE:** Dangerous or poisonous products such as drain opener, cleansers, dish detergents, floor cleaners, rug cleaners, disinfectants, adult medications, etc.

- YES . . . . . 01
- NO . . . . . 00 → **GO TO Q2.5**

A. What do you use?

- IPECAC . . . . . 01
- OTHER (SPECIFY) . . . . . 02

---

- FINGER/TONGUE  
DEPRESSOR . . . . . 03
- MILK . . . . . 04
- CASTOR-OIL . . . . . 05

2.5

scs

If you had to get the phone number of the poison control center in an emergency, do you know how to find it?

**PROBE:** This is a hotline that provides information to callers on what to do for specific types of poisoning.

YES ..... 01

NO ..... 00 → **GO TO Q2.6**

A. What would you do?

CIRCLE ONE

CALL 411 OR 911 ..... 01

WOULD HAVE TO LOOK IT UP .. 02

SEARCH AROUND FOR  
NUMBER ..... 03



HAVE AVAILABLE ..... 04 → **ASK B**

OTHER (SPECIFY) ..... 05 → **GO TO Q2.6**

\_\_\_\_\_ | |

CALL HOSPITAL ..... 06

CALL PEDIATRICIAN OR  
FAMILY DOCTOR'S OFFICE/  
CALL NURSE'S LINE ..... 07

B. Where do you keep the number?

CIRCLE ONE

NEXT TO OR NEAR PHONE,  
ON SPEED DIAL ..... 01

TAPED TO CABINET, KITCHEN  
WALL, OR REFRIGERATOR ..... 02

IN OWN PHONE BOOK,  
PHONE LIST ..... 03

OTHER (SPECIFY) ..... 04

\_\_\_\_\_ | |

2.6 **INTERVIEWER CODE: FAMILY LIVES:**

- IN AN APARTMENT ..... 01 →
- IN A HOUSE ..... 02
- PUBLIC SHELTER ..... 03

A. WHAT FLOOR?  _ _  FLOOR
-------------------------------

**A. INTERVIEWER CODE: FAMILY LIVES IN:**

- SINGLE FLOOR APARTMENT/  
HOUSE ..... 01 → **GO TO Q2.8**
- MULTI-FLOOR HOUSE ..... 02

2.7 **CODE WITHOUT ASKING IF OBSERVED:**

Do you use gates for the top of the stairs or use something else so (CHILD) stays off them?

CIRCLE ONE

- HAS GATES ..... 01
- HAS SOMETHING  
ELSE (SPECIFY) ..... 02
- \_\_\_\_\_ |\_|\_|
- DON'T NEED ..... 03
- NEED BUT DON'T HAVE ..... 04
- DOOR ..... 05

2.8

**CODE WITHOUT ASKING IF OBSERVED:**

Do you use guards or gates for your windows?

scs

**PROBE:** Do not include gates for burglars.

CIRCLE ONE

HAVE GATES . . . . . 01

DON'T HAVE GATES . . . . . 02

PARENT STATES DOESN'T  
NEED GATES . . . . . 03

PARENT STATES HAS SCREENS  
OR STORM WINDOWS, DOESN'T  
NEED GATES . . . . . 04

2.9

Do you have covers on all your electrical outlets that don't have plugs in them?

**PROBE:** Covers can be plastic safety covers, tape or other coverings.

YES . . . . . 01 → **GO TO Q2.10**

NO . . . . . 00

A. Do you have covers on the electrical outlets that (CHILD) can reach?

scs

CIRCLE ONE

HAS OUTLET COVERS . . . . . 01

DOESN'T HAVE OUTLET  
COVERS . . . . . 02

PARENT STATES ALL OUTLETS  
ARE INACCESSIBLE . . . . . 03

PARENT STATES DOESN'T  
NEED COVERS . . . . . 04

2.10 **INTERVIEWER CODE: DOES HOME HAVE SMOKE ALARMS?**

YES ..... 01 → **GO TO Q2.11A**  
NO ..... 00  
DON'T KNOW, NOT OBSERVED . -1

2.11 Does your (house/apartment) have smoke alarms?

scs

YES ..... 01  
NO ..... 00 → **GO TO Q2.12**

A. As far as you know, are the batteries working in the smoke alarms?

CIRCLE ONE

YES ..... 01  
HARD WIRED TO ELECTRICAL  
SYSTEM ..... 02  
NO ..... 00  
DON'T KNOW ..... -1



2.12

How often does (CHILD) ride in a private car? Would you say . . .

scs

CIRCLE ONE

- Every day, . . . . . 01
- A few times a week, . . . . . 02
- A few times a month, or . . . . . 03
- Never? . . . . . 04 → **GO TO Q3.1**

scs

A. When you take (CHILD) in a car, do you usually put (him/her) in a car seat, booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?

CIRCLE ONE

- CAR SEAT . . . . . 01
- BOOSTER SEAT . . . . . 02
- REGULAR SEATBELT . . . . . 03
- PARENT'S LAP . . . . . 04
- NO RESTRAINT . . . . . 05

B. When you take (CHILD) in a car, does (he/she) usually sit in the front seat or back seat?

CIRCLE ONE

- FRONT . . . . . 01
- BACK . . . . . 02
- VARIES . . . . . 03

### SECTION 3

### HOUSEHOLD COMPOSITION

---

3.1 Not including you and (CHILD), how many other people lived in this (house/apartment) with you last month?

**PROBE:** In the last 30 days.

|\_|\_|

NO ONE ELSE--ONLY SELF  
AND (CHILD) ..... 00 → **GO TO Q4.1**

3.2 Are any of these people (your/MOTHER'S) spouse or partner?

YES ..... 01

NO ..... 00

3.3 How (are these people/is this person) related to (CHILD)?

**CIRCLE CODE THEN RECORD NUMBER OF PEOPLE IN BOXES.**

CIRCLE ALL THAT APPLY

FATHER ..... 01 → |\_\_|\_\_|

STEPPARENT ..... 02 → |\_\_|\_\_|

AUNT, UNCLE, GREAT-AUNT OR  
GREAT-UNCLE ..... 03 → |\_\_|\_\_|

GRANDPARENT OR GREAT GRANDPARENT ... 04 → |\_\_|\_\_|

SIBLING (BROTHER OR SISTER) ..... 05 → |\_\_|\_\_|

STEPBROTHER OR STEPSISTER ..... 06 → |\_\_|\_\_|

NEPHEW OR NIECE ..... 07 → |\_\_|\_\_|

COUSIN ..... 08 → |\_\_|\_\_|

OTHER RELATIVE OR IN-LAW ..... 09 → |\_\_|\_\_|

NON-RELATIVE ADULT (INCLUDE MOTHER'S  
PARTNER, BOYFRIEND) ..... 10 → |\_\_|\_\_|

NON-RELATIVE CHILD ..... 11 → |\_\_|\_\_|

OTHER (SPECIFY) ..... 12 → |\_\_|\_\_|

\_\_\_\_\_ |\_\_|\_\_| \_\_\_\_\_

MOTHER ..... 13 → |\_\_|\_\_|

**TOTAL SHOULD EQUAL NUMBER IN Q3.1**

**3.4 INTERVIEWER: CHECK Q3.1, PAGE 15. DO MOTHER AND CHILD LIVE WITH ANYONE ELSE?**

YES ..... 01  
 NO ..... 00 → **GO TO Q4.1**

**3.5** I'm going to read you some statements about how the people who live with you get along and settle arguments. For each statement, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with it for your household.

**FES**

**SHOW CARD 1**

(READ ITEM) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with this?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	<b>STRONGLY AGREE</b>	<b>MILDLY AGREE</b>	<b>MILDLY DISAGREE</b>	<b>STRONGLY DISAGREE</b>
A. We fight a lot .....	04	03	02	01
B. We hardly ever lose our tempers .....	04	03	02	01
C. We sometimes get so angry we throw things .....	04	03	02	01
D. We often criticize each other .....	04	03	02	01
E. We sometimes hit each other .....	04	03	02	01

## SECTION 4

### CHILD CARE

---

[NO SHOW CARD 2 THIS INTERVIEW]

The next questions are about how much time you and other people spend taking care of (CHILD).

4.1 Is (CHILD) currently being cared for in any regular child care arrangement for two  weeks or more while you work, go to school, or participate in some regular activity.  
Think about child care arrangements like the ones listed on this card. By regular we mean arrangements for at least 10 hours per week that lasted two weeks or more.



YES 01 → **GO TO Q4.3**

NO . 00

4.2 Is (CHILD) currently being cared for by anyone else on a regular basis?

YES 01

NO . 00 → **GO TO SECTION 5**

4.3 Not counting yourself, how many different child care arrangements are you currently using for (CHILD)?

Please count each sitter or child care provider separately. Count only those that lasted two weeks or more and please count only those that you used at least 10 hours per week.

**NOTE: IF RESPONDENT STARTED WITH ONE ARRANGEMENT AND THEN RETURNED TO IT AGAIN AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, COUNT AS SEPARATE ARRANGEMENTS.**

|\_\_|\_\_| ARRANGEMENTS

4.4 Are there any other child care arrangements that (CHILD) is regularly in for less than 10 hours a week?

YES 01

NO . 00 →

**GO TO GRID  
INSTRUCTIONS**

A. How many?

|\_\_|\_\_| ARRANGEMENTS

<b>SHOW CARD 3</b>	<ol style="list-style-type: none"><li>1. CHILD'S FATHER OR STEPFATHER</li><li>2. YOUR PARTNER OR BOYFRIEND</li><li>3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT</li><li>4. ANOTHER RELATIVE OF THE CHILD</li><li>5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD</li><li>6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL</li><li>7. SOME OTHER ARRANGEMENT</li></ol>
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**THIS PAGE IS INTENTIONALLY BLANK.**

**GRID INSTRUCTIONS:**

**RECORD NAME OF CURRENT PROVIDER IN FIRST COLUMN. IF Q4.3 IS MORE THAN ONE, RECORD INFORMATION ON THE ARRANGEMENT CHILD IS IN FOR THE MOST HOURS IN THE FIRST COLUMN. THEN RECORD NAMES OF OTHER CURRENT PROVIDERS IN ORDER OF HOURS OF CARE.**

**IF MORE THAN ONE PROVIDER USED DURING THE SAME TIME PERIOD, LIST FIRST THE CHILDCARE PROVIDER WHO PROVIDES MOST HOURS OR CARE TO CHILD.**

<p><b>ASK QUESTIONS 4.5 AND 4.5A FOR <u>ALL</u> CURRENT PROVIDERS. THEN ASK QUESTIONS 4.6-4.12 FOR EACH PROVIDER.</b></p> <p>4.5 <input type="checkbox"/> <b>ECCO</b> What (is/was) the child care arrangement you currently are using (for the <u>most hours</u>/for the next most hours)?</p> <p><input type="checkbox"/> <b>SHOW CARD 3</b> <b>RECORD NAME OF PROVIDER OR PLACE. THEN CODE TYPE OF ARRANGEMENT FROM SHOW CARD 3.</b></p>	<p style="text-align: center;"><b>1 - MOST HOURS CURRENT</b></p> <hr/> <hr/> <p style="text-align: center;">(NAME)</p>
<p><b>A. CODE WITHOUT ASKING IF KNOWN:</b> What type of arrangement is that?</p> <p>1. CHILD'S FATHER OR STEPFATHER . . . . . 01</p> <p>2. YOUR PARTNER OR BOYFRIEND . . . . . 02</p> <p>3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT . . . . . 03</p> <p>4. ANOTHER RELATIVE OF THE CHILD . . . . . 04</p> <p>5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD . . . . . 05</p> <p>6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL . . . . . 06</p> <p>7. SOME OTHER ARRANGEMENT . . . . . 07</p>	<p style="text-align: center;"><b>TYPE OF ARRANGEMENT</b></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><u>CIRCLE ONE</u></p> <p style="text-align: right;">06 } → <b>GO TO Q4.8</b></p>
<p>4.6 How old is this person? Is (he/she) 17 or under, 18 to 60, or over 60 years of age?</p>	<p>17 OR UNDER . . . . . 01</p> <p>18 to 60 . . . . . 02</p> <p>Over 60 . . . . . 03</p>
<p>4.7 Where does (PERSON) <u>usually</u> take care of (CHILD)?</p>	<p style="text-align: right;"><u>CIRCLE ONE</u></p> <p>CHILD'S HOME . . . . . 01</p> <p>PROVIDER'S HOME . . . . . 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER . . . . . 03</p> <p>OTHER (SPECIFY) . . . . . 04</p> <hr/> <p style="text-align: right;"> _ _ </p>



2 - MOST HOURS CURRENT	3 - MOST HOURS CURRENT	4 - MOST HOURS CURRENT
<hr/> <hr/> <p>(NAME)</p>	<hr/> <hr/> <p>(NAME)</p>	<hr/> <hr/> <p>(NAME)</p>
<p><b>TYPE OF ARRANGEMENT</b></p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06 <input type="checkbox"/> → <b>GO TO Q4.8</b></p> <p>..... 07 <input type="checkbox"/> → <b>GO TO Q4.8</b></p>	<p><b>TYPE OF ARRANGEMENT</b></p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06 <input type="checkbox"/> → <b>GO TO Q4.8</b></p> <p>..... 07 <input type="checkbox"/> → <b>GO TO Q4.8</b></p>	<p><b>TYPE OF ARRANGEMENT</b></p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06 <input type="checkbox"/> → <b>GO TO Q4.8</b></p> <p>..... 07 <input type="checkbox"/> → <b>GO TO Q4.8</b></p>
<p>17 OR UNDER ..... 01</p> <p>18 to 60 ..... 02</p> <p>Over 60 ..... 03</p>	<p>17 OR UNDER ..... 01</p> <p>18 to 60 ..... 02</p> <p>Over 60 ..... 03</p>	<p>17 OR UNDER ..... 01</p> <p>18 to 60 ..... 02</p> <p>Over 60 ..... 03</p>
<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME ..... 01</p> <p>PROVIDER'S HOME ..... 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ... 03</p> <p>OTHER (SPECIFY) ..... 04</p> <hr/> <p>     _ _ </p>	<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME ..... 01</p> <p>PROVIDER'S HOME ..... 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ... 03</p> <p>OTHER (SPECIFY) ..... 04</p> <hr/> <p>     _ _ </p>	<p><u>CIRCLE ONE</u></p> <p>CHILD'S HOME ..... 01</p> <p>PROVIDER'S HOME ..... 02</p> <p>BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ... 03</p> <p>OTHER (SPECIFY) ..... 04</p> <hr/> <p>     _ _ </p>

		<b>1</b>
4.8	How many months old was (CHILD) when you first used that arrangement for (him/her)?	_ _  MONTHS OLD
	A. <b>CODE WITHOUT ASKING IF KNOWN:</b> In what month (and year) did you first use that arrangement?	_ _  /  _ _  MO YR
4.9	About how many hours a week (does/did) (PROVIDER) take care of (CHILD)?	_ _  HOURS
4.10	<b>CHECK Q4.5A AND Q4.7. IS ARRANGEMENT BY A RELATIVE IN CHILD'S HOME?</b>	YES ..... 01 NO ..... 00
4.11	<b>CHECK Q4.5. IS THERE ANOTHER ARRANGEMENT?</b>	YES .. 01 → GO TO COLUMN 2 NO ... 00 → GO TO Q4.12

2	3	4
_ _  MONTHS OLD	_ _  MONTHS OLD	_ _  MONTHS OLD
_ _  /  _ _  MO YR	_ _  /  _ _  MO YR	_ _  /  _ _  MO YR
_ _  HOURS	_ _  HOURS	_ _  HOURS
YES ..... 01 NO ..... 00	YES ..... 01 NO ..... 00	YES ..... 01 NO ..... 00
YES .. 01 → GO TO COLUMN 3 NO ... 00 → GO TO Q4.12	YES .. 01 → GO TO COLUMN 4 NO ... 00 → GO TO Q4.12	YES .. 01 NO ... 00 → GO TO Q4.12

**ELIGIBILITY FOR OBSERVATION CHART**

1. <b>BASIC RULE:</b> CARE FOR 2 WEEKS OR MORE AT 10 HOURS PER WEEK OR MORE.		
2.	<b>RELATIVE</b>	<b>NON-RELATIVE</b>
Child's Home . . . .	NOT ELIGIBLE	ELIGIBLE
Elsewhere . . . . .	ELIGIBLE*	ELIGIBLE

\*Exception: Do not ask if care is by the father.

4.12 **CHECK QUESTIONS 4.5, 4.9 AND 4.10. IDENTIFY THE PROVIDER WHO IS ELIGIBLE FOR THE OBSERVATION BASED ON THE CHART ABOVE. START WITH PROVIDER FOR MOST HOURS. IF THAT PROVIDER IS NOT ELIGIBLE, CONSIDER NEXT PROVIDER.**

A. IS THERE A PROVIDER WHO IS ELIGIBLE BASED ON THE CONDITIONS ABOVE?

YES . . . . . 01

NO . . . . . 00 → **GO TO Q5.0**

4.13 (Not including [INELIGIBLE PROVIDER]), I see that (CHILD) spends the most hours being cared for by (PRIMARY PROVIDER). Is this correct?

YES . . . . . 01

NO . . . . . 00 →

**PROBE TO CLARIFY MOST RECENT ELIGIBLE ARRANGEMENT WITH MOST HOURS.**

A. ELIGIBLE CURRENT PROVIDER IS:

PROVIDER NUMBER: |\_\_|\_\_|

PROVIDER/CENTER NAME:

\_\_\_\_\_

4.14 How much (does/did) your household pay for this (program/arrangement)?  
**RECORD AMOUNT AND TIME PERIOD.**

HOUSEHOLD PAYS NOTHING . . .	00	} →	<b>GO TO Q4.16</b>
CHILDCARE PROVIDED IN EXCHANGE FOR OTHER SERVICE . . . . .	99		

\$ |\_\_|\_\_|\_\_|. |\_\_|\_\_| PER

↓

HOUR . . . . .	01
DAY . . . . .	02
WEEK . . . . .	03
EVERY TWO WEEKS . . . .	04
MONTH . . . . .	05
YEAR . . . . .	06
DON'T KNOW . . . . .	-1

4.15 Is this amount for (CHILD) only, or does it cover other children from your household?

CIRCLE ONE

CHILD ONLY . . . . .	01
FOCUS CHILD AND OTHER CHILDREN . . . . .	02
DON'T KNOW . . . . .	-1

A. How many other children?   _ _
---

4.16

PRS

Next, I am going to read some statements parents have made about the people who take care of their children. For each one, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (PROVIDER).

SHOW  
CARD  
1

(READ STATEMENT.) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (PROVIDER).

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	STRONGLY AGREE	MILDLY AGREE	(DO NOT READ) NOT SURE	MILDLY DISAGREE	STRONGLY DISAGREE
A. You feel that (PROVIDER) genuinely cares for (CHILD) .....	01	02	03	04	05
B. (PROVIDER) is someone you can rely on .....	01	02	03	04	05
C. You have a great deal of personal respect for (PROVIDER) .....	01	02	03	04	05
D. Overall (PROVIDER) is a caring person .....	01	02	03	04	05
E. (PROVIDER) has the knowledge and skills needed to be a good caregiver	01	02	03	04	05
F. You and (PROVIDER) really seem to value your relationship with each other .....	01	02	03	04	05
G. You know that (CHILD) really enjoys being with (PROVIDER) .....	01	02	03	04	05
H. You always trust (PROVIDER) to give (CHILD) good, consistent care .....	01	02	03	04	05
I. You really like (PROVIDER) as a person and enjoy being in (her/his) presence .....	01	02	03	04	05
J. When (PROVIDER) and you disagree about how (CHILD) should be taken care of, it is easy for you to work through your differences .....	01	02	03	04	05

## SECTION 5

### ABOUT CHILD'S FATHER

---

#### 5.0 INTERVIEWER: YOU ARE INTERVIEWING . . .

CIRCLE ONE

- MOTHER . . . . . 01
- FATHER . . . . . 02 → GO TO SECTION 5  
SUPPLEMENT--FATHER
- GRANDMOTHER . . . . . 03
- OTHER FEMALE RELATIVE (SPECIFY) . 04 → GO TO SECTION 5  
SUPPLEMENT--  
GRANDMOTHER
- \_\_\_\_\_ |\_\_|\_\_|
- OTHER (SPECIFY) . . . . . 05 → GO TO SECTION 6
- \_\_\_\_\_ |\_\_|\_\_|
- FOSTER MOTHER . . . . . 06
- FOSTER FATHER . . . . . 07

The next questions are about (CHILD)'s father and other men who might be important to (him/her).

#### 5.1 What is your relationship with (CHILD)'s biological father now? Is he your . . .

CIRCLE ONE

- Husband, . . . . . 01
- Live-in partner, . . . . . 02
- Boyfriend, . . . . . 03
- Friend, . . . . . 04
- Something else, or (SPECIFY) . . . . . 05
- \_\_\_\_\_ |\_\_|\_\_|
- Are you not in any relationship  
with him at all? . . . . . 06

ESTABLISHING MEN TO ASK ABOUT

5.2

CCDP

**CODE WITHOUT ASKING IF KNOWN:**

Now, I'd like to talk about (CHILD) and (his/her) relationship with (his/her) father. Does (CHILD)'s biological father live with you and (CHILD)?

CIRCLE ONE

CHILD USUALLY LIVES WITH  
BIOLOGICAL FATHER . . . . . 01 → **GO TO Q5.4**

CHILD LIVES WITH BIOLOGICAL  
FATHER SOME OF THE TIME  
(SPLIT CUSTODY) . . . . . 02

CHILD DOES NOT LIVE WITH  
BIOLOGICAL FATHER . . . . . 03

VOLUNTEERED: BIOLOGICAL  
FATHER DECEASED . . . . . 04

DON'T KNOW WHO BIOLOGICAL  
FATHER IS . . . . . 05



5.3 Is there someone (else) who you consider to be like a father to (CHILD)?  
 This should be someone who spends time playing with (CHILD), taking care of (him/her) and, in general, doing the kinds of things a man who is close to a young child might do with (him/her).

YES ..... 01

NO ..... 00 → **GO TO SECTION 5 INSTRUCTION BELOW**

A. Is this person your husband, partner, boyfriend, (CHILD'S) grandfather, or another relative, or someone else?

CIRCLE ONE

HUSBAND ..... 01

PARTNER ..... 02

BOYFRIEND ..... 03

MATERNAL GRANDFATHER ..... 04

PATERNAL GRANDFATHER ..... 05

OTHER RELATIVE ..... 06

OTHER (SPECIFY) ..... 07

→ **GO TO C**

\_\_\_\_\_ | |

B. What is his relationship to you?

BROTHER ..... 01

FRIEND ..... 02

OTHER (SPECIFY) ..... 03

\_\_\_\_\_ | |

C. Does he live in this (house/apartment) with you?

YES ..... 01

NO ..... 00

**SECTION 5 INSTRUCTIONS:**

Q5.2	Q5.3	ASK THE FOLLOWING:
01	+ NOT ASKED	= SECTION 5A
02, 03	+ 00	= SECTION 5B, PAGE 34
02, 03	+ 01	= SECTIONS 5B <b>AND</b> 5C, PAGE 34 THROUGH 40
04, 05, OR NOT ASKED	+ 01	= SECTION 5C, PAGE 40
04, 05, OR NOT ASKED	+ 00	= GO TO SECTION 6, PAGE 46

**SECTION 5A**

**RESIDENT BIOLOGICAL FATHER**

---

5.4 **CODE WITHOUT ASKING IF KNOWN:**  
What is (CHILD)'s biological father's first name?

ECCO

\_\_\_\_\_  
REFUSED ..... -3 →

CONTINUE. READ "HE"  
OR "[CHILD'S] FATHER"  
AS THE SUBSTITUTION IN  
REMAINING QUESTIONS.

5.5 Is (FATHER) currently working, in school, in a training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

- WORKING ..... 01
- UNEMPLOYED ..... 02
- LOOKING FOR WORK ..... 03
- LAI D OFF ..... 04
- IN SCHOOL/TRAINING ..... 05
- IN JAIL ..... 06
- IN MILITARY ..... 07
- SOMETHING ELSE (SPECIFY) ... 08
- \_\_\_\_\_ | | |
- DON'T KNOW ..... -1
- RETIRED ..... 09

5.6 Has (FATHER) been living with you since (CHILD)'s first birthday?

**PROBE:** For the whole time?

YES ..... 01

NO ..... 00 → **GO TO Q5.7**

A. Since (CHILD)'s first birthday, how many months has he lived with you?

|\_\_|\_\_| MONTHS

[NO SHOW CARD 4 THIS INTERVIEW]

5.7 In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

CCDP

**PROBE:** The last 30 days.

CIRCLE ONE

Every day or almost every day, . . . . 01

A few times a week, . . . . . 02

A few times a month, . . . . . 03

Once or twice, or . . . . . 04

Never? . . . . . 05

SHOW  
CARD  
5

HOME

5.7A In a typical day, does (FATHER) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

A lot ..... 01

Some ..... 02

No help ..... 03

5.7B And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

YES ..... 01 →

NO ..... 00

<b>Which meals?</b>	
	<u>CIRCLE ALL THAT APPLY</u>
Breakfast . . . . .	01
Lunch . . . . .	02
Dinner . . . . .	03

[NO SHOW CARD 6 THIS INTERVIEW]

5.8 About how often has (FATHER) done the following activities with (CHILD)?

NSFH

SHOW  
CARD  
7

(READ ITEM) Has (FATHER) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories . . . . .	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD) . . . . .	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside . . . . .	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home . . . . .	01	02	03	04	05	06	-1

**GO TO QUESTION 5.32, PAGE 43**

**SECTION 5B**

**NON-RESIDENT BIOLOGICAL FATHER**

---

5.9 **INTERVIEWER: CHECK Q5.2, PAGE 29. IS THERE A NON-RESIDENT BIOLOGICAL FATHER TO ASK ABOUT (Q5.2=02 OR 03)?**

YES ..... 01

NO ..... 00 → **GO TO SECTION 5C, Q5.23, PAGE 40**

5.10 **CODE WITHOUT ASKING IF KNOWN:**  
What is (CHILD)'s biological father's first name?

**ECCO**

\_\_\_\_\_ REFUSED ..... -3 →

**CONTINUE. READ "HE" OR "[CHILD'S] FATHER" AS THE SUBSTITUTION IN REMAINING QUESTIONS.**

5.11 Is (FATHER) currently working, in school or training program or is he doing something else?

**ECCO**

CIRCLE ALL THAT APPLY

WORKING ..... 01

UNEMPLOYED ..... 02

LOOKING FOR WORK ..... 03

LAID OFF ..... 04

IN SCHOOL/TRAINING ..... 05

IN JAIL/PRISON ..... 06

IN MILITARY ..... 07

SOMETHING ELSE (SPECIFY) ... 08

\_\_\_\_\_ | |

DON'T KNOW ..... -1

RETIRED ..... 09

5.12 Have you had any contact with (FATHER) since (CHILD)'s first birthday?

YES ..... 01

NO ..... 00 → GO TO Q5.19

5.13 Did (FATHER) live with you at all after (CHILD)'s first birthday?

YES ..... 01 → GO TO Q5.14

NO ..... 00

A. Since (CHILD)'s first birthday, has (CHILD) had any contact with (FATHER)?

YES ..... 01

NO ..... 00 → GO TO Q5.19

5.14 And, in the last three months since (MONTH), about how often has (CHILD) seen (his/her) father? Was it . . .



CIRCLE ONE

Every day or almost every day, . . . . 01

A few times a week, ..... 02

A few times a month, ..... 03

About once a month, ..... 04

Less often than that, or ..... 05

Never? ..... 06 → GO TO Q5.17

5.15

CCDP

In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

**PROBE:** In the last 30 days.

SHOW  
CARD  
5

CIRCLE ONE

- Every day or almost every day, . . . . 01
- A few times a week, . . . . . 02
- A few times a month, . . . . . 03
- Once or twice, or . . . . . 04
- Never? . . . . . 05

HOME

A. In a typical day, does (FATHER) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

- A lot . . . . . 01
- Some . . . . . 02
- No help . . . . . 03

B. And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

- YES . . . . . 01 →
- NO . . . . . 00

**Which meals?**  
CIRCLE ALL THAT APPLY  
 Breakfast . . . . . 01  
 Lunch . . . . . 02  
 Dinner . . . . . 03

5.16

How often has (FATHER) done the following activities with (CHILD)?

NSFH

SHOW  
CARD  
7

(READ ITEM). Has (FATHER) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories . . . . .	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD) . . . . .	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside . . .	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home . . . . .	01	02	03	04	05	06	-1

5.17

How much conflict do you and (FATHER) have over each of the following issues. For each one, please tell me if there is none, some, or a great deal of conflict.

(READ ITEM) Do you have none, some, or a great deal of conflict over this?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	NONE	SOME	A GREAT DEAL
A. Where (CHILD) lives . . . . .	00	01	02
B. How (CHILD) is raised . . . . .	00	01	02
C. How you spend money on (CHILD) . . . . .	00	01	02
D. How he spends money on (CHILD) . . . . .	00	01	02
E. His visits with (CHILD) . . . . .	00	01	02
F. About the money he provides for raising (CHILD) . . .	00	01	02



5.18 How often has (FATHER) done any of the following for (CHILD)  
 (READ ITEM) Has (FATHER) done this often, sometimes or never?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	OFTEN	SOMETIMES	NEVER
A. Bought clothes, toys or presents for (CHILD)? .....	01	02	03
B. Paid for (CHILD)'s medical insurance, doctor bills, or medicines? .....	01	02	03
C. Given you extra money to help out? .....	01	02	03

5.19 Since (CHILD)'s first birthday, have you made a new legal agreement, a new informal agreement, is your old agreement unchanged, or do you now have no arrangement at all with (FATHER)?

CIRCLE ONE

- NEW LEGAL ..... 01
  - NEW INFORMAL ..... 02
  - UNCHANGED ..... 03 → **GO TO Q5.21**
  - NOT NEEDED, MARRIED TO FATHER ..... 04
  - NONE ..... 05
- } → **GO TO Q5.22**

5.20 Since (CHILD)'s first birthday, did you have to go to court to establish that (FATHER) was (CHILD)'s legal father?

YES ..... 01  
 NO ..... 00

A. When was a (formal/informal) agreement reached about child support payments? (What month and year?)

**PROBE:** Your best estimate will be fine.

|\_\_|\_\_|/19 |\_\_|\_\_|  
 MONTH YEAR

5.21 How much per month is (FATHER) supposed to pay for (CHILD)'s support?

**ECCO**

**PROBE:** Your best estimate will be fine.

\$ |\_\_|\_\_|\_\_| PER MONTH

NONE ..... 00

A. Since (DATE IN Q5.20A/CHILD)'s first birthday) how many times have you received money from (CHILD)'s father for (his/her) support?

|\_\_|\_\_| TIMES

NEVER ..... 00

5.22 Since (CHILD)'s first birthday, how often has anyone in (FATHER)'s family, such as his mother, father or a sister or brother done any of the following for (CHILD)?

(READ ITEM) Has one of (FATHER)'s relatives done this often, sometimes, or never?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	OFTEN	SOMETIMES	NEVER	NA
A. Bought clothes, toys or presents for (him/her)? .....	01	02	03	-4
B. Babysat? .....	01	02	03	-4
C. Cared for (him/her) overnight? .....	01	02	03	-4

**SECTION 5C**

**FATHER FIGURE**

5.23 **INTERVIEWER: CHECK Q5.3, PAGE 30. IS THERE A FATHER-FIGURE TO ASK ABOUT?**

- YES ..... 01
- NO ..... 00 → **GO TO Q5.32, PAGE 43**

5.24 My next questions are about (PERSON IN Q5.3A OR B) who you feel is an important man in (CHILD)'s life. What is his first name?

**ECCO**

\_\_\_\_\_ REFUSED ..... -3 →

**CONTINUE. READ "HE" OR "FATHER FIGURE" AS THE SUBSTITUTION IN REMAINING QUESTIONS.**

5.25 **CODE WITHOUT ASKING IF KNOWN:**  
Is this the person you told us about when (CHILD) was 14 months old?

- YES ..... 01
- NO ..... 00

5.26 Is (FATHER-FIGURE) currently working, in school or training program or is he doing something else?

**ECCO**

CIRCLE ALL THAT APPLY

- WORKING ..... 01
- UNEMPLOYED ..... 02
- LOOKING FOR WORK ..... 03
- LAI D OFF ..... 04
- IN SCHOOL/TRAINING ..... 05
- IN JAIL ..... 06
- IN MILITARY ..... 07
- SOMETHING ELSE (SPECIFY) ... 08

\_\_\_\_\_ | | | |  
DON'T KNOW ..... -1

5.27 **INTERVIEWER: IS THIS A NEW FATHER-FIGURE?**

- YES ..... 01
- NO ..... 00 → **GO TO Q5.29**

A. What is the highest grade or year of regular school that he has completed?

**CODE GED AS 12**

CIRCLE ONE

- ELEMENTARY SCHOOL ..... 01 02 03 04 05 06
- MIDDLE/HIGH SCHOOL ..... 07 08 09 10 11 12
- COLLEGE ..... 13 14 15 16
- POST-COLLEGE ..... 17
- DON'T KNOW ..... -1

5.28 Did (FATHER-FIGURE) live with you at all before (CHILD)'s first birthday?

- YES ..... 01
- NO ..... 00 → **GO TO Q5.29**

A. How many months did he live with you before (CHILD)'s first birthday?

|\_\_|\_\_| MONTHS

5.29 Has (FATHER-FIGURE) lived with you since (CHILD)'s first birthday?

- YES ..... 01
- NO ..... 00 → **GO TO Q5.30**

A. How many months has he lived with you since (CHILD)'s first birthday?

|\_\_|\_\_| MONTHS

5.30

CCDP

In the past month, how often has (FATHER-FIGURE) looked after (CHILD) while you did other things? Is it . . .

**PROBE:** In the last 30 days.

SHOW  
CARD  
5

CIRCLE ONE

- Every day or almost every day, . . . . 01
- A few times a week, . . . . . 02
- A few times a month, . . . . . 03
- Once or twice, or . . . . . 04
- Never? . . . . . 05

HOME

A. In a typical day, does (FATHER-FIGURE) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

- A lot . . . . . 01
- Some . . . . . 02
- No help . . . . . 03

B. And, in a typical day, do you, (FATHER-FIGURE) and (CHILD) get to eat together?

- YES . . . . . 01 →
- NO . . . . . 00

<b>Which meals?</b>	
	<u>CIRCLE ALL THAT APPLY</u>
Breakfast . . . . .	01
Lunch . . . . .	02
Dinner . . . . .	03

5.31 How often has (FATHER-FIGURE) done the following activities with (CHILD)?

NSFH

SHOW  
CARD  
7

(READ ITEM) Has (FATHER-FIGURE) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories .....	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD) .....	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside ...	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home .....	01	02	03	04	05	06	-1

**SECTION 5D**

**MOTHER FIGURE**

5.32 Is there any woman other than yourself who is like a mother to (CHILD)?

YES ..... 01

NO ..... 00 → **GO TO SECTION 6**

**IF RESPONDENT MENTIONS MORE THAN 1, PROBE FOR THE  
“MOTHER FIGURE” CHILD IS CLOSEST TO:**

A. Who is this person?

CIRCLE ONE

- RESPONDENT’S MOTHER (CHILD’S  
MATERNAL GRANDMOTHER) . . . . . 01
- RESPONDENT’S SISTER (CHILD’S  
MATERNAL AUNT) . . . . . 02
- RESPONDENT’S FEMALE FRIEND . . . . 03
- FATHER’S MOTHER (CHILD’S  
PATERNAL GRANDMOTHER) . . . . . 04
- FATHER’S SISTER (CHILD’S  
PATERNAL AUNT) . . . . . 05
- TEACHER OR CHILD  
CARE PROVIDER . . . . . 06
- A NEIGHBOR . . . . . 07
- RESPONDENT’S OTHER FEMALE  
RELATIVES (INCLUDING  
GODMOTHER) . . . . . 08
- BOYFRIEND’S MOTHER OR  
OTHER RELATIVE . . . . . 09
- CHILD’S SISTER/MOTHER’S  
DAUGHTER . . . . . 10
- OTHER (SPECIFY) . . . . . 11

---

--	--

B. And, in the last three months since (MONTH), about how often has (CHILD) seen this person? Was it . . .

CIRCLE ONE



- Every day or almost every day, . . . . 01
- A few times a week, . . . . . 02
- A few times a month, . . . . . 03
- About once a month, . . . . . 04
- Less often than that, or . . . . . 05
- Never? . . . . . 06

5.33

NSFH

How often has (MOTHER-FIGURE) done the following activities with (CHILD)?

SHOW  
CARD  
7

(READ ITEM) Has (MOTHER-FIGURE) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
A. Reading to (CHILD) or telling (him/her) stories . . . . .	01	02	03	04	05	06	-1
B. Eating a meal with (CHILD) . . . . .	01	02	03	04	05	06	-1
C. Going to the playground or for a walk outside . . .	01	02	03	04	05	06	-1
D. Playing with (CHILD) at home . . . . .	01	02	03	04	05	06	-1



## SECTION 6

### FAMILY ROUTINES

---

The next questions are about some of your family routines.

6.1 **CODE WITHOUT ASKING IF KNOWN:**

TPD

Do you have a television?

YES ..... 01

NO ..... 00 → **GO TO Q6.2**

A. About how many hours is the television on in your home during a typical weekend day?

**PROBE:** Your best estimate will be fine.

|\_|\_| HOURS

6.2 Does (CHILD) have a regular bedtime during the week?

FRQ

YES ..... 01

NO ..... 00 → **GO TO Q6.2C**

A. When is (CHILD)'s regular bedtime?

|\_|\_|:|\_|\_|

B. How many times in the last week, Monday through Friday, was (CHILD) put to bed at that time?

**CIRCLE ONE ONLY**

00    01    02    03    04    05

C. Some families have a routine of things they do when it is time to put a child to sleep. Do you (or FATHER/FATHER-FIGURE) have a regular routine of things you do with (CHILD) when you put (him/her) to sleep?

- YES ..... 01  
 NO ..... 00 → **GO TO Q6.3**

D. What kinds of things are part of (CHILD)'s regular bedtime routine?

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

- GIVE COMFORT TOY/OBJECT .. 01 →  
 BATHE OR WASH ..... 02  
 CHANGE DIAPER/TAKE TO  
 TOILET ..... 03  
 READ A STORY ..... 04  
 TELL A STORY ..... 05  
 CUDDLE/RUB CHILD'S BACK .... 06  
 PLAY GAME ..... 07  
 TALK ..... 08  
 GIVE DRINK/SNACK ..... 09  
 SING OR HUM ..... 10  
 OTHER (SPECIFY) ..... 11

**PROBE:** Comfort toy = teddy bear, stuffed animal, doll, etc.  
  
 Comfort object = blanket, pillow, piece of cloth, etc.

---

|\_|\_|

E. How many times in the last week, Monday through Friday, were you (or FATHER/FATHER-FIGURE) and (CHILD) able to follow this type of routine?

- CIRCLE ONE ONLY**  
 00    01    02    03    04    05

6.3 Does (CHILD) have one regular place where (he/she) usually sleeps at night?

**PROBE:** The same place.

YES ..... 01

NO ..... 00 → **GO TO SECTION 7**

A. Where does (CHILD) usually sleep?

CIRCLE ONE

IN OWN ROOM ..... 01

ALONE IN LIVING ROOM ..... 02

ALONE IN OTHER ROOM ..... 03

WITH PARENT, IN ROOM ..... 04

WITH PARENT, IN BED ..... 05

WITH PARENT AND OTHER  
CHILDREN IN ROOM ..... 06

WITH OTHER ADULT ..... 07

WITH OTHER CHILDREN ..... 08

AT SOMEONE ELSE'S  
HOME (SPECIFY) ..... 09

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--	--

B. How many times in the last week, Monday through Friday, did (CHILD) go to sleep in this place?

**CIRCLE ONE ONLY**

00    01    02    03    04    05

## SECTION 7

### PARENT-CHILD ACTIVITIES AND LANGUAGE AND CULTURAL ORIENTATION

**7.0 DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS?**

YES ..... 01 → **GO TO Q7.2**  
 NO ..... 00 → **CONTINUE**

**7.1** How many times in the past month have you done any of the following with (CHILD)?

SCS  
SNOW

In the past month, how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month?

HOME

**PROBE:** In the last 30 days.

SHOW  
CARD  
9

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	More Than Once a Day	About Once a Day	A Few Times a Week	A Few Times a Month	Rarely	Not At All
A. Sing nursery rhymes like “Jack and Jill” with (him/her) .....	01	02	03	04	05	06
B. Sing songs with (him/her)? .....	01	02	03	04	05	06
C. Dance with (him/her)? .....	01	02	03	04	05	06
D. Read stories to (CHILD)? .....	01	02	03	04	05	06
E. Tell stories to (him/her)? .....	01	02	03	04	05	06
F. Play outside in the yard, a park or a playground with (him/her)? .....	01	02	03	04	05	06
G. Play chasing games? .....	01	02	03	04	05	06
H. Have relatives visit you? .....	01	02	03	04	05	06
I. Take (CHILD) with you to visit relatives? .....	01	02	03	04	05	06
J. Take (CHILD) grocery shopping with you? .....	01	02	03	04	05	06
K. Take (CHILD) with you to a religious service or religious event? .....	01	02	03	04	05	06
L. Take (CHILD) with you to an activity at a community center? .....	01	02	03	04	05	06
M. Go to a restaurant or out to eat with (CHILD)? .....	01	02	03	04	05	06
N. Go to a public place like a zoo or museum with (CHILD)? .....	01	02	03	04	05	06
O. Try to tease (CHILD) to get (him/her) to laugh .....	01	02	03	04	05	06

7.2

HOME

In the past month, how many people have helped you out by watching (CHILD) when you were away from home and couldn't take (him/her) with you? Would you say . . .

1-2, . . . . . 01

3-5, or . . . . . 02

6 or More . . . . . 03

7.3

scs

Parents sometimes have to be away from home for a night or two. In the past month, have you been away from (CHILD) overnight?

**PROBE:** In the last 30 days.

YES . . . . . 01

NO . . . . . 00

7.4

Since (CHILD)'s first birthday, have there ever been periods of **one week or more** when you and (CHILD) did not live together, either because you were away from home or (CHILD) was away from the home?

YES . . . . . 01

NO . . . . . 00 → **GO TO Q7.6**

7.5 Since (his/her) first birthday, how many times have you and (CHILD) been separated for a week or more?

|\_\_|\_\_| TIMES

A. Why were you and (CHILD) separated?

**PROBE:** Any other reasons?

CIRCLE ALL THAT APPLY

CHILD'S ILLNESS ..... 01

COURT OR AGENCY REMOVED  
CHILD FROM HOME ..... 02

MOTHER'S WORK SCHEDULE .. 03

MOTHER INSTITUTIONALIZED/  
JAILED ..... 04

MOTHER MOVED ELSEWHERE . 05

MOTHERS VACATION ..... 06

OTHER (SPECIFY) ..... 07

\_\_\_\_\_  
|\_\_|\_\_|  
OTHER (SPECIFY) ..... 08

\_\_\_\_\_  
|\_\_|\_\_|

VISITED FATHER/  
FATHER-FIGURE ..... 09

VISITED RELATIVES ..... 10

The next questions are about some of the ways you may spend your time.

7.6 About how often do you read at home? Is it . . .



CIRCLE ONE

- Every day or almost every day, . . . . 01
- A few times a week, . . . . . 02
- Once a week (Only on Sunday), . . . 03
- A few times a month, . . . . . 04
- A few times a year, or . . . . . 05
- Never? . . . . . 06 → **GO TO Q7.8**

7.7 Sometimes the only chance a parent gets to read is when her (child is/ children are) asleep or being cared for by someone else. When do you do your own reading? Is it . . .



CIRCLE ONE

- Only when (CHILD's/your children are) around, . . . . . 01
- Only when (CHILD is/your children are) asleep or with someone else, . . . . . 02
- Sometimes when (CHILD is/ your children are) around, . . . . . 03
- Or do you never have the time or opportunity for your own reading? . . . . . 04

7.8 About how often do you read a newspaper? Is it . . .

TPD

CIRCLE ONE

Every day or almost every day, . . . . 01

A few times a week, . . . . . 02

Once a week (Only on Sunday), . . . 03

A few times a month, . . . . . 04

A few times a year, or . . . . . 05

Never? . . . . . 06

SHOW  
CARD  
10

7.9 About how many books do you have in the house? Is it . . .

HOME

**PROBE:** Books that are written for adults not children.

CIRCLE ONE

1-9, . . . . . 01

10-20, or . . . . . 02

More than 20? . . . . . 03

NONE . . . . . 00



7.10

We would like to know a little more about your background.

MAS

A. **CODE WITHOUT ASKING IF KNOWN:**

In what country were you born?

CIRCLE ONE

USA ..... 01

MEXICO ..... 02

EL SALVADOR ..... 03

CUBA ..... 04

OTHER CENTRAL AMERICAN  
OR LATIN AMERICAN  
COUNTRY (SPECIFY) ..... 05

\_\_\_\_\_ |\_\_|\_\_|

HAITI ..... 06

CHINA (MAINLAND) ..... 07

TAIWAN ..... 08

SOUTH ASIA (PAKISTAN, INDIA,  
BANGLADESH) (SPECIFY) ..... 09

\_\_\_\_\_ |\_\_|\_\_|

MIDDLE EAST (LEBANON, ISRAEL,  
IRAQ, SYRIA, JORDAN, OR  
IRAN) (SPECIFY) ..... 10

\_\_\_\_\_ |\_\_|\_\_|

RUSSIA OR OTHER EASTERN  
EUROPE OR FORMER SOVIET  
REPUBLIC (SPECIFY) ..... 11

\_\_\_\_\_ |\_\_|\_\_|

AFRICAN COUNTRY (SPECIFY) ..... 12

\_\_\_\_\_ |\_\_|\_\_|

OTHER ASIAN COUNTRY (SPECIFY) ... 13

\_\_\_\_\_ |\_\_|\_\_|

EUROPEAN COUNTRY (SPECIFY) ..... 14

\_\_\_\_\_ |\_\_|\_\_|

OTHER (SPECIFY) ..... 15

\_\_\_\_\_ |\_\_|\_\_|

B. Was your mother born there?

- YES ..... 01 → **GO TO Q7.10C**  
NO ..... 00

1) Where was she born?

CIRCLE ONE

- USA ..... 01  
MEXICO ..... 02  
EL SALVADOR ..... 03  
CUBA ..... 04  
OTHER CENTRAL AMERICAN  
OR LATIN AMERICAN COUNTRY  
(SPECIFY) ..... 05

\_\_\_\_\_ |\_\_|\_\_|

- HAITI ..... 06  
CHINA (MAINLAND) ..... 07  
TAIWAN ..... 08  
SOUTH ASIA (PAKISTAN, INDIA,  
BANGLADESH) (SPECIFY) ..... 09

\_\_\_\_\_ |\_\_|\_\_|

- MIDDLE EAST (LEBANON, ISRAEL,  
IRAQ, SYRIA, JORDAN, OR  
IRAN) (SPECIFY) ..... 10

\_\_\_\_\_ |\_\_|\_\_|

- RUSSIA OR OTHER EASTERN  
EUROPE OR FORMER SOVIET  
REPUBLIC (SPECIFY) ..... 11

\_\_\_\_\_ |\_\_|\_\_|

- AFRICAN COUNTRY (SPECIFY) ..... 12

\_\_\_\_\_ |\_\_|\_\_|

- OTHER ASIAN COUNTRY (SPECIFY) ... 13

\_\_\_\_\_ |\_\_|\_\_|

- EUROPEAN COUNTRY (SPECIFY) ..... 14

\_\_\_\_\_ |\_\_|\_\_|

- OTHER (SPECIFY) ..... 15

\_\_\_\_\_ |\_\_|\_\_|

C. Was your father born there?

- YES ..... 01 → **GO TO Q7.11**  
NO ..... 00

1) Where was he born?

CIRCLE ONE

- USA ..... 01  
MEXICO ..... 02  
EL SALVADOR ..... 03  
CUBA ..... 04  
OTHER CENTRAL AMERICAN  
OR LATIN AMERICAN  
COUNTRY (SPECIFY) ..... 05

- \_\_\_\_\_ |\_\_|\_\_|  
HAITI ..... 06  
CHINA (MAINLAND) ..... 07  
TAIWAN ..... 08  
SOUTH ASIA (PAKISTAN, INDIA,  
BANGLADESH) (SPECIFY) ..... 09

- \_\_\_\_\_ |\_\_|\_\_|  
MIDDLE EAST (LEBANON, ISRAEL,  
IRAQ, SYRIA, JORDAN, OR  
IRAN) (SPECIFY) ..... 10

- \_\_\_\_\_ |\_\_|\_\_|  
RUSSIA OR OTHER EASTERN  
EUROPE OR FORMER SOVIET  
REPUBLIC (SPECIFY) ..... 11

- \_\_\_\_\_ |\_\_|\_\_|  
AFRICAN COUNTRY (SPECIFY) ..... 12

- \_\_\_\_\_ |\_\_|\_\_|  
OTHER ASIAN COUNTRY (SPECIFY) ... 13

- \_\_\_\_\_ |\_\_|\_\_|  
EUROPEAN COUNTRY (SPECIFY) ..... 14

- \_\_\_\_\_ |\_\_|\_\_|  
OTHER (SPECIFY) ..... 15

\_\_\_\_\_ |\_\_|\_\_|

7.11 What language or languages do you speak at home?

CIRCLE ALL THAT APPLY

- ENGLISH ..... 01
- SPANISH ..... 02
- CHINESE (CANTONESE/  
MANDARIN) ..... 03
- CREOLE ..... 04
- JAPANESE ..... 05
- NATIVE AMERICAN ..... 06
- SOUTH ASIAN (URDU, HINDI,  
GUJARATI, ETC.) ..... 07
- ARABIC, PERSIAN ..... 08
- \_\_\_\_\_ ..... 09  
  |\_|\_|
- \_\_\_\_\_ ..... 10  
  |\_|\_|

A. IS MORE THAN ONE NON-ENGLISH LANGUAGE (02-10) CODED?

- YES ..... 01
- NO ..... 00 → **GO TO Q7.12**

B. Which (non-English) language is the language you use the most. Is it . . .  
(READ LANGUAGE CODED 02-10)? **DO NOT INCLUDE ENGLISH.**

CIRCLE ONE

- SPANISH ..... 02
- CHINESE (CANTONESE/  
MANDARIN) ..... 03
- CREOLE ..... 04
- JAPANESE ..... 05
- NATIVE AMERICAN ..... 06
- SOUTH ASIAN (URDU, HINDI,  
GUJARATI, ETC.) ..... 07
- ARABIC, PERSIAN ..... 08
- \_\_\_\_\_ ..... 09  
  |\_|\_|
- \_\_\_\_\_ ..... 10  
  |\_|\_|

7.12

**CHECK Q7.11. DOES RESPONDENT ONLY SPEAK ENGLISH?**

YES ..... 01 → **GO TO Q7.14, p. 61**

NO ..... 00

7.13

A. How much reading do you do in English? Would you say you . . .

MAS

CIRCLE ONE

Do not read in English at all, . . . . . 01

SHOW  
CARD  
10A

Read in English only when need  
to, for example, traffic signs and  
items at the grocery store, . . . . . 02

Read in English about half  
the time, . . . . . 03

Read in English most of the  
time, or . . . . . 04

Read in English all of the time? . . . 05

B. How much reading do you do in (LANGUAGE IN Q7.11 OR Q7.11B  
IF MORE THAN ONE NON-ENGLISH LANGUAGE IN Q7.11)? Would  
you say you . . .

SHOW  
CARD  
10A

CIRCLE ONE

Do not read in (LANGUAGE)  
at all, . . . . . 01

Read in (LANGUAGE) only when  
need to, for example, traffic signs  
and items at the grocery store, . . . . 02

Read in (LANGUAGE) about  
half the time, . . . . . 03

Read in (LANGUAGE)  
most of the time, or . . . . . 04

Read in (LANGUAGE)  
all of the time? . . . . . 05

C. How much do you speak in English? Would you say you . . .

CIRCLE ONE



Do not speak in English at all, . . . . 01

Speak in English only when  
need to, to greet neighbors,  
buy groceries, . . . . . 02

Speak in English  
about half the time, . . . . . 03

Speak in English most of the  
time, or . . . . . 04

Speak in English all of the time? . . . 05

D. How much do you speak in (LANGUAGE IN Q7.11 OR Q7.11B IF MORE THAN ONE NON-ENGLISH LANGUAGE IN Q7.11)? Would you say you . . .

CIRCLE ONE



Do not speak in (LANGUAGE)  
at all, . . . . . 01

Speak in (LANGUAGE) only when  
need to, to greet neighbors, buy  
groceries, . . . . . 02

Speak in (LANGUAGE)  
about half the time, . . . . . 03

Speak in (LANGUAGE)  
most of the time, or . . . . . 04

Speak in (LANGUAGE) all of  
the time? . . . . . 05

E. How much English did you use as a child? Would you say you . . .

CIRCLE ONE



Did not use English at all, . . . . . 01

Used English only when need  
to, to greet neighbors, buy  
groceries, . . . . . 02

Used English with people who  
spoke English, . . . . . 03

Used English most of the time,  
except with elders, children,  
or those who spoke only  
(LANGUAGE), or . . . . . 04

Used English almost all the  
time, even at home with family  
and friends who spoke  
(LANGUAGE)? . . . . . 05

F. How much (LANGUAGE IN Q7.11 OR Q7.11B IF MORE THAN ONE  
NON-ENGLISH LANGUAGE IN Q7.11) did you use as a child?

CIRCLE ONE



Did not use (LANGUAGE) at all, . . . 01

Used (LANGUAGE) only when  
need to, to greet neighbors, buy  
groceries, . . . . . 02

Used (LANGUAGE) with people  
who spoke (LANGUAGE), . . . . . 03

Used (LANGUAGE) most of the  
time, except with elders, children,  
or those who spoke only  
English, or . . . . . 04

Used (LANGUAGE) almost all  
the time, even at home with  
family and with friends  
who spoke English? . . . . . 05

**SECTION 7-B**  
**PARENT WOODCOCK-JOHNSON**

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7.14.0 **THIS CHECK IS TO DETERMINE IF THE WOODCOCK JOHNSON SHOULD BE ADMINISTERED.**



**INTERVIEWER: CHECK Q7.11. RESPONDENT SPEAKS . . .**

ONLY ENGLISH OR SPANISH  
AT HOME . . . . . 01

ONLY ENGLISH OR SPANISH **GO TO Q7.14**  
AND ANOTHER LANGUAGE  
AT HOME . . . . . 02

ONLY ANOTHER LANGUAGE  
AT HOME (NOT ENGLISH OR  
SPANISH) . . . . . 03 → **GO TO SECTION 8,**  
**PAGE 63**

7.14 ITEMS DELETED FROM THIS VERSION TO PROTECT  
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## SECTION 8

### DISCIPLINE

Young children sometimes do things they are asked not to do, or don't do things they are asked to do. I'm going to read you three examples of the ways children can misbehave. For each one I'd like you to tell me what you do if (CHILD) behaves in this way.

8.1 If (CHILD) keeps playing with breakable things, what do you do first?

IHDP

**PROBE FOR "NEVER HAPPENS":** What would you do?

**PROBE FOR SECOND RESPONSE:** If that doesn't work, then what?

	<b>A</b>	<b>B</b>
	<b><u>CODE FIRST MENTIONED</u></b>	<b><u>CODE SECOND MENTIONED</u></b>
NOTHING--IGNORE CHILD .....	01	01
KEEP (HIM/HER) IN PLAYPEN (STROLLER, CRIB, WALKER) AND OUT OF EVERYTHING .....	02	02
SLAP (HIS/HER) HAND WHENEVER (HE/SHE) TOUCHES SOMETHING .....	03	03
TELL (HIM/HER) "NO!" AND EXPECT (HIM/HER) TO OBEY ...	04	04
TELL (HIM/HER) "NO!" AND EXPLAIN WHY .....	05	05
PUT (CHILD) IN (HIS/HER) ROOM .....	06	06
GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME) .....	07	07
SHOUT AT (HIM/HER) .....	08	08
PUT THINGS OUT OF REACH .....	09	09
OTHER (SPECIFY) .....	10	10
OTHER (SPECIFY) .....	11	11

8.2 If (CHILD) refuses to eat, what do you usually do?

HISPANIC HOME

**PROBE FOR “NEVER HAPPENS”:** What would you do?

**PROBE FOR SECOND RESPONSE:** If that doesn’t work, then what?

	A	B
	<u>CODE FIRST MENTIONED</u>	<u>CODE SECOND MENTIONED</u>
IGNORE (HIM/HER) .....	01	01
STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY ..	02	02
TAKE FOOD AWAY .....	03	03
FORCE (CHILD) TO EAT .....	04	04
PUNISH (HIM/HER) VERBALLY .....	05	05
PUNISH (HIM/HER) PHYSICALLY .....	06	06
MAKE NEW FOOD .....	07	07
PLAY A GAME TO GET (HIM/HER) TO EAT .....	08	08
BRIBE (HIM/HER) .....	09	09
EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER) .....	10	10
SEND (CHILD) TO (HIS/HER) ROOM .....	11	11
GIVE (CHILD) “TIME OUT” (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME) .....	12	12
OTHER (SPECIFY) .....	13	13
_____		
	_ _	
OTHER (SPECIFY) .....	14	14
_____		
	_ _	

8.3 If (CHILD) has a tantrum in a public place, such as a supermarket or bus stop, and words do not work, what do you do?

**PROBE FOR “NEVER HAPPENS”:** What would you do?

**PROBE FOR SECOND RESPONSE:** If that doesn’t work, then what?

	A	B
	<b><u>CODE FIRST MENTIONED</u></b>	<b><u>CODE SECOND MENTIONED</u></b>
IGNORE (HIM/HER); NOT TALK TO (HIM/HER) .....	01	01
SLAP OR PHYSICALLY PUNISH (HIM/HER) .....	02	02
PICK UP CHILD AND LEAVE THE PLACE .....	03	03
LEAVE AND EXPECT CHILD TO FOLLOW .....	04	04
PUNISH (HIM/HER) VERBALLY .....	05	05
SHAKE (HIM/HER) .....	06	06
SHOUT AT (CHILD) .....	07	07
TELL (CHILD) YOU WILL PUNISH (HIM/HER) AT HOME .....	08	08
THREATEN TO TAKE AWAY TREATS .....	09	09
THREATEN “TIME OUT” WHEN YOU GET HOME .....	10	10
OTHER (SPECIFY) .....	11	11
_____  __ __		
OTHER (SPECIFY) .....	12	12
_____  __ __		

8.4 HOME Sometimes children mind pretty well and sometimes they don’t. In the past week, have you or has anyone in the household spanked (CHILD) because (he/she) was misbehaving or acting up?

**PROBE:** Last seven days.

YES ..... 01

NO ..... 00 → **GO TO SECTION 9**

A. How often did this happen in the past week?

|\_\_|\_\_| TIMES

## SECTION 9

### HOME

**NOTE: IN Qs. 9.1-9.2 COUNT IF TOY OR OBJECT BELONGS TO CHILD, OR BELONGS TO OTHER CHILD BUT FOCUS CHILD CAN USE.**

**COUNT IF CHILD HAS TOY BUT DOESN'T PLAY WITH TOY. DO NOT COUNT IF IT IS LOST, BROKEN, STOLEN OR CHILD IS NOT ALLOWED TO PLAY WITH TOY.**

The next questions are about the toys that (CHILD) has.

9.1 Thinking about toys that (CHILD) can play with around the (house/apartment) . . .

		<u>NUMBER OF TOYS</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD 11</div>	<p>A. About how many, if any, push or pull toys does (CHILD) have? By push and pull toys we mean toys like those on this list. Would you say (he/she) has . . .</p> <p style="margin-left: 20px;"><i>[car on a string, cart with blocks, cornpopper, doll carriage, lawn mower, music box on a stick, shopping cart, stroller, toy vacuum cleaner, wagon, or homemade pull toy ]</i></p>	<p>None . . . . . 01</p> <p>1-2 . . . . . 02</p> <p>3-4 . . . . . 03</p> <p>5 or more . . . . . 04</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD 12</div>	<p>B. About how many, if any, toys that let (CHILD) work (his/her) muscles does (he/she) have? Here are some examples of these types of toys. Would you say (he/she) has . . .</p> <p style="margin-left: 20px;"><i>[ball, play slide, riding toy, rocking horse, sit and spin, trampoline, TYCO treehouse (can be located in a playground close by)]</i></p>	<p>None . . . . . 01</p> <p>1-2 . . . . . 02</p> <p>3-4 . . . . . 03</p> <p>5 or more . . . . . 04</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SHOW CARD 13</div>	<p>C. About how many, if any, toys that have pieces that fit together such as the things on this list does (he/she) have? Would you say (he/she) has . . .</p> <p style="margin-left: 20px;"><i>[ball stackers, beads on a string, busy boxes, egg crate, hammer and pegs, jack-in-a-box, rings on a stick, shape sorters, and simple [single piece] puzzles ]</i></p>	<p>None . . . . . 01</p> <p>1-2 . . . . . 02</p> <p>3-4 . . . . . 03</p> <p>5 or more . . . . . 04</p>



		<u>NUMBER OF TOYS</u>
D. About how many, if any, toys that can be put together in different ways like the things on this list does (he/she) have? Would you say (he/she) has . . .	None . . . . .	01
	1-2 . . . . .	02
	3-4 . . . . .	03
	5 or more . . . . .	04
	<i>[stacking or nesting toys, blocks or building toys (e.g., alphabet blocks, bristle blocks, crayons and markers and paper, Legos, Lincoln logs, nuts and bolts, and tinker toys)]</i>	
E. About how many, if any, cuddly, soft or role-playing toys like dolls or teddy bears does (he/she) have? Would you say (he/she) has . . .	None . . . . .	01
	1-2 . . . . .	02
	3-4 . . . . .	03
	5 or more . . . . .	04
	F. About how many, if any, books do you have for (CHILD)? This can include children's books shared with other children. Would you say (he/she) has . . .	None . . . . .
1-2 . . . . .		02
3-4 . . . . .		03
5 or more . . . . .		04
G. About how many, if any, toys that let (him/her) make music, such as a rattle or toy that plays a musical jingle does (he/she) have? Would you say (he/she) has . . .		None . . . . .
	1-2 . . . . .	02
	3-4 . . . . .	03
	5 or more . . . . .	04
	H. About how many, if any, toys with wheels that (he/she) can ride on does (he/she) have? These can be things like a stroller or kiddie cars. Would you say (he/she) has . . .	None . . . . .
1-2 . . . . .		02
3-4 . . . . .		03
5 or more . . . . .		04

9.2 **CODE WITHOUT ASKING FOR OBJECTS OBSERVED:**  
Does (CHILD) have . . .

YES    NO

- A. A highchair or booster chair? . . . . . 01    00
- B. A child-sized table and chair? . . . . . 01    00

9.3 Where are (CHILD)'s toys usually kept?

CIRCLE ONE

- TOY CHEST . . . . . 01
- CLOSET . . . . . 02
- DRAWER . . . . . 03
- PAPER BAG . . . . . 04
- PLASTIC BASKET . . . . . 05
- CORNER OF ROOM . . . . . 06
- OTHER (SPECIFY) . . . . . 07
- \_\_\_\_\_ | |
- ALL OVER, NO PLACE IN  
PARTICULAR . . . . . 08
- PLAYPEN . . . . . 09
- BOX . . . . . 10

9.4 What do you usually do when (CHILD) gets bored and isn't sure what to do?  
**RECORD VERBATIM THEN CODE.**

**PROBE:** Anything else?

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CIRCLE ALL THAT APPLY

- NOTHING ..... 01
- GIVE HIM/HER A COOKIE OR  
SOMETHING TO EAT ..... 02
- PUT HIM/HER TO BED FOR  
A NAP ..... 03
- LETS HIM/HER FIGURE OUT  
WHAT HE WANTS TO DO ..... 04
- PICKS HIM UP ..... 05
- GETS OUT TOY ..... 06
- PLAYS WITH CHILD ..... 07
- TURN ON T.V./VIDEO ..... 08
- READ TO HIM ..... 09
- OTHER (SPECIFY) ..... 10

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- TAKES CHILD OUTSIDE ..... 11
- GIVES CHILD BATH ..... 12
- CHILD DOES NOT GET  
BORED ..... 13

9.5 Some people think it's a good idea to have toys around that are a little advanced for a child. Others think this isn't a good idea--that children should only be given toys that they are ready for. What do you think?

**PROBE:** A little advanced means toys designed for use by a somewhat older child.

- GIVE THEM MORE ADVANCED  
TOY ..... 01
- HOLD TOY BACK UNTIL  
READY ..... 02



9.6 Let's say someone gives (CHILD) a toy that is for a slightly older child. Do you . . .

CIRCLE ONE

- Give it to (him/her) and see what (he/she) does, . . . . . 01
- Explore it with (him/her), . . . . . 02
- Put it away until (he/she) is older, . . . . . 03
- Or do something else? (SPECIFY) . . . . . 04

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9.7 Let's say (CHILD) is trying to dress (him/her)self and picks up (his/her) clothes, but isn't able to put them on. What do you usually do?

CIRCLE ONE

- TAKE CLOTHES AWAY AND DRESS CHILD . . . . . 01
- DRESS CHILD BUT LET (HIM/HER) KEEP TRYING . . . . . 02
- TRY AND SHOW CHILD HOW TO DO IT . . . . . 03
- OTHER (SPECIFY) . . . . . 04

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9.8 Children sometimes like to play with things in a messy way, such as playing with sand, mud, water and even food. They may make a mess on their clothes, the table, and the floor. Does (CHILD) ever want to do this?

- YES . . . . . 01
- NO . . . . . 00

9.9 How do you feel about such messy play? Do you allow it or discourage it?

ALLOW IT . . . . . 01

DISCOURAGE IT . . . . . 02

9.10 **CODE WITHOUT ASKING IF OBSERVED.**

Do you have a pet such as a dog, cat, goldfish, or turtle?

YES . . . . . 01

NO . . . . . 00

9.11 When you are doing housework and (CHILD) wants attention, do you . . .

CIRCLE ONE

Try to finish quickly so you can feed  
(him/her) or tend to (him/her), . . . . 01

Talk to or soothe (him/her) while  
you finish your work, . . . . . 02

Let (CHILD) help you, or . . . . . 03

Stop your housework to amuse  
(CHILD)? . . . . . 04

OTHER (SPECIFY) . . . . . 05

\_\_\_\_\_ | |

9.12 **CAN BE BASED ON EARLIER OBSERVATIONS--PRAISE CHILD:  
DID PARENT RESPOND POSITIVELY?**

YES . . . . . 01

NO . . . . . 00

## SECTION 10

### MacARTHUR SHORT FORM VOCABULARY CHECKLIST: LEVEL II (FORM B)

10.1 Children understand many more words than they say. We are particularly interested in the words your child SAYS. I have a list of words for you to look at. For each word, please tell me if you have heard your child use it. If your child uses a different pronunciation of a word, say “yes” anyway. Would you like to read this list on your own or do it together.

ON OWN ..... 01 → **GIVE SELF-ADMINISTERED QUESTIONNAIRE**

TOGETHER ..... 02 → **CONTINUE**

	YES	NO		YES	NO		YES	NO		YES	NO
1. baa baa	01	00	26. beads	01	00	51. store	01	00	76. big	01	00
2. moo	01	00	27. hat	01	00	52. zoo	01	00	77. black	01	00
3. ouch	01	00	28. jeans	01	00	53. baby	01	00	78. then	01	00
4. yum yum	01	00	29. shoe	01	00	54. mommy	01	00	79. careful	01	00
5. quack quack	01	00	30. feet	01	00	55. child	01	00	80. dirty	01	00
6. bird	01	00	31. nose	01	00	56. mailman	01	00	81. fine	01	00
7. duck	01	00	32. tongue	01	00	57. bath	01	00	82. mad	01	00
8. fish	01	00	33. bottle	01	00	58. bye	01	00	83. noisy	01	00
9. kitty	01	00	34. bowl	01	00	59. lunch	01	00	84. slow	01	00
10. moose	01	00	35. clock	01	00	60. night night	01	00	85. before	01	00
11. penguin	01	00	36. glass	01	00	61. no	01	00	86. today	01	00
12. boat	01	00	37. jar	01	00	62. bite	01	00	87. tomorrow	01	00
13. truck	01	00	38. keys	01	00	63. build	01	00	88. she	01	00
14. balloon	01	00	39. light	01	00	64. catch	01	00	89. their	01	00
15. present	01	00	40. telephone	01	00	65. drink	01	00	90. they	01	00
16. puzzle	01	00	41. bathtub	01	00	66. drop	01	00	91. yourself	01	00
17. cheese	01	00	42. chair	01	00	67. find	01	00	92. why	01	00
18. chicken	01	00	43. crib	01	00	68. go	01	00	93. above	01	00
19. cookie	01	00	44. porch	01	00	69. hide	01	00	94. away	01	00
20. juice	01	00	45. sofa	01	00	70. jump	01	00	95. up	01	00
21. pretzel	01	00	46. cloud	01	00	71. kick	01	00	96. none	01	00
22. salt	01	00	47. hose	01	00	72. look	01	00	97. some	01	00
23. sauce	01	00	48. sidewalk	01	00	73. pick	01	00	98. does	01	00
24. vanilla	01	00	49. sun	01	00	74. run	01	00	99. don't	01	00
25. cup	01	00	50. house	01	00	75. sit	01	00	100. were	01	00

**FOR BOTH INTERVIEWER ADMINISTERED AND SAQ--DO NEXT QUESTION TOGETHER, THEN FOR SAQ GIVE PARENT INSTRUCTIONS TO STOP OR CONTINUE. FOR INTERVIEWER ADMINISTERED--FOLLOW THE SKIP INSTRUCTIONS.**

10.2 Has your child begun to combine words yet, such as “nother cookie” or “doggie bite?”

NOT YET ..... 01 → **GO TO SECTION 11**

SOMETIMES ..... 02

OFTEN ..... 03

10.3

For each of the following pairs, please tell me the one that sounds MOST like the way your child talks right now. If your child is saying sentences even longer or more complicated than the two I say, just pick the second one.

CIRCLE ONE CODE FOR EACH PAIR	
A. Two shoe . . . . .	01
Two shoes . . . . .	02
<b>(Talking about something happening right now)</b>	
B. Two foot . . . . .	01
Two feet . . . . .	02
<b>(Talking about something happening right now)</b>	
C. Daddy car . . . . .	01
Daddy's car . . . . .	02
<b>(Talking about something happening right now)</b>	
D. Kitty sleep . . . . .	01
Kitty sleeping . . . . .	02
<b>(Talking about something happening right now)</b>	
E. I make tower . . . . .	01
I making tower . . . . .	02
<b>(Talking about something that already happened)</b>	
F. I fall down . . . . .	01
I fell down . . . . .	02
<b>(Talking about something that already happened)</b>	
G. More cookie! . . . . .	01
More cookies! . . . . .	02
<b>(Talking about something that already happened)</b>	
H. These my tooth . . . . .	01
These my teeth . . . . .	02
<b>(Talking about something that already happened)</b>	
I. Baby blanket . . . . .	01
Baby's blanket . . . . .	02
<b>(Talking about something that already happened)</b>	
J. Doggie kiss me . . . . .	01
Doggie kissed me . . . . .	02
<b>(Talking about something that already happened)</b>	
K. Daddy pick me up . . . . .	01
Daddy picked me up . . . . .	02
<b>(Talking about something that already happened)</b>	

**CIRCLE ONE CODE FOR EACH PAIR**

L.	Kitty go away . . . . .	01
	Kitty went away . . . . .	02
M.	Doggie table . . . . .	01
	Doggie on table . . . . .	02
N.	That my truck . . . . .	01
	That's my truck . . . . .	02
O.	Baby crying . . . . .	01
	Baby is crying . . . . .	02
P.	You fix it? . . . . .	01
	Can you fix it? . . . . .	02
Q.	Read me story, Mommy . . . . .	01
	Read me a story, Mommy . . . . .	02
R.	No wash dolly . . . . .	01
	Don't wash dolly . . . . .	02
S.	Want more juice . . . . .	01
	Want juice in there . . . . .	02
T.	There a kitty . . . . .	01
	There's a kitty . . . . .	02
U.	Go bye-bye . . . . .	01
	Wanna go bye-bye . . . . .	02
V.	Where mommy go? . . . . .	01
	Where did mommy go? . . . . .	02
W.	Coffee hot . . . . .	01
	That coffee hot . . . . .	02
X.	I no do it . . . . .	01
	I can't do it . . . . .	02
Y.	I like read stories . . . . .	01
	I like to read stories . . . . .	02
Z.	Don't read book . . . . .	01
	Don't want you read that book . . . . .	02

**CIRCLE ONE CODE FOR EACH PAIR**

AA. Turn on light . . . . .	01
Turn on the light so I can see . . . . .	02
BB. I want that . . . . .	01
I want that one you got . . . . .	02
CC. Want cookies . . . . .	01
Want cookies and milk . . . . .	02
DD. Cookie mommy . . . . .	01
Cookie for mommy . . . . .	02
EE. Baby want eat . . . . .	01
Baby want to eat . . . . .	02
FF. Lookit me! . . . . .	01
Lookit me dancing! . . . . .	02
GG. Where's my dolly? . . . . .	01
Where's my dolly name Sam? . . . . .	02
HH. We made this . . . . .	01
Me and Paul made this . . . . .	02
II. I sing song . . . . .	01
I sing song for you . . . . .	02
JJ. Baby crying . . . . .	01
Baby crying cuz she's sad . . . . .	02

**SECTION 11**  
**CHILD BEHAVIOR**

---

11.0 **DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS?**

YES ..... 01 → **GO TO SECTION 12**

NO ..... 00 → **CONTINUE**

11.1 ITEMS DELETED FROM THIS VERSION TO PROTECT  
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## SECTION 12

### STRESSFUL EVENTS

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12.0 **DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS?**

YES ..... 01 → **GO TO SECTION 13**

NO ..... 00 → **CONTINUE**

12.1 I am going to read you a list of things that sometimes happen to people. We'd like to know which of these, if any, have happened to you in the past year.

	<u>YES</u>	<u>NO</u>
1. Have you been robbed, mugged, or attacked in the past year? .....	01	00
2. Has one of your children been robbed, mugged or attacked in the past year? .....	01	00
3. Have you had a relative or close friend in jail? .....	01	00
4. Has your electricity or phone been cut off? .....	01	00
5. Have you had people living with you--relatives or friends--who you wish weren't there? .....	01	00
6. Have you made up with your (spouse/partner [boy/girl] friend)? .....	01	00
7. Has someone you were close to died or been killed in the last year? .....	01	00
8. During the past year, have you lived in a household where someone had a problem with alcohol or drugs? .....	01	00
9. Has someone abused you physically, emotionally, or sexually? .....	01	00
10. Have you had some sort of problems with any of your former [boy/girl]friends (or spouse)? .....	01	00

## SECTION 13 HOW PARENT HAS BEEN FEELING

---

13.1 In general, would you say your health is . . .

- |         |                      |    |
|---------|----------------------|----|
| MOS 1,3 | Excellent, . . . . . | 01 |
|         | Very good, . . . . . | 02 |
|         | Good, . . . . .      | 03 |
|         | Fair, or . . . . .   | 04 |
|         | Poor? . . . . .      | 05 |

13.2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

CIDI DEP
-------------

**PROBE:** Since the same month last year.

- |  |    |
|--|----|
| YES . . . . .                                      | 01 |
| NO . . . . .                                       | 00 |
| I WAS ON MEDICATION/<br>ANTI-DEPRESSANTS . . . . . | 02 |

}

→ **GO TO Q13.12,  
PAGE 83**

A. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

- |                          |                          |
|--------------------------|--------------------------|
| ALL DAY LONG . . . . .   | 01                       |
| MOST . . . . .           | 02                       |
| ABOUT HALF . . . . .     | 03                       |
| LESS THAN HALF . . . . . | 04 → <b>GO TO Q13.12</b> |

B. During those two weeks, did you feel this way every day, almost every day, or less often?

- |                            |                          |
|----------------------------|--------------------------|
| EVERY DAY . . . . .        | 01                       |
| ALMOST EVERY DAY . . . . . | 02                       |
| LESS OFTEN . . . . .       | 03 → <b>GO TO Q13.12</b> |

13.3 During those two weeks, did you lose interest in most things?

YES ..... 01

NO ..... 00

13.4 Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

YES ..... 01

NO ..... 00

13.5 (During that two week period) did you gain or lose weight without trying, or did you stay about the same?

CIRCLE ONE

GAIN ..... 01

LOSE ..... 02

BOTH GAINED AND LOST  
WEIGHT ..... 03

STAY ABOUT THE SAME ..... 04

RESPONDENT WAS ON  
A DIET ..... 05

→ GO TO Q13.6

A. About how much did (you gain/you lose/your weight change)?

**INTERVIEWER: IF RESPONDENT GIVES A FRACTION, PROBE:**

“Please round to the nearest pound.

|\_|\_| POUNDS

13.6 (During that two week period) did you have more trouble falling asleep than you usually do?

YES ..... 01

NO ..... 00 → **GO TO Q13.7**

A. Did that happen every night, nearly every night, or less often during those two weeks?

CIRCLE ONE

EVERY NIGHT ..... 01

NEARLY EVERY NIGHT ..... 02

LESS OFTEN ..... 03

13.7 (During that two week period) did you have a lot more trouble concentrating than usual?

YES ..... 01

NO ..... 00

13.8 People sometimes feel down on themselves, no good, or worthless. (During that two week period) did you feel this way?

YES ..... 01

NO ..... 00

13.9 Did you think a lot about death--(during that two week period) either your own, someone else's, or death in general?

YES ..... 01

NO ..... 00

13.10

**INTERVIEWER: ARE THERE ANY “YES” RESPONSES IN QUESTIONS 13.3-13.9? COUNT Q13.5 AS “YES” IF Q13.5A IS 10 POUNDS OR MORE; COUNT Q13.6 AS A “YES” IF Q13.6A=1 OR 2.**

NO “YES” RESPONSES ..... 01 → **GO TO Q13.21**

ONE OR MORE “YES” RESPONSES .... 02 → **GO TO Q13.11**

13.11

Reviewing what you just told me, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (READ ALL CATEGORIES IN “YES” RESPONSES IN QS. 13.3-13.9). About how many weeks altogether did you feel this way during the past 12 months?

**PROBE:** Since the same month last year.

|\_\_|\_\_| # OF WEEKS

**OR**

ENTIRE YEAR ..... 01 → **GO TO Q13.11B**

A. Think about the most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

**NOTE: IF WENT OVER MORE THAN ONE MONTH, CODE START MONTH.**

|\_\_|\_\_| / 19 |\_\_|\_\_|  
MONTH            YEAR

B. Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES ..... 01

NO ..... 00

C. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

YES ..... 01  
NO ..... 00

D. Did you take medication or use drugs or alcohol more than once for these problems?

YES ..... 01  
NO ..... 00

E. How much did these problems interfere with your life or activities--a lot, some, a little, or not at all?

A LOT ..... 01  
SOME ..... 02  
A LITTLE ..... 03  
NOT AT ALL ..... 04

**GO TO Q13.21**

13.12 During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

**PROBE:** Since the same month last year.

YES ..... 01  
NO ..... 00  
IF WAS ON MEDICATION/  
ANTI-DEPRESSANTS ..... 02

→ **GO TO Q13.21,  
PAGE 87**

A. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

**PROBE:** Since the same month a year ago.

- ALL DAY LONG ..... 01
- MOST ..... 02
- ABOUT HALF ..... 03
- LESS THAN HALF ..... 04 → **GO TO Q13.21**

B. Did you feel this way every day, almost every day, or less often during the two weeks?

- EVERY DAY ..... 01
- ALMOST EVERY DAY ..... 02
- LESS OFTEN ..... 03 → **GO TO Q13.21**

13.13 During those two weeks, did you feel more tired out or low on energy than is usual for you?

- YES ..... 01
- NO ..... 00

13.14 (During that two week period) did you gain weight, lose weight without trying, or did you stay about the same?

- GAIN ..... 01
- LOSE ..... 02
- BOTH GAINED AND LOST WEIGHT. .... 03
- STAY ABOUT THE SAME ..... 04
- RESPONDENT WAS ON A DIET ..... 05 ] → **GO TO Q13.15**

A. About how much did (you gain/you lose/your weight change)?

**INTERVIEWER: IF RESPONDENT GIVES A FRACTION, PROBE:**  
"Please round to the nearest pound.

|\_\_|\_\_| POUNDS

13.15 (During that two week period) did you have more trouble falling asleep than you usually do?

YES ..... 01

NO ..... 00 → **GO TO Q13.16**

A. Did that happen every night, nearly every night, or less often during those two weeks?

CIRCLE ONE

EVERY NIGHT ..... 01

NEARLY EVERY NIGHT ..... 02

LESS OFTEN ..... 03

13.16 (During that two week period) did you have a lot more trouble concentrating than usual?

YES ..... 01

NO ..... 00

13.17 People sometimes feel down on themselves, no good, or worthless. (During that two week period) did you feel this way?

YES ..... 01

NO ..... 00



13.18 Did you think a lot about death--(during that two week period) either your own, someone else's, or death in general?

YES ..... 01  
NO ..... 00

13.19 **INTERVIEWER: ARE THERE ANY "YES" RESPONSES IN QUESTIONS 13.11-13.16? COUNT Q13.14 AS "YES" IF Q13.14A IS 10 POUNDS OR MORE; COUNT Q13.15 "YES" IF Q13.15A=1 OR 2.**

NO "YES" RESPONSES ..... 01 → **GO TO Q13.21**

ONE OR MORE "YES" RESPONSES .... 02 → **GO TO Q13.20**

13.20 Reviewing what you just told me, you had two weeks in a row when you lost interest in most things and also had some other things like (READ ALL CATEGORIES IN "YES" RESPONSES IN QS. 13.13-13.18). About how many weeks altogether did you feel this way during the past 12 months?

**NOTE: IF WENT OVER MORE THAN ONE MONTH, CODE START MONTH.**

|\_\_|\_\_| # OF WEEKS

**OR**

ENTIRE YEAR ..... 01 → **GO TO Q13.20B**

A. Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

|\_\_|\_\_| / 19 |\_\_|\_\_|  
MONTH YEAR

B. Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES ..... 01  
NO ..... 00

C. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

YES ..... 01  
NO ..... 00

D. Did you take medication or use drugs or alcohol more than once for these problems?

YES ..... 01  
NO ..... 00

E. How much did these problems interfere with your life or activities--a lot, some, a little, or not at all?

CIRCLE ONE

A LOT ..... 01  
SOME ..... 02  
A LITTLE ..... 03  
NOT AT ALL ..... 04

13.21

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ANX

During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

**PROBE:** Since the same month a year ago.

YES ..... 01 → **GO TO Q13.22**  
NO ..... 00

A. People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

YES ..... 01  
NO ..... 00 → **GO TO Q13.26**

13.22 Has that period ended or is it still going on?

ENDED ..... 01  
STILL GOING ON ..... 02 → **GO TO Q13.22B**

A. How many months or years did it go on before it ended.

|\_\_|\_\_| # OF MONTHS **OR** |\_\_|\_\_| # OF YEARS  
“ALL MY LIFE” OR “AS LONG AS  
I CAN REMEMBER” ..... 96

**GO TO Q13.23**

B. How many months or years has it been going on?

|\_\_|\_\_| # OF MONTHS **OR** |\_\_|\_\_| # OF YEARS  
“ALL MY LIFE” OR “AS LONG AS  
I CAN REMEMBER” ..... 96

13.23 **INTERVIEWER: CHECK QS. 13.22A AND 13.22B. WAS THE RESPONDENT WORRIED AND ANXIOUS FOR . . .**

6 MONTHS OR LONGER, “ALL  
MY LIFE” OR “AS LONG AS I  
CAN REMEMBER?” ..... 01  
LESS THAN 6 MONTHS? ..... 02 → **GO TO Q13.26**

13.24 (During that period, was your/is your) worry stronger than in other people?

YES ..... 01

NO ..... 00

A. (Did/Do) you worry most days?

YES ..... 01

NO ..... 00

B. (Did/Do) you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

ONE THING ..... 01

MORE THAN ONE THING ..... 02

C. (Did/Do) you find it difficult to stop worrying?

YES ..... 01

NO ..... 00

D. (Did/Do) you ever have different worries on your mind at the same time?

YES ..... 01

NO ..... 00

E. How often (was/is) your worry so strong that you (couldn't/can't) put it out of your mind no matter how hard you (tried/try)--often, sometimes, rarely, or never?

CIRCLE ONE

OFTEN ..... 01

SOMETIMES ..... 02

RARELY ..... 03

NEVER ..... 04

F. How often (did/do) you find it difficult to control your worry--often, sometimes, rarely, or never?

CIRCLE ONE

- OFTEN ..... 01
- SOMETIMES ..... 02
- RARELY ..... 03
- NEVER ..... 04

G. What sort of things (did/do) you mainly worry about?

**PROBE:** Any other main worries?

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|\_|\_|

13.25 When you (are/were) worried or anxious, (are/were) you also . . .

	<u>YES</u>	<u>NO</u>
A. Restless? .....	01	00
B. Keyed up or on edge? .....	01	00
C. More irritable than usual? .....	01	00
D. Aware of your heart pounding or racing? .....	01	00
E. Easily tired? .....	01	00
F. Having trouble falling asleep or staying asleep? .....	01	00
G. Feeling dizzy or lightheaded? .....	01	00

13.25 H. INTERVIEWER: CHECK Q13.25A-G. DID THE RESPONDENT . . .

HAVE TWO OR MORE  
"YES" RESPONSES? . . . . . 01

HAVE 0-1 "YES"  
RESPONSES? . . . . . 02 → **GO TO Q13.26**

I. Did you tell a doctor about your worry or about the problems it was causing? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

YES . . . . . 01

NO . . . . . 00

J. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

YES . . . . . 01

NO . . . . . 00

K. Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing?

YES . . . . . 01

NO . . . . . 00

L. How much (did/does) the worry or anxiety interfere with your life or activities--a lot, some, a little, or not at all?

CIRCLE ONE

A LOT . . . . . 01

SOME . . . . . 02

A LITTLE . . . . . 03

NOT AT ALL . . . . . 04

13.26

CIDI  
ALC

The next questions are about how frequently you drink alcoholic beverages. By a “drink” we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind, what is the largest number of drinks you had in any single day during the past 12 months--none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

**NOTE:** IF RESPONDENT VOLUNTEERS “I never drink,” ACCEPT THE ANSWER AND CODE AS “NONE.”

- NONE ..... 00
  - 1-3 ..... 01
  - 4-10 ..... 02
  - 11-20 ..... 03
  - MORE THAN 20 ..... 04
- } → **GO TO Q13.34**

**ALCOHOL EQUIVALENTS**

**Beer**

- 1 12 or 16 oz bottle = 1 drink
- 1 case of beer = 24 drinks

**Wine**

- 1 4 oz glass of wine = 1 drink
- 1 liter or quart bottle = 6 drinks
- 1 wine cooler = 1 drink

**Hard Liquor**

- 1 highball = 1 drink
- 1 shot glass = 1 drink
- ½ pint of liquor = 6 drinks
- 1 pint of liquor = 12 drinks
- 1 fifth of liquor = 20 drinks
- 1 quart of liquor = 24 drinks

13.27

In the past 12 months, was there ever a time when your drinking or being hung over interfered with your work at school, or a job, or at home?

- YES ..... 01
- NO ..... 00 → **GO TO Q13.28**
- I AM A CASUAL/SOCIAL DRINKER (VOLUNTEERED) ..... 02 → **GO TO Q13.34**

A. How often did this happen? Was it . . .

CIRCLE ONE

- 1-2 times, ..... 01
- 3-5 times ..... 02
- 6-10 times, ..... 03
- 11-20 times, or ..... 04
- More than 20 times? ..... 05

13.28 During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

YES ..... 01

NO ..... 00

I AM A CASUAL/SOCIAL  
DRINKER (VOLUNTEERED) ..... 02 → **GO TO Q13.34**

13.29 During the past 12 months, did you have any emotional or psychological problems from using alcohol such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES ..... 01

NO ..... 00

I AM A CASUAL/SOCIAL  
DRINKER (VOLUNTEERED) ..... 02 → **GO TO Q13.34**

13.30 During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

YES ..... 01

NO ..... 00

I AM A CASUAL/SOCIAL  
DRINKER (VOLUNTEERED) ..... 02 → **GO TO Q13.34**

13.31 During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

YES ..... 01

NO ..... 00

I AM A CASUAL/SOCIAL  
DRINKER (VOLUNTEERED) ..... 02 → **GO TO Q13.34**



13.32 During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

YES ..... 01

NO ..... 00 → **GO TO Q13.33**

I AM A CASUAL/SOCIAL  
DRINKER (VOLUNTEERED) ..... 02 → **GO TO Q13.34**

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times, ..... 01

3-5 times ..... 02

6-10 times, ..... 03

11-20 times, or ..... 04

More than 20 times? ..... 05

13.33 During the past 12 months, was there ever a time when you had to drink much more than you used to to get the same effect you wanted?

YES ..... 01

NO ..... 00

I AM A CASUAL/SOCIAL  
DRINKER (VOLUNTEERED) ..... 02

**SHOW CARD 17  
(FOR 24 MONTH ONLY)**

HEROIN

HALLUCINOGENS (SUCH AS LSD, ANGEL DUST, PEYOTE, ECSTASY, MDMA, Mescaline)

COCAINE

MARIJUANA OR HASHISH

INHALANTS YOU SNIFF OR BREATHE (SUCH AS AMYLNITRATE, FREON, NITROUS OXIDE, WHIPPETS, GASOLINE, SPRAY PAINT)

ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS (SUCH AS TYLENOL WITH CODEINE, DEMEROL, DARVON, PERCODAN, CODEINE, MORPHINE, METHADONE)

AMPHETAMINES OR OTHER STIMULANTS (SUCH AS METHAMPHETAMINE, PRELUDIN, DEXEDRINE, RITALIN, SPEED)

TRANQUILIZERS OR NERVE PILLS (SUCH AS LIBRIUM, VALIUM, ACTIVAN, MEPROBAMATE, XANAX)

SEDATIVES, INCLUDING BARBITURATES OR SLEEPING PILLS (SUCH AS SECONAL, HALCION, METHAQUALONE)

13.34 Before I ask you the next questions, I'd like to remind you that all the information you give us on this interview is confidential and will not be shared with Early Head Start or any other program.

**CIDI  
DRUGS**

The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. Please look at the list on this card [SHOW CARD]. We do not need to know about your use of a specific drug, just whether you've used any of these drugs. With this definition in mind, did you ever use any of these drugs on your own during the past 12 months?

**SHOW  
CARD  
17**

YES ..... 01  
NO ..... 00 → **GO TO SECTION 14**

13.35 In the past 12 months, did your use of any of these substances ever interfere with your work at school, or a job, or at home?

YES ..... 01  
NO ..... 00 → **GO TO Q13.36**

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times, ..... 01  
3-5 times ..... 02  
6-10 times, ..... 03  
11-20 times, or ..... 04  
More than 20 times? ..... 05

13.36 During the past 12 months, were you ever under the influence of any of these substances in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

YES ..... 01  
NO ..... 00

13.37 During the past 12 months, did you have any emotional or psychological problems from using any of these substances such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

YES ..... 01  
NO ..... 00

13.38 During the past 12 months, did you have such a strong desire or urge to use any of these substances that you could not keep from using it?

YES ..... 01  
NO ..... 00

13.39 During the past 12 months, did you have a period of a month or more when you spent a great deal of time using any of these substances or getting over their effects?

YES ..... 01  
NO ..... 00

13.40 During the past 12 months, did you ever use much larger amounts of any of these substances than you intended to, or did you use them for a longer period of time than you intended to?

YES ..... 01  
NO ..... 00 → **GO TO Q13.41**

A. How often did this happen? Was it . . .

CIRCLE ONE

1-2 times, ..... 01  
3-5 times ..... 02  
6-10 times, ..... 03  
11-20 times, or ..... 04  
More than 20 times? ..... 05

13.41 During the past 12 months, was there ever a time when you had to use more of any of these substances than you used to to get the same effect you wanted?

YES ..... 01  
NO ..... 00

SECTION 14

WRAP UP QUESTIONS FOR RESPONDENT

14.1 Before we finish up, I have a few questions about how typical today was.

Was this a typical day for (CHILD)?

PROBE: Don't count my being here.

- YES ..... 01 → GO TO Q14.2
- NO ..... 00

A. Why not?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

- CHILD WAS SICK OR TEETHING ..... 01
  - PARENT WAS SICK ..... 02
  - CHILD OFF SCHEDULE (DID NOT SLEEP, EAT, WAKE UP, ETC. AT REGULAR TIME) ..... 03
  - CHILD BEHAVIOR DIFFERENT IN OTHER WAY ..... 04
  - FEWER CHILDREN AROUND THAN USUAL ..... 05
  - MORE CHILDREN AROUND THAN USUAL ..... 06
  - OTHER (SPECIFY) ..... 07
- 
- |\_|\_|
- TANTRUMS/ACTED UP/LESS COOPERATIVE THAN USUAL ... 08
  - MORE COOPERATIVE THAN USUAL/UNUSUALLY WELL BEHAVED ..... 09

B. How different was it? Was it . . .

CIRCLE ONE

- Only slightly different, . . . . . 01
- Somewhat different, or . . . . . 02
- Really different? . . . . . 03

14.2 How much did my presence disrupt the routine or affect your activities or (CHILD)'s? Would you say . . .

CIRCLE ONE

- Only slightly, . . . . . 01
- Somewhat, or . . . . . 02
- A great deal? . . . . . 03

14.3 Did you do anything differently because I was here?

- YES . . . . . 01
- NO . . . . . 00 → **GO TO Q14.4**

A. What did you do differently?

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

- CHANGED ENVIRONMENT (CLEANED, MOVED FURNITURE, ETC.) . . . . . 01
- INTERACTED LESS WITH CHILDREN . . . . . 02
- INTERACTED MORE WITH CHILDREN . . . . . 03
- FELT UNCOMFORTABLE . . . . . 04
- CHANGED BABY'S SCHEDULE (KEPT AWAKE, DIDN'T FEED, ETC.) . . . . . 05
- OTHER (SPECIFY) . . . . . 06

- 
- \_\_\_\_\_ |\_\_|\_\_|
  - WOULD HAVE GONE OUT . . . . . 07
  - WOULD HAVE CLEANED . . . . . 08
  - WOULD HAVE SPANKED/POPPED/ SLAPPED CHILD OR CHILD'S HAND . . . 09

14.4 Did (CHILD) do anything differently because I was here?

YES ..... 01

NO ..... 00 → GO TO Q14.5

A. What did (CHILD) do differently because I was here?

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

SHOWED OFF ..... 01

WATCHED THE OBSERVER ..... 02

WAS QUIET, LESS ACTIVE ..... 03

CRIED MORE ..... 04

OTHER (SPECIFY) ..... 05

\_\_\_\_\_ | |

14.5 Was the daily routine different because I was here?

YES ..... 01

NO ..... 00 → GO TO Q14.6

A. What was different?

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

STAYED AT HOME OR INSIDE  
WHEN WOULD HAVE GONE  
OUT ..... 01

DELAYED NAPS OR MEALS ..... 02

OFFERED MORE ACTIVITIES  
FOR CHILD ..... 03

POSTPONED DOING CHORES,  
PHONE CALLS, TAKING SHOWER,  
HAVING FRIEND OVER ..... 04

OTHER (SPECIFY) ..... 05

\_\_\_\_\_ | |



14.9 For another part of this study we would like to spend a little time with (CHILD) when (he/she) is in child care. We would like your consent to contact (PROVIDER) and ask (him/her/the center) if we may observe (CHILD) when (he/she) is there. We will give (PROVIDER/CENTER) \$20 for participating.

Is it okay for us to contact (PROVIDER/CENTER)?

YES ..... 01  
NO ..... 00 →

**TRY AND ADDRESS  
CONCERNS, IF STILL A  
REFUSAL, GO TO Q14.10**

A. In order for us to contact (PROVIDER), we would like you to sign this consent form so that (PROVIDER) will know that you have given your okay for this visit. We would not want to ask (PROVIDER) to let us in without being able to show (him/her/them) something from you.

**HAND RESPONDENT CONSENT FORM AND READ WITH HER**

B. Please tell me (his/her/THE CENTER'S) address and telephone number.

ADDRESS: \_\_\_\_\_

PHONE NUMBER: (    ) - \_\_\_\_\_ - \_\_\_\_\_

C. We would appreciate your telling (PROVIDER) that we will be calling (him/her/them) in a few days.



**FOLLOW-UP INTERVIEW WITH FATHER/FATHER-FIGURE**

**14.10-0 INTERVIEWER: IS SITE PART OF FATHER STUDY?**

- YES ..... 01
- NO ..... 00 → **GO TO Q14.15, PAGE 107**

**NOTE TO INTERVIEWER:** IF YOUR SITE IS NOT VIDEOTAPING FATHERS, DROP THE WORDING IN BRACKETS. THIS VISIT WILL ONLY BE 1 HOUR.

**14.10 INTERVIEWER: CHECK QUESTIONS 5.2 AND 5.3**

**A. DOES CHILD LIVE WITH (HIS/HER) BIOLOGICAL FATHER?**

- YES ..... 01 → **GO TO Q14.11**
- NO ..... 00

**B. CHILD HAS ...**

- NON-RESIDENT BIOLOGICAL FATHER BUT **NO** FATHER-FIGURE ..... 01
  - NO IDENTIFIED FATHER—**ONLY** A FATHER-FIGURE ..... 02
- } → **GO TO Q14.11**

- NON-RESIDENT BIOLOGICAL FATHER **AND** A FATHER-FIGURE ..... 03 → **FOLLOW INSTRUCTIONS IN BOX BELOW**

- NO BIOLOGICAL FATHER (RESIDENT OR NON-RESIDENT) AND NO FATHER-FIGURE ..... 04 → **GO TO Q14.15**

IF YOUR SITE WILL ONLY INTERVIEW ONE FATHER OR FATHER-FIGURE, **GO TO Q14.12.**

IF YOUR SITE WILL INTERVIEW BOTH THE NON-RESIDENTIAL FATHER AND THE FATHER-FIGURE, **GO TO Q14.13.**

14.11 (BIOLOGICAL FATHER **OR** FATHER-FIGURE ONLY—CHOOSE APPROPRIATE LANGUAGE)

We would like to have a chance to talk to (FATHER/FATHER-FIGURE) and ask him some of the same types of questions we have asked you. [And we'd also like to videotape him playing with (CHILD).] The interview [and videotaping] will take about 1 [½] hours and we would give him \$20 to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

A. What is his full name?

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**GO TO Q14.14, PAGE 106**

14.12 (CHILD HAS BOTH NON-RESIDENT BIOLOGICAL FATHER **AND** FATHER-FIGURE)

We would like to have a chance to talk to the man who spends the most time with (CHILD) and is most important in (his/her) life. We would like to ask this person some of the same types of questions we have asked you. [And we'd also like to videotape him playing with (CHILD).] The interview [and videotaping] will take about 1 [½] hours and we would give him \$20 to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

**REFER TO (Q5.14, Q5.15, Q5.16) AND (Q5.30 AND Q5.31).**

I see from what you told me earlier that (CHILD) spends more time with (NON-RESIDENT FATHER OR FATHER-FIGURE) than with (NON-RESIDENT FATHER OR FATHER-FIGURE). Is (NON-RESIDENT FATHER OR FATHER-FIGURE) the person I should interview (and videotape with [CHILD])?

- YES ..... 01 → **GO TO B**
- NO ..... 00 → **GO TO A**

A. Why do you feel we should interview (FATHER/FATHER-FIGURE)? **RECORD VERBATIM**

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|\_|\_|

B. RESPONDENT'S CHOICE IS ...

- NON-RESIDENT FATHER ..... 01
- FATHER-FIGURE ..... 02

C. What is his full name?

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**GO TO Q14.14, PAGE 106**

**SITE INTERVIEWING BOTH FATHER/FATHER-FIGURE ONLY:**

14.13 We would like to talk to both (CHILD)'s father and the man who spends the most time with (CHILD) and is important in (his/her) life and is like a father to the child. We'd like to ask these persons separately some of the same types of questions we have asked you. [And we'd like to videotape the FATHER-FIGURE playing with (CHILD).] The interview [and videotape] would take about 1 [½] hour[s] and we would give them each \$20 to thank them for helping us learn more about (CHILD) and his relationship with (him/her).

A. Is (FATHER-FIGURE) the person we should interview as the (CHILD)'s father-figure?

YES ..... 01 → **GO TO B**

NO ..... 00

A-1. Is there somebody else we should interview that you feel is an important man in (CHILD)'s life?

YES ..... 01

NO ..... 00 → **GO TO E**

A-2. Who would that person be?

NAME: \_\_\_\_\_

A-3. So we can understand the change, please tell me why you feel we should interview (NEW) instead of (OLD).

\_\_\_\_\_

\_\_\_\_\_

|\_|\_|\_|

B. Is he available now to talk with me about the interview?

YES ..... 01

NO ..... 00 → **GO TO Q14.13E**

C. May I talk to (FATHER-FIGURE) now to discuss this study with him?

YES ..... 01 → **GO TO Q14.13E**

NO ..... 00

D. Please tell (FATHER-FIGURE) that we will be calling him to discuss this study. I would like to leave this letter with you for him. The letter explains the study. When would be the best time for me to reach him?

RECORD DATE AND TIME ON CONTACT SHEET

E. When it comes to (NON-RESIDENT BIOLOGICAL FATHER), do you have any objections to us attempting to reach him to be in this study? We will not be asking him to be videotaped with (CHILD).

YES ..... 01 → **GO TO G**

NO ..... 00

F. 1) What is the best way to reach him?

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2) Please tell me (NON-RESIDENT BIOLOGICAL FATHER)'s address and telephone number.

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**GO TO Q14.14**

G. It is possible that some of the fathers will hear about this study and will ask us to become a part of it. If he approaches us, we'd still like to talk with him. If he calls us, may we talk with him? We will not be asking him to be videotaped with (CHILD).

RECORD HER RESPONSE

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**CONTINUE WITH Q14.15**

14.14 IS FATHER/FATHER-FIGURE PRESENT?

YES ..... 01  
NO ..... 00 → **GO TO B**

A. After we finish, may I talk to (FATHER/FATHER-FIGURE) to discuss this study with him?

YES ..... 01 → **GO TO Q14.15**  
NO ..... 00

B. Please tell (FATHER/FATHER-FIGURE) that we will be calling him (in a month or two) to discuss this study. I would like to leave this letter with you for him. The letter explains the study. When would be the best time for me to reach him?

RECORD DATE AND TIME ON CONTACT SHEET

C. What is the best phone number for me to use to reach (FATHER/FATHER-FIGURE)?

---

D. IS THIS A NON-RESIDENT FATHER/FATHER-FIGURE?

YES ..... 01

NO ..... 00 → **GO TO Q14.15**

1) Please tell me (FATHER/FATHER-FIGURE)'s address

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2) If we have trouble reaching (FATHER/FATHER-FIGURE), is there someone else who would be able to help us find (father/father-figure).

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14.15 IS YOUR SITE DOING VIDEOTAPING OF THE CHILD AND A FATHER OR FATHER-FIGURE?

YES ..... 01

NO ..... 00 → **GO TO Q14.16**

A. HAVE YOU IDENTIFIED A NON-RESIDENT FATHER OR NON-RESIDENT FATHER-FIGURE AS THE PERSON TO VIDEOTAPE?

YES ..... 01

NO ..... 00 → **GO TO Q14.16**

B. READ THE "REQUEST TO VIDEOTAPE CHILD AND FATHER/FATHER-FIGURE" FORM WITH THE PARENT AND ASK HER TO SIGN THE FORM.

## TRACKING INFORMATION AND INTERVIEWER OBSERVATIONS

Thank you for letting me spend this time here. I would like to thank you for participating in the survey and will give you \$15 and this gift in just a few minutes. We plan to contact you again in a few months and we need to know how to get in touch with you.

**INTERVIEWER: VERIFY ALL INFORMATION ON CONTACT SHEET AND PEOPLE WHO CAN HELP FIND ME FORM, THEN ASK:**

Is there anyone else I can contact who will know how to get in touch with you?

**INTERVIEWER: COLLECT NAMES, ADDRESSES, PHONE NUMBERS AND RELATIONSHIPS OF PEOPLE WHO CAN HELP FIND RESPONDENT. WRITE INFORMATION CLEARLY ON PEOPLE WHO CAN HELP FIND ME FORM.**

A. IF POSSIBLE, BE SURE TO COLLECT TRACKING INFORMATION FOR RESPONDENT'S:

- PARENTS
- GRANDPARENTS
- SIBLINGS

B. CROSS OUT ANY CONTACTS THAT ARE NO LONGER VALID.

C. UPDATE AND CORRECT THE INFORMATION FOR CONTACTS THAT ARE STILL VALID.

**USE BACK OF PEOPLE WHO CAN HELP FIND ME FORM FOR ADDITIONAL INFORMATION IF NECESSARY.**

14.16 IS THE (FATHER/FATHER-FIGURE) AVAILABLE NOW?

YES ..... 01 →

**Read in-person contact script to him.**

NO ..... 00 →

**CONTINUE WITH CLOSING**

14.17 **CLOSING**

Thank you very much. Those are all our questions. We'll be back in touch in a few months.

**SECTION 15**  
**INTERVIEWER OBSERVATIONS OF HOME ENVIRONMENT**

**INTERVIEWER: PLEASE COMPLETE THIS SECTION AFTER YOU LEAVE THE RESPONDENT'S HOME.**

**ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE MOTHER/CHILD INTERACTIONS AT THE TIME OF YOUR VISIT.**

**DO NOT BASE ANSWERS TO QS. 15.1-15.3  
ON MOTHER'S ACTIONS DURING VIDEOTAPING**

15.1 PARENT SPONTANEOUSLY VOCALIZED TO CHILD TWICE (COULD HAVE BEEN SOUNDS OR RANDOM WORDS--SPONTANEOUS IS THE IMPORTANT CONCEPT, DOES NOT COUNT IF MOTHER'S VOCALIZATION WAS IN RESPONSE TO CHILD'S VOCALIZATION).

VOCALIZED ..... 01

DID NOT VOCALIZE ..... 00

15.2 PARENT RESPONDED VERBALLY TO CHILD'S VOCALIZATIONS (SOUNDS OR WORDS, IMPORTANT POINT IS THAT MOTHER DID NOT IGNORE CHILD. IF CHILD NEVER VOCALIZED TO MOTHER: SCORE AS AUTOMATIC "DID NOT RESPOND").

RESPONDED ..... 01

DID NOT RESPOND ..... 00

15.3 PARENT TOLD CHILD THE NAME OF AN OBJECT OR PERSON DURING VISIT (MOTHER'S SENSITIVITY TO CHILD'S SEARCH FOR NAMES OF OBJECTS AROUND (HIM/HER)--NEED NOT BE AS DIRECT AS "THIS IS AN APPLE", BUT THE PARENT'S STATEMENT MUST CLEARLY LABEL SOME OBJECT OR PERSON, NOT JUST USE THE WORD IN A SENTENCE. FOR EXAMPLE, "GO GET X" SHOULD NOT COUNT BECAUSE PARENT IS NOT TEACHING CHILD THE NAME OF ANYTHING).

**INTERVIEWER: INCLUDE BABY WORDS AS 01.**

TOLD CHILD ..... 01

DID NOT TELL CHILD ..... 00



15.4 PARENT'S SPEECH WAS DISTINCT AND AUDIBLE (SCORE POSITIVE IF YOU COULD UNDERSTAND AND COMMUNICATE WITH MOTHER--DO NOT SCORE NEGATIVELY FOR DIALECTS). NOT DISTINCT INCLUDES SLURRED, MUMBLING OR TROUBLE ARTICULATING WORDS.

DISTINCT ..... 01  
NOT DISTINCT ..... 00

15.5 PARENT INITIATED VERBAL EXCHANGES WITH VISITOR (SHOULD HAVE SPONTANEOUSLY MADE A FEW COMMENTS OR ASKED A FEW QUESTIONS OR BEEN A LITTLE WORDY AT TIMES).

INITIATED ..... 01  
DID NOT INITIATE ..... 00

15.6 PARENT CONVERSED FREELY AND EASILY (REFERS TO CHARACTERISTIC SPEECH PATTERN DURING VISIT--IF TYPICALLY SPOKE IN ONE WORD SENTENCES OR HEADSHAKES, SCORE AS "00").

CONVERSED ..... 01  
DID NOT CONVERSE ..... 00

15.7 PARENT SPONTANEOUSLY PRAISED CHILD AT LEAST TWICE (ANY ACHIEVEMENT NOTED WITH PRIDE, E.G., CAN DRESS HIMSELF, HAS A GOOD DISPOSITION. IMPORTANT THAT YOU READ THE MOTHER'S AFFECT, SOMETIMES NEGATIVE COMMENTS ARE REALLY POSITIVE REMARKS).

**INTERVIEWER: PRAISE MAY BE DIRECT TO CHILD OR TOLD TO YOU ABOUT CHILD.**

PRAISED ..... 01  
DID NOT PRAISE ..... 00

15.8 PARENT'S VOICE CONVEYS POSITIVE FEELINGS TOWARD CHILD (WAS TONE OF VOICE ANIMATED, OR FLAT AND IRRITATED)?

POSITIVE ..... 01  
NOT POSITIVE ..... 00

15.9 PARENT CARESSED OR KISSED CHILD AT LEAST ONCE (E.G., CAN INCLUDE HUGGED, STROKED HAIR, PATTED ARM OR LEG, AFFECTIONATELY REACHING OUT, BLOWING A KISS).

CARESSED ..... 01  
DID NOT CARESS ..... 00

15.10 PARENT DID NOT SHOUT AT CHILD (E.G., DID NOT RAISE VOICE ABOVE LEVEL REQUIRED BY DISTANCE BETWEEN MOTHER AND CHILD).

**INTERVIEWER: DO NOT CODE MOTHER SHOUTING TO WARN CHILD OF DANGER OR STOP CHILD FROM BEING IN DANGER AS "SHOUTED".**

DID NOT SHOUT ..... 01  
SHOUTED ..... 00

15.11 PARENT DID NOT EXPRESS ANNOYANCE WITH OR HOSTILITY TOWARD CHILD (SHOULD SCORE AS "00" IF MOTHER COMPLAINED ABOUT CHILD IN A MANNER THAT DID NOT SUGGEST AN AFFECTIONATE JOKE. COULD HAVE TOLD CHILD TO STOP DOING SOMETHING SEVERAL TIMES AND STILL RECEIVE A POSITIVE SCORE IF GENERAL TONE WAS POSITIVE).

DID NOT EXPRESS ANNOYANCE ... 01  
EXPRESSED ANNOYANCE ..... 00

15.12 PARENT NEITHER SLAPPED NOR SPANKED CHILD DURING THE VISIT (IF UNCERTAIN ABOUT A PARTICULAR ACTION, NOTE CHILD'S BEHAVIOR--IF [HE/SHE] WHIMPERED OR CRIED OR FROWNEED SCORE AS "00").

DID NOT SLAP ..... 01  
SLAPPED ..... 00

15.13 PARENT DID NOT SCOLD OR CRITICIZE CHILD DURING THE VISIT (MUCH LIKE Q15.11, MAIN DIFFERENCE--MOTHER MADE NEGATIVE COMMENT DIRECTLY TO CHILD (E.G., "YOU ARE A BAD BOY/GIRL").

DID NOT SCOLD ..... 01  
SCOLDED ..... 00

15.14 PARENT DID NOT INTERFERE OR RESTRICT CHILD MORE THAN 3 TIMES (RESTRICTIONS CAN BE VERBAL (“STOP THAT”) AS WELL AS PHYSICAL (SLAPPED HAND, TOOK TOY AWAY, PUT CRAWLING CHILD IN CRIB OR PLAY PEN) DO NOT COUNT AS NEGATIVE ACTION TAKEN TO PREVENT CHILD FROM HARMING [HIM/HER]SELF).

DID NOT INTERFERE ..... 01

INTERFERED ..... 00

15.15 CHILD’S PLAY ENVIRONMENT IS SAFE (E.G., WITHOUT THINGS SUCH AS UNCOVERED ROTARY FAN, BOARDS WITH NAILS STICKING OUT, UNPROTECTED STAIRS FOR PREWALKING BABY, POT HANDLES STICKING OVER THE STOVE, EXPOSED ELECTRICAL OUTLETS).

SAFE ..... 01

NOT SAFE ..... 00

15.16 PARENT PROVIDED TOYS FOR CHILD DURING THE VISIT (MOTHER MADE A SPECIAL EFFORT TO HAVE SOMETHING INTERESTING FOR THE CHILD TO DO DURING THE INTERVIEW).

PROVIDED TOYS ..... 01

DID NOT PROVIDE ..... 00

15.17 PARENT KEPT CHILD IN VISUAL RANGE WHEN CHILD WAS NOT CARED FOR BY SOMEONE ELSE, LOOKED OFTEN AT HIM/HER (OFTEN MEANS ENOUGH TO ENSURE SAFETY OF CHILD AND TO KEEP SOME KIND OF INTERPERSONAL CONTACT WITH (HIM/HER). FOR AN OLDER CHILD INTERPRET THIS AS WITHIN THE HOUSE OR APARTMENT).

IN RANGE ..... 01

NOT IN RANGE ..... 00

15.18 DURING THE ENTIRE VISIT, HOW AT EASE DID THE PARENT APPEAR?

VERY UNCOMFORTABLE ..... 01

SLIGHTLY ILL AT EASE ..... 02

MODERATELY COMFORTABLE ..... 03

COMPLETELY COMFORTABLE  
AND AT EASE ..... 04

15.19 DURING THE ENTIRE VISIT, HOW DISRUPTIVE DO YOU THINK YOUR PRESENCE WAS?

- NOT AT ALL DISRUPTIVE . . . . . 01
- MINIMALLY DISRUPTIVE . . . . . 02
- MODERATELY DISRUPTIVE . . . . . 03
- HIGHLY DISRUPTIVE . . . . . 04

15.20 DURING THE ENTIRE VISIT, HOW MUCH DID THE CHILD TRY TO INTERACT WITH YOU?

- DIDN'T NOTICE YOU AT ALL . . . . . 01
- A FEW GLANCES OR SMILES ONLY . . . . . 02
- QUITE NUMEROUS GLANCES, SMILES, VOCALIZATIONS . . . . . 03
- PROLONGED WATCHING AND NUMEROUS ATTEMPTS TO INTERACT . . . . . 04

15.21 **INTERVIEWER: ANSWER THESE QUESTIONS ABOUT YOUR KNOWLEDGE OF THE TREATMENT STATUS OF THE FAMILY.**

A. DO YOU KNOW THE TREATMENT STATUS OF THIS FAMILY?

- YES . . . . . 01
- NO . . . . . 00 → **GO TO Q5.22**

B. WHEN DID YOU FIND OUT?

- BEFORE VISIT--FROM EARLIER CONTACT . . . . . 01
- BEFORE VISIT--FROM OTHER STAFF . . . . . 02
- DURING VISIT . . . . . 03

