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EARLY HEAD START

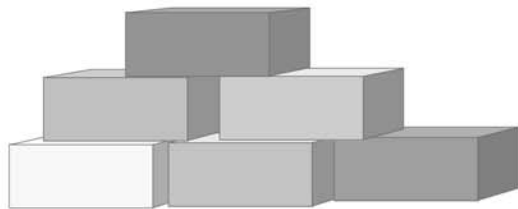
PARENT INTERVIEW

REVISED - 3/23/98

FOR PARENTS OF 14-MONTH-OLD INFANTS

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Conducted for:
Mathematica Policy Research, Inc.
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and
Administration on Children, Youth, and Families
U.S. Department of Health and Human Services

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 Unpublished manuscript.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

Items 1.2 A-M. EASI. Buss, Arnold H. and Robert Plomin. *Temperament: Early Developing Personality Traits*. Hillsdale, NJ: Lawrence Erlbaum Associates, 1984.

Items 1.3 A-W and 1.4. 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 4.27 A-I. PRS. *Parent-Caregiver Relationship Scale*. Copyright James Elicker, Illene C. Noppe, and Lloyd D. Noppe, 1996.

Items various, starting at 5.13. 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 6.9 A-E. FES. Reproduced by special permission of the Publisher, Mind Garden, Inc., 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 10.13-10.14. *MacArthur Communicative Development Inventory*. MacArthur Communicative Development Inventories (CDI) Instruments are copyrighted by the MacArthur CDI Advisory Board.

Items 12.1 A-G. Pearlin. Pearlin, L.I. and Schooler, C. "The Structure of Coping." *Journal of Health and Social Behavior*, vol. 22 (1978), pp. 337-356.

INTERVIEWER: PLEASE NOTE: IN QUESTIONS THAT REFER TO THE PARENT/MOTHER OF THE FOCUS CHILD, WE MEAN “THE PERSON FUNCTIONING IN THAT ROLE WHO IS THE RESPONDENT.” THIS COULD BE THE MOTHER, FATHER, GRANDMOTHER OR SOME OTHER RELATIVE. PLEASE ADAPT THE SPECIFIC QUESTION LANGUAGE AS NECESSARY.

INTRODUCTION

Hello. Thank you for agreeing to talk with us. As I mentioned (on the phone/when we made the appointment), the entire visit will take between 2½ and 3 hours. The visit has three parts. 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. 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

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 10.12.

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 toddlers 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 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.

PROCEED WITH BAYLEY BOOKLET.

0.3 **AFTER BAYLEY IS COMPLETED ASK PARENT:**

- A. How typical was your child's behavior? Did (CHILD) play the way (he/she) usually does? Was (he/she) as happy or upset as usual? As alert and active as usual?

CIRCLE ONE

VERY ATYPICAL; PARENT NEVER SEES THIS TYPE OF BEHAVIOR	01
MOSTLY ATYPICAL	02
SOMEWHAT ATYPICAL; PARENT SEES THIS TYPE OF BEHAVIOR ON SOME OCCASIONS	03
TYPICAL	04
VERY TYPICAL; PARENT ALWAYS SEES THIS TYPE OF BEHAVIOR	05

- B. Do you think (CHILD) did as well as (he/she) could? Have you seen (CHILD) do better or worse on the type of things we worked on?

CIRCLE ONE

POOR INDICATOR OF CHILD'S OPTIMAL PERFORMANCE; CHILD ALWAYS PERFORMS MUCH BETTER	01
BARELY ADEQUATE	02
ADEQUATE; CHILD PERFORMS AS WELL, ON AVERAGE	03
GOOD	04
EXCELLENT; CHILD NEVER PERFORMS BETTER	05

0.4 **COMPLETE SECTIONS 1 (BAYLEY DISRUPTION RATINGS) AND 2 (BEHAVIOR RATING SCALE) IN CHILD ASSESSMENT AND VIDEOTAPE PROTOCOL--CHILD RECORD BOOKLET.**

0.5 **START VIDEOTAPE PROTOCOL.**

- READ GENERAL INTRODUCTION
- SET UP EQUIPMENT
- OBTAIN CONSENT
- CONDUCT TASKS

SECTION 1
RAISING A BABY

1.1 ITEMS DELETED FROM THIS VERSION TO PROTECT
AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE ii FOR FULL CITATION.

KIDI

INTENTIONALLY BLANK

1.2 ITEMS DELETED FROM THIS VERSION TO PROTECT
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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
NHI been . . .

PROBE: In the last 12 months.

CIRCLE ONE

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

2.2 Has (CHILD) had a cold or other kind of respiratory infection in the past week?

scs

- YES 01
- NO 00

2.3 Last night, how did (CHILD) sleep? Did (he/she) sleep through the night or
scs wake up?

CIRCLE ONE

- SLEPT THROUGH THE NIGHT 01
- WOKE UP DURING THE NIGHT AND
NEEDED CHANGING OR FEEDING 02
- DID NOT SLEEP WELL 03

2.4-2.9 DELETED FROM THIS VERSION - MOVED TO PSI.

2.10 Since (CHILD) was released from the hospital after (he/she) was born, has
ECCO (he/she) stayed overnight in a hospital?

YES 01

NO 00 → GO TO Q2.12

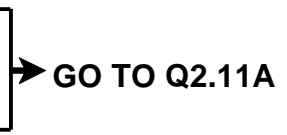
A. Up until (his/her) first birthday, how many **different** times has (CHILD) stayed in a hospital for at least one night?

PROBE: Please do not include time spent in hospital at birth.

|__|__| TIMES

NONE 00

DON'T KNOW, DID NOT HAVE
CUSTODY THEN -1



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

PROBE: Please do not include time spent in hospital at birth.

|__|__|__| NIGHTS

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

YES 01

NO 00 → GO TO D(2)

D. CODE WITHOUT ASKING IF ONLY ONE HOSPITALIZATION:

How many of the (NUMBER IN Q2.10A) hospitalizations were because of . . .

- 1) An accident or injury? |__|__|__| TIMES
- 2) Dehydration? |__|__|__| TIMES
- 3) Pneumonia? |__|__|__| TIMES
- 4) Jaundice (yellowing of skin)? |__|__|__| TIMES
- 5) Something else? (SPECIFY) |__|__|__| TIMES

_____ |__|__|

- 6) Bronchitis/respiratory stress/lung
or breathing problems |__|__|__| TIMES

2.11 A. And 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 Q2.12**

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(2)**

D. **CODE WITHOUT ASKING IF ONLY ONE HOSPITALIZATION:**

How many of the (NUMBER IN Q2.11A) hospitalizations were because of . . .

- 1) An accident or injury? |__|__|__| TIMES
- 2) Dehydration? |__|__|__| TIMES
- 3) Pneumonia? |__|__|__| TIMES
- 4) Jaundice (yellowing of skin)? |__|__|__| TIMES
- 5) Something else? (SPECIFY) |__|__|__| TIMES

_____ |__|__|

2.12 Since (CHILD) was born, how many times has (he/she) gone for well-baby checkups? Was it . . .

HOME

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 or twice, 02
- 3-4 times, 03
- 5-9 times, or 04
- 10 times or more? 05

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

SCS

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 Q2.14**

A. What do you use?

IPECAC 01

OTHER (SPECIFY) 02

_____ |__|__|

FINGER/TONGUE DEPRESSOR 03

MILK 04

CASTOR OIL 05

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

SCS

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 Q2.15**

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 Q2.15**

_____ |__|__|

CALL HOSPITAL 06

CALL PEDIATRICIAN OR FAMILY
DOCTOR'S OFFICE/CALL NURSES 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

_____ |__|__|

2.15 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 Q2.17**

MULTI-FLOOR HOUSE 02

2.16 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

2.17 CODE WITHOUT ASKING IF OBSERVED:

scs

Do you use guards or gates for your windows?

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

2.18 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 Q2.19**
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

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

YES 01 → **GO TO Q2.20A**
NO 00
DON'T KNOW, NOT OBSERVED -1

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

SCS

YES 01
NO 00 → **GO TO Q2.21**

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

2.21 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**

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?

scs

CIRCLE ONE

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

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 Q3.4**

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 A. (Do/Does) (**READ PERSON**) live in this state, in another state or outside of mainland USA?

FOR CATEGORIES WITH MULTIPLE PEOPLE, CIRCLE ALL THAT APPLY

	THIS STATE	OTHER STATE	OUTSIDE MAINLAND USA	DECEASED/ NO SUCH RELATIVE
a. Your mother	01	02	03	-4
b. Your father	01	02	03	-4
c. Any of your brothers or sisters	01	02	03	-4
d. A present or past husband	01	02	03	-4
e. Any other of your children	01	02	03	-4
PROBE: Children or stepchildren.				
f. Any other family members who you are close to	01	02	03	-4

SECTION 4
CHILD CARE

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

4.0 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. By regular we mean arrangements for at least 10 hours per week that lasted two weeks or more. Think about child care arrangement like the ones listed on this card.

NLSY

CARD
3

YES 01 → **GO TO Q4.4**

NO 00

4.0a Is (CHILD) currently being cared for by anyone else on a regular basis?

YES 01

NO 00 → **GO TO SECTION 5**

4.1-
4.3 **DELETED FROM THIS VERSION.**

4.4 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

A. 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, PAGE 20**

B. How many?

|__|__| ARRANGEMENTS

CARD 3

1. CHILD'S FATHER OR STEPFATHER
2. YOUR PARTNER OR BOYFRIEND
3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT
4. ANOTHER RELATIVE OF THE CHILD
5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD
6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL
7. SOME OTHER ARRANGEMENT

GRID INSTRUCTIONS:

RECORD NAME OF CURRENT PROVIDER IN FIRST COLUMN. IF Q4.4 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>ASK QUESTIONS 4.5 AND 4.5A FOR <u>ALL</u> PROVIDERS. THEN ASK QUESTIONS 4.6-4.12 FOR EACH PROVIDER.</p> <p>4.5 <input type="checkbox"/> ECC 0</p> <p>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"/> SHOW CARD 3</p> <p>RECORD NAME OF PROVIDER OR PLACE. THEN CODE TYPE OF ARRANGEMENT FROM SHOW CARD 3.</p>	<p>1 - MOST HOURS CURRENT</p> <p>_____</p> <p>_____</p> <p>(NAME)</p>
<p>A. CODE WITHOUT ASKING IF KNOWN: 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>TYPE OF ARRANGEMENT</p> <p>↓</p> <p><u>CIRCLE ONE</u></p> <p>06 } → GO TO Q4.7</p> <p>07 }</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>DELETED FROM THIS VERSION.</p>	<p>DELETED</p>
<p>4.6 B. Where does (PERSON) usually take care of (CHILD)?</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> <p>_____</p> <p> _ _ </p>

2 - MOST HOURS CURRENT	3 - MOST HOURS CURRENT	4 - MOST HOURS CURRENT
<hr/> <hr/> <p style="text-align: center;">(NAME)</p>	<hr/> <hr/> <p style="text-align: center;">(NAME)</p>	<hr/> <hr/> <p style="text-align: center;">(NAME)</p>
<p style="text-align: center;">TYPE OF ARRANGEMENT</p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06] → GO TO Q4.7</p> <p>..... 07] → GO TO Q4.7</p>	<p style="text-align: center;">TYPE OF ARRANGEMENT</p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06] → GO TO Q4.7</p> <p>..... 07] → GO TO Q4.7</p>	<p style="text-align: center;">TYPE OF ARRANGEMENT</p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><u>CIRCLE ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06] → GO TO Q4.7</p> <p>..... 07] → GO TO Q4.7</p>
17 OR UNDER 01 18 TO 60 02 OVER 60 03	17 OR UNDER 01 18 TO 60 02 OVER 60 03	17 OR UNDER 01 18 TO 60 02 OVER 60 03
DELETED	DELETED	DELETED
<p style="text-align: center;"><u>CIRCLE ONE</u></p> CHILD'S HOME 01 PROVIDER'S HOME 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03 OTHER (SPECIFY) 04 <hr/> <div style="text-align: right;"> _ _ </div>	<p style="text-align: center;"><u>CIRCLE ONE</u></p> CHILD'S HOME 01 PROVIDER'S HOME 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03 OTHER (SPECIFY) 04 <hr/> <div style="text-align: right;"> _ _ </div>	<p style="text-align: center;"><u>CIRCLE ONE</u></p> CHILD'S HOME 01 PROVIDER'S HOME 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03 OTHER (SPECIFY) 04 <hr/> <div style="text-align: right;"> _ _ </div>

		1
4.7	How many months old was (CHILD) when you first used that arrangement for (him/her)?	_ _ MONTHS OLD
	A. CODE WITHOUT ASKING IF KNOWN: In what month (and year) did you first use that arrangement?	_ _ / _ _ MO YR
4.8	DELETED FROM THIS VERSION.	
4.9	About how many hours a week (does/did) (PROVIDER) take care of (CHILD)?	_ _ HOURS
4.10	DELETED FROM THIS VERSION.	
4.11	CHECK Q4.5A AND Q4.6B. IS ARRANGEMENT BY A RELATIVE IN CHILD'S HOME?	YES 01 NO 00
4.12	CHECK Q4.5. IS THERE ANOTHER ARRANGEMENT?	YES .. 01 → GO TO COLUMN 2 NO ... 00 → GO TO Q4.13

2	3	4
_ _ MONTHS OLD	_ _ MONTHS OLD	_ _ MONTHS OLD
_ _ / _ _ MO YR	_ _ / _ _ MO YR	_ _ / _ _ MO YR
DELETED	DELETED	DELETED
_ _ HOURS	_ _ HOURS	_ _ HOURS
DELETED	DELETED	DELETED
YES 01 NO 00	YES 01 NO 00	YES 01 NO 00
YES .. 01 → GO TO COLUMN 3 NO ... 00 → GO TO Q4.13	YES .. 01 → GO TO COLUMN 4 NO ... 00 → GO TO Q4.13	YES .. 01 NO ... 00 → GO TO Q4.13

4.13 **INTERVIEWER: CHECK Q4.5 AND Q4.9. THE CURRENT OR MOST RECENT PROVIDER FOR THE MOST HOURS IS:**

PROVIDER NUMBER: |__|__|

PROVIDER/CENTER NAME: _____

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 ARRANGEMENT WITH MOST HOURS.

4.14 **INTERVIEWER: CHECK PREVIOUS GRID. IS PRIMARY CAREGIVER A CENTER?**

JOBS

YES 01

NO 00 → **GO TO Q4.20**

A. Who is the person who is mainly responsible for taking care of (CHILD) there?

PRIMARY PROVIDER: _____

4.15-
4.16 **DELETED FROM THIS VERSION.**

4.17-
4.18 **DELETED FROM THIS VERSION.**

4.19 **DELETED FROM THIS VERSION.**

4.20 **INTERVIEWER: CHECK Q4.11 FOR PRIMARY CAREGIVER. IS PRIMARY CAREGIVER A RELATIVE WHO CARES FOR THE CHILD IN THE CHILD'S HOME (Q4.11=YES)?**

YES 01
NO 00 → **GO TO Q4.23-0**

A. **IS THERE ANOTHER CURRENT PROVIDER WHO IS NOT CODED Q4.11=YES, THAT IS, WHO IS NOT A RELATIVE WHO CARES FOR THE CHILD IN THE CHILD'S HOME?**

YES 01
NO 00 → **GO TO Q5.0**

B. **NON-RELATIVE CURRENT PROVIDER IS:**

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

PROVIDER/CENTER NAME: _____

4.21 **INTERVIEWER: CHECK PREVIOUS GRID. IS NON-RELATIVE CURRENT PROVIDER A CENTER (Q4.5=6)?**

JOBS

YES 01
NO 00 → **GO TO Q4.23-0**

A. **Who is the person who is mainly responsible for taking care of (CHILD) there?**

PRIMARY PROVIDER: _____

4.22-

4.23 **DELETED FROM THIS VERSION.**

4.23-0 **INTERVIEWER INSTRUCTIONS: CHECK QUESTIONS 4.13 AND 4.20. IS THERE A CHILD CARE PROVIDER WHO MEETS THE CONDITIONS BELOW:**

	RELATIVE	NON-RELATIVE
Child's Home	GO TO Q5.1	ASK QS. 4.24-4.27 ABOUT THIS PROVIDER
Elsewhere	ASK QS. 4.24-4.27 ABOUT THIS PROVIDER	ASK QS. 4.24-4.27 ABOUT THIS PROVIDER

*Exception: do not ask if care by the father → **GO TO Q5.0**

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

HOUSEHOLD PAYS NOTHING 00

CHILDCARE PROVIDED IN EXCHANGE FOR OTHER SERVICE 99

→ **GO TO Q4.27**

\$ | | | . | | | PER

↓

HOUR 01

DAY 02

WEEK 03

EVERY TWO WEEKS 04

MONTH 05

YEAR 06

DON'T KNOW -1

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

CIRCLE ONE

CHILD ONLY 01

OTHER CHILDREN 02 →

DON'T KNOW -1

A. How many other children?

| | |

4.26 **DELETED FROM THIS VERSION.**

4.27

PRS

ASK QUESTION 4.27 ABOUT THE PERSON IDENTIFIED AS THE PROVIDER:

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 (NON-RELATIVE CURRENT PROVIDER).

SHOW CARD 1

(READ STATEMENT.) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (NON-RELATIVE CURRENT 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 (NON-RELATIVE CURRENT PROVIDER) genuinely cares for (CHILD)	01	02	03	04	05
B. (NON-RELATIVE CURRENT PROVIDER) is someone you can rely on	01	02	03	04	05
C. You have a great deal of personal respect for (NON-RELATIVE CURRENT PROVIDER)	01	02	03	04	05
D. Overall (NON-RELATIVE CURRENT PROVIDER) is a caring person	01	02	03	04	05
E. (NON-RELATIVE CURRENT PROVIDER) has the knowledge and skills needed to be a good caregiver	01	02	03	04	05
F. You and (NON-RELATIVE CURRENT PROVIDER) really seem to value your relationship with each other	01	02	03	04	05
G. You know that (CHILD) really enjoys being with (NON-RELATIVE CURRENT PROVIDER)	01	02	03	04	05
H. You always trust (NON-RELATIVE CURRENT PROVIDER) to give (CHILD) good, consistent care	01	02	03	04	05
I. You really like (NON-RELATIVE CURRENT PROVIDER) as a person and enjoy being in (her/his) presence	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 Q6.1**

_____ |__|__|

FOSTER MOTHER 06

FOSTER FATHER 07

The next questions are about when (CHILD) was born, and about (his/her) father and other men who might be father-figures to (him/her).

5.1 First, how old was (his/her) biological father when (CHILD) was born?

|__|__| YEARS → **GO TO Q5.2**

DON'T KNOW AGE -1 → **ASK A**

A. Would you say he was . . .

CIRCLE ONE

15-19, 01

20-24, 02

25-29, 03

30-40, or 04

Older than 40? 05

PREGNANCY QUESTIONS

5.2 How soon after you found out you were pregnant, did (CHILD)'s father learn that you were pregnant?

scs

CIRCLE ONE

- WITHIN ONE WEEK 01
- WITHIN ONE MONTH 02
- MORE THAN A MONTH LATER 03
- AFTER BABY WAS BORN 04 → **GO TO Q5.5**
- NEVER LEARNED 05 → **GO TO Q5.7**

5.3 Was (his/her) father present when (CHILD) was born, either in the hospital or wherever the birth was?

scs

CIRCLE ONE

- YES, IN HOSPITAL 01
- YES, ELSEWHERE 02 → **GO TO B**
- NO 00

A. When (CHILD) was in the hospital after (he/she) was born, did (his/her) father come to see (him/her)?

scs

- YES 01
- NO 00

B. Was your mother or father present when (CHILD) was born, either in the hospital or wherever the birth was?

scs

CIRCLE ONE

- YES, IN HOSPITAL 01
- YES, ELSEWHERE 02 → **GO TO Q5.4**
- NO 00
- BOTH DECEASED -4 → **GO TO Q5.4**

scs

C. When (CHILD) was in the hospital after (he/she) was born, did your mother or father come to see (him/her)?

- YES 01
- NO 00

5.4

While you were pregnant, did (CHILD)'s father do any of the following?

scs

	<u>YES</u>	<u>NO</u>	<u>NA</u>
A. Discuss how your pregnancy was going with you?	01	00	-4
B. Go to the doctor with you?	01	00	-4
C. Attend child birth or Lamaze classes with you?	01	00	-4

5.5

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

5.6 **DELETED FROM THIS VERSION.**

ESTABLISHING MEN TO ASK ABOUT

5.7 **CODE WITHOUT ASKING IF KNOWN:**

CCDP

 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

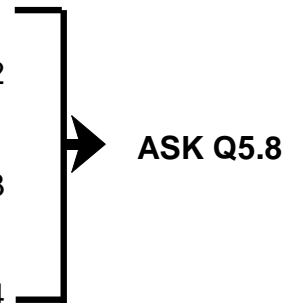
CHILD USUALLY LIVES WITH
BIOLOGICAL FATHER 01 → **GO TO Q5.9**

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



5.8 Is there someone (else) who you consider to be like a father to (CHILD)?

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?

CIRCLE ONE

BROTHER 01

FRIEND 02

OTHER (SPECIFY) 03

_____ |__|__|

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

YES 01

NO 00

SECTION 5 INSTRUCTIONS:

Q5.7	Q5.8	ASK THE FOLLOWING:
01	+ NOT ASKED	= SECTION 5A
02, 03	+ 00	= SECTION 5B, PAGE 36
02, 03	+ 01	= SECTIONS 5B AND 5C, PAGE 36 THROUGH 43
04, 05, OR NOT ASKED	+ 01	= SECTION 5C, PAGE 44
04, 05, OR NOT ASKED	+ 00	= GO TO SECTION 6, PAGE 48

SECTION 5A

RESIDENT BIOLOGICAL FATHER

5.9 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.

5.10 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

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

ECCO

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

5.12 Has (FATHER) been living with you since (CHILD) was born?

YES 01

NO 00 → GO TO Q5.12B

A. When did he first start living with you?

|__| |__| 19 |__| |__| → GO TO Q5.13
MONTH YEAR

B. In the first three months of (his/her) life, about how often did (CHILD) see (his/her) father? Was it . . .

PROBE: That would be between the time (he/she) was born to the same date three months later.

CIRCLE ONE



Every day or almost every day, 01

A few times per week, 02

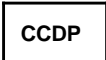
A few times a month, 03

About once a month, 04

Less often than that, or 05

Never? 06

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



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



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?	
<u>CIRCLE ALL THAT APPLY</u>	
Breakfast	01
Lunch	02
Dinner	03

5.14 **DELETED FROM THIS VERSION.**

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

NSFH

(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?

SHOW CARD
7

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	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. Feeding (CHILD)	01	02	03	04	05	06	-1
C. DELETED							
D. Going to the playground or for a walk outside . .	01	02	03	04	05	06	-1
E. Playing with (CHILD) at home	01	02	03	04	05	06	-1

5.16 **DELETED FROM THIS VERSION.**

GO TO Q6.1, PAGE 48

SECTION 5B

NON-RESIDENT BIOLOGICAL FATHER

5.17 INTERVIEWER: CHECK Q5.7, PAGE 31. IS THERE A NON-RESIDENT BIOLOGICAL FATHER TO ASK ABOUT (Q5.7=02 OR 03)?

YES 01

NO 00 → GO TO SECTION 5C, Q5.37, PAGE 44

5.18 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.

5.19 About how many miles from you does (FATHER) live? USE CATEGORIES AS PROBES IF NECESSARY.

ECCO

CIRCLE ONE

LESS THAN ONE MILE (10 BLOCKS) 01

1-5 MILES (10-50 BLOCKS AWAY) 02

6-10 MILES 03

11-25 MILES 04

26-100 MILES 05

MORE THAN 100 MILES 06

DON'T KNOW -1

5.20 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

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

ECCO

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

5.22 Have you had any contact with (FATHER) since (CHILD) was born?

- YES 01
- NO 00 → **GO TO Q5.34**

5.23 Did (FATHER) live with you at all after (CHILD) was born?

YES 01 → GO TO Q5.24

NO 00

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

YES 01

NO 00 → GO TO Q5.34

5.24 A. In the first three months of (his/her) life, about how often did (CHILD) see (his/her) father? Was it . . .



PROBE: That would be between the time (he/she) was born to the same date three months later.

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

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



PROBE: That would be in the last 90 days.

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 Q5.30



C. 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

D. 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

5.25 In the past month, how often has (FATHER) taken care of (CHILD) while you did other things? Was it . . .

CCDP

PROBE: In the last 30 days.

CIRCLE ONE

SHOW
CARD
5

- 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

5.26 **DELETED FROM THIS VERSION.**

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

NSFH

(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?

SHOW CARD 7

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. Feeding (CHILD)	01	02	03	04	05	06	-1
C. DELETED							
D. Going to the playground or for a walk outside	01	02	03	04	05	06	-1
E. Playing with (CHILD) at home	01	02	03	04	05	06	-1

5.28 **DELETED FROM THIS VERSION.**

5.29 **DELETED FROM THIS VERSION.**

5.30 How often do you talk about (CHILD) with (his/her) father? Would you say . . .

NSFH

CIRCLE ONE

SHOW CARD 7

- Several times a week, 01
- About once a week, 02
- A few times a month, 03
- Several times a year, 04
- Once or twice in (CHILD)'s life, or 05
- Not at all? 06

5.31 How much influence does (FATHER) have in making major decisions about such things as discipline, feeding, health care and child care? Does he have . . .

- No influence 01
- Some influence, or 02
- A great deal of influence? 03

5.32 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
B. How (CHILD) is raised	00	01	02
D. How he spends money on (CHILD)	00	01	02
F. About the money he provides for raising (CHILD)	00	01	02

5.33 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

5.34 Thinking about child support, do you have a legal agreement, an informal agreement, or no arrangement at all with (FATHER)?

CIRCLE ONE

LEGAL 01

INFORMAL 02

NOT NEEDED, MARRIED
TO FATHER 03

NONE 04

→ **GO TO Q5.36**

A. Did you have to go to court to establish that (FATHER) was (CHILD)'s legal father?

YES 01

NO 00

B. 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

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

ECCO

PROBE: Your best estimate will be fine.

\$ |__|__|__| PER MONTH

A. Since (DATE IN Q5.34B), how many times have you received money from (CHILD)'s father for (his/her) support?

|__|__| TIMES

NEVER 00

5.36 Since (CHILD)'s birth, how often has anyone in (FATHER)'s family, such as his mother, father or a sister 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

5.37 **INTERVIEWER: CHECK Q5.8, PAGE 32. IS THERE A FATHER FIGURE TO ASK ABOUT?**

YES 01

NO 00 → **GO TO Q6.1**

5.38 My next questions are about the person you consider to be like a father to (CHILD). What is his first name?

ECCO

REFUSED -3 →

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

5.39 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

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

ECCO

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

5.41 **INTERVIEWER: CHECK Q5.8C. IS FATHER-FIGURE LIVING IN HOUSEHOLD?**

- YES 01 → **ASK A**
- NO 00 → **ASK B**

A. Has (FATHER-FIGURE) been living with you since (CHILD) was born?

- YES 01 → **GO TO Q5.42**
- NO 00 → **ASK C**

B. Has (FATHER-FIGURE) lived with you at all since (CHILD) was born?

- YES 01 → **ASK C**
- NO 00 → **GO TO Q5.42**

C. Since (CHILD) was born, how many months altogether has (FATHER-FIGURE) lived with you and (CHILD)?

|__|__| MONTHS

5.42 In the past month, how often has (FATHER-FIGURE) taken care of (CHILD) while you did other things? Is it . . .

CCDP

PROBE: In the last 30 days.

CIRCLE ONE

SHOW
CARD
5

- 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

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

5.43 **DELETED FROM THIS VERSION.**

5.44 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. Feeding (CHILD)	01	02	03	04	05	06	-1
C. DELETED							
D. Going to the playground or for a walk outside	01	02	03	04	05	06	-1
E. Playing with (CHILD) at home	01	02	03	04	05	06	-1

5.45 **DELETED FROM THIS VERSION.**

5.46-
5.48 **SECTION 5D - FAMILY CONFLICT - DELETED FROM THIS VERSION.**

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 Q6.4**

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-

6.3 **DELETED FROM THIS VERSION.**

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

YES 01

NO 00 → **GO TO Q6.4C**

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 Q6.7**

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 03
- READ A STORY 04
- TELL A STORY 05
- CUDDLE/RUB BABY'S BACK 06
- PLAY GAME 07
- TALK 08
- GIVE BOTTLE/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

6.5-

6.6 **DELETED FROM THIS VERSION.**

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

PROBE: The same place.

- YES 01
- NO 00 → **GO TO Q6.8**

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

--	--

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

6.8 **INTERVIEWER: CHECK Q3.1, PAGE 16. DO PARENT AND CHILD LIVE WITH ANYONE ELSE?**

- YES 01
- NO 00 → **GO TO Q7.3**

6.9 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.

		STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
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 7

PARENT-CHILD ACTIVITIES

7.1-7.2 DELETED FROM THIS VERSION.

7.3 How often does your household celebrate national holidays such as July 4th, or Thanksgiving? Would you say you celebrate occasions like these . . .

CIRCLE ONE

- Never or hardly ever, 01
- Sometimes, or 02
- Almost every time they occur? 03

7.4 How often does your household celebrate religious holidays? Would you say you celebrate occasions like these . . .

CIRCLE ONE

- Never or hardly ever, 01
- Sometimes, or 02
- Almost every time they occur? 03

A. What about other occasions, or days that celebrate your national, ancestral or racial heritage such as Kwanzaa, Diez y Seis de Septiembre, Dia de los Muertos, patron saints days? Would you say you celebrate occasions like these . . .

CIRCLE ONE

- Never or hardly ever, 01
- Sometimes, or 02
- Almost every time they occur? 03

7.5 Did you celebrate (CHILD)'s first birthday?

- YES 01
- NO 00 → **GO TO Q7.7**

DELETED A AND B FROM THIS VERSION.

7.6 DELETED FROM THIS VERSION.

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

SCS
SNOW

HOME

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?

PROBE: In the last 30 days.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

SHOW
CARD
9

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

SECTION 8
PARENT'S ACTIVITIES

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

A. 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 Q8.3**

8.1 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 is/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

8.2 **DELETED FROM THIS VERSION.**

8.3 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

8.4 Now, I am going to name some things that people sometimes have difficulty reading. I'd like you to tell me if you have any difficulty reading any of the following in English. Do you have any difficulty reading . . .

SNOW

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	YES	SOMETIMES	NO	NA
B. Directions for taking medicines?	01	02	00	XX
C. Forms or notes from your child's child care or school?	01	02	00	-4
D. Labels on food packages?	01	02	00	XX
E. Recipes?	01	02	00	XX
F. Children's books?	01	02	00	XX
<hr style="width: 50%; margin: 0 auto;"/> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>				

8.5 Do you ever read these kinds of things in another language?

- YES 01
 NO 00 → **GO TO Q8.7**

A. In what language do you read these materials?

CIRCLE ONE

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

8.6 Please tell me if you have any difficulty reading any of the following in (LANGUAGE IN Q8.5A). Do you have any difficulty reading . . .

IF MORE THAN ONE LANGUAGE IN Q8.5A, ASK FOR ONE USED THE MOST.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	YES	SOMETIMES	NO	NA
B. Directions for taking medicines?	01	02	00	XX
C. Forms or notes from your child's child care or school?	01	02	00	-4
D. Labels on food packages?	01	02	00	XX
E. Recipes?	01	02	00	XX
F. Children's books?	01	02	00	XX

8.7

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

8.8

Since (CHILD)'s birth, (but not counting days in the hospital just after (his/her) birth), 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 SECTION 9**

8.9

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

|__|__| TIMES

A. And, altogether, how many weeks were you separated?

|__|__| WEEKS

8.10 **A. AND B. ARE DELETED FROM THIS VERSION.**

C. 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 RELATIVE 10

D. DELETED FROM THIS VERSION.

E. Where did (CHILD) stay during (that/those) separation(s)?

PROBE: Any place else?

CIRCLE ALL THAT APPLY

WITH CHILD'S OTHER PARENT 01

WITH MATERNAL GRANDPARENT 02

WITH PATERNAL GRANDPARENT 03

WITH OTHER RELATIVE/FRIEND 04

WITH FOSTER PARENT 05

IN INSTITUTION/GROUP HOME 06

IN HOSPITAL 07

OTHER (SPECIFY) 08

_____ | |

MOTHER 09

FATHER 10

8.11 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 . . .

HOME

CIRCLE ONE

Only 1, 01

2-3, 02

4-5, or 03

6 or More? 04

SECTION 9
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.

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

IHDP

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

	<u>CODE FIRST MENTIONED</u>
NOTHING--IGNORE CHILD	01
KEEP (HIM/HER) IN PLAYPEN (STROLLER, CRIB, WALKER) AND OUT OF EVERYTHING	02
SLAP (HIS/HER) HAND WHENEVER (HE/SHE) TOUCHES SOMETHING ..	03
TELL (HIM/HER) "NO!" AND EXPECT (HIM/HER) TO OBEY	04
TELL (HIM/HER) "NO!" AND EXPLAIN WHY	05
PUT (CHILD) IN (HIS/HER) ROOM	06
GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	07
SHOUT AT (HIM/HER)	08
PUT THINGS OUT OF REACH	09
OTHER (SPECIFY)	10
_ _	
OTHER (SPECIFY)	11
_ _	
DISTRACT THE CHILD WITH A TOY/SONG/GAME/ ACTIVITY	12
TAKE CHILD AWAY	13

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



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

	<i>CODE FIRST MENTIONED</i>
IGNORE (HIM/HER)	01
STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY	02
TAKE FOOD AWAY	03
FORCE (CHILD) TO EAT	04
PUNISH (HIM/HER) VERBALLY	05
PUNISH (HIM/HER) PHYSICALLY	06
MAKE NEW FOOD	07
PLAY A GAME TO GET (HIM/HER) TO EAT	08
BRIBE (HIM/HER)	09
EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER)	10
SEND (CHILD) TO (HIS/HER) ROOM	11
GIVE (CHILD) “TIME OUT” (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	12
OTHER (SPECIFY)	13
_____	_ _
OTHER (SPECIFY)	14
_____	_ _
CONTINUE TRYING TO FEED, BUT DON’T FORCE (CHILD)	15

9.3 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?

	<u>CODE FIRST MENTIONED</u>
IGNORE (HIM/HER); NOT TALK TO (HIM/HER)	01
SLAP OR PHYSICALLY PUNISH (HIM/HER)	02
PICK UP CHILD AND LEAVE THE PLACE	03
LEAVE AND EXPECT CHILD TO FOLLOW	04
PUNISH (HIM/HER) VERBALLY	05
SHAKE (HIM/HER)	06
SHOUT AT (CHILD)	07
TELL (CHILD) YOU WILL PUNISH (HIM/HER) AT HOME	08
THREATEN TO TAKE AWAY TREATS	09
THREATEN “TIME OUT” WHEN YOU GET HOME	10
OTHER (SPECIFY)	11
_____	_ _
OTHER (SPECIFY)	12
_____	_ _
GIVE (CHILD) FOOD	13
HOLD (CHILD)	14

9.4 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?

HOME

PROBE: Last seven days.

YES 01

NO 00 → GO TO SECTION 10

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

|_|_| TIMES

SECTION 10A: HOME

NOTE: IN QS. 10.1-10.2 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.

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

		<u>NUMBER OF TOYS</u>
<div style="border: 1px solid black; padding: 2px; 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: 2px; 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, crib gym, door swing, jump swing, 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: 2px; 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>
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">SHOW CARD 14</div>	<p>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 . . .</p> <p style="margin-left: 20px;"><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></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>
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 01
	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 01
	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 walker, or kiddie cars. Would you say (he/she) has . . .	None 01
	1-2 02
	3-4 03
	5 or more 04

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

	<u>YES</u>	<u>NO</u>
A. A highchair?	01	00
B. A child-sized table and chair?	01	00
C. A playpen?	01	00
D. A booster chair?	01	00
E. Any mobiles?	01	00

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

	<u>CIRCLE ONE</u>
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

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

PROBE: Anything else?

--	--	--

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. 08
 - OTHER (SPECIFY) 09
-
- | | | |
|--|--|--|
| | | |
|--|--|--|
- TAKES CHILD OUTSIDE 10
 - GIVES CHILD BATH 11
 - CHILD DOES NOT GET BORED 12

10.5 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

10.6 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

--	--

10.7 Let's say (CHILD) is trying to feed (him/her)self and takes the spoon, but isn't able to get the food to (his/her) mouth. What do you usually do?

CIRCLE ONE

- TAKE SPOON AWAY AND FEED CHILD 01
- FEED CHILD BUT LET (HIM/HER) KEEP TRYING 02
- TRY AND SHOW CHILD HOW TO DO IT 03

10.8 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

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

ALLOW IT 01

DISCOURAGE IT 02

10.10 **CODE WITHOUT ASKING IF OBSERVED.**

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

YES 01

NO 00

10.11 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, or 02

Stop your housework to amuse (CHILD)? .. 03

Let (CHILD) help you 04

OTHER (SPECIFY) 05

_____ | |

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

YES 01

NO 00

SECTION 10B

**MacARTHUR COMMUNICATIVE DEVELOPMENT
INVENTORY: SHORTENED VOCABULARY AND GESTURES**

10.13 Some children (CHILD)'s age are starting to understand and to say a few words. I have a list of words for you to look at (GIVE LIST TO PARENT). For each word, please tell me if (CHILD) understands the word but does not yet say it, or if (he/she) understands and also says it. Would you like to read this list on your own or do it together?

ON OWN 01 → **GIVE LIST. READ INSTRUCTION TOGETHER. AT END CHECK FOR COMPLETENESS.**

TOGETHER 02 → **CONTINUE**

If your child uses or understands a similar word or uses a different pronunciation, please tell me what it is. For example, if (he/she) says “doggie” for “dog” that counts.

- A. Does (CHILD) understand (READ WORD)? **(CODE IN COLUMN “A”. IF NO, GO TO NEXT ITEM. IF YES, ASK “B”).**
- B. **IF CHILD UNDERSTANDS, ASK:** Does (he/she) also say (READ WORD)?

CHILD MAY SAY WORD IN A BABY WAY, E.G., BLANKIE, POON, ETC. BUT MAKING A GESTURE WITHOUT USING WORD DOES NOT RATE AS “SAYS” WORD.

	A.		B.	
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
1. Choo Choo	00 (GO TO 2)	01 (B)	02	00
2. Meow	00 (GO TO 3)	01 (B)	02	00
3. Ouch	00 (GO TO 4)	01 (B)	02	00
4. Uh oh	00 (GO TO 5)	01 (B)	02	00
5. Bird	00 (GO TO 6)	01 (B)	02	00
6. Dog	00 (GO TO 7)	01 (B)	02	00

	A.		B.	
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
7. Duck	00 (GO TO 8)	01 (B)	02	00
8. Kitty	00 (GO TO 9)	01 (B)	02	00
9. Lion	00 (GO TO 10)	01 (B)	02	
10. Mouse	00 (GO TO 11)	01 (B)	02	00
11. Car	00 (GO TO 12)	01 (B)	02	00
12. Stroller	00 (GO TO 13)	01 (B)	02	00
13. Ball	00 (GO TO 14)	01 (B)	02	00
14. Book	00 (GO TO 15)	01 (B)	02	00
15. Doll	00 (GO TO 16)	01 (B)	02	00
16. Bread	00 (GO TO 17)	01 (B)	02	00
17. Candy	00 (GO TO 18)	01 (B)	02	00
18. Cereal	00 (GO TO 19)	01 (B)	02	00
	00 (GO TO 20)	01 (B)	02	00
20. Toast	00 (GO TO 21)	01 (B)	02	00
	00 (GO TO 22)	01 (B)	02	00
22. Pants	00 (GO TO 23)	01 (B)	02	00
	00 (GO TO 24)	01 (B)	02	00
24. Sock	00 (GO TO 25)	01 (B)	02	00
	00 (GO TO 26)	01 (B)	02	00
26. Head	00 (GO TO 27)	01 (B)	02	00
	00 (GO TO 28)	01 (B)	02	00
28. Nose	00 (GO TO 29)	01 (B)	02	00
	00 (GO TO 30)	01 (B)	02	00
30. Chair	00 (GO TO 31)	01 (B)	02	00
	00 (GO TO 32)	01 (B)	02	00
32. Kitchen	00 (GO TO 33)	01 (B)	02	00
	00 (GO TO 34)	01 (B)	02	00
34. Television (TV)	00 (GO TO 35)	01 (B)	02	00
	00 (GO TO 36)	01 (B)	02	00
36. Bottle	00 (GO TO 37)	01 (B)	02	00
	00 (GO TO 38)	01 (B)	02	00

	A.		B.	
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
38. Dish	00 (GO TO 39)	01 (B)	02	00
39. Lamp	00 (GO TO 40)	01 (B)	02	00
40. Radio	00 (GO TO 41)	01 (B)	02	00
41. Spoon	00 (GO TO 42)	01 (B)	02	00
42. Flower	00 (GO TO 43)	01 (B)	02	00
43. Home	00 (GO TO 44)	01 (B)	02	00
44. Moon	00 (GO TO 45)	01 (B)	02	00
45. Outside	00 (GO TO 46)	01 (B)	02	00
46. Plant	00 (GO TO 47)	01 (B)	02	00
47. Rain	00 (GO TO 48)	01 (B)	02	00
48. Rock	00 (GO TO 49)	01 (B)	02	00
49. Water	00 (GO TO 50)	01 (B)	02	00
50. Babysitter	00 (GO TO 51)	01 (B)	02	00
51. Girl	00 (GO TO 52)	01 (B)	02	00
52. Grandma	00 (GO TO 53)	01 (B)	02	00
53. Mommy	00 (GO TO 54)	01 (B)	02	00
54. Bath	00 (GO TO 55)	01 (B)	02	00
55. Don't	00 (GO TO 56)	01 (B)	02	00
56. Hi	00 (GO TO 57)	01 (B)	02	00
57. Night Night	00 (GO TO 58)	01 (B)	02	00
58. Patty Cake	00 (GO TO 59)	01 (B)	02	00
59. Please	00 (GO TO 60)	01 (B)	02	00
60. Wait	00 (GO TO 61)	01 (B)	02	00
61. Break	00 (GO TO 62)	01 (B)	02	00
62. Feed	00 (GO TO 63)	01 (B)	02	00
63. Finish	00 (GO TO 64)	01 (B)	02	00
64. Cup	00 (GO TO 65)	01 (B)	02	00
65. Help	00 (GO TO 66)	01 (B)	02	00
66. Jump	00 (GO TO 67)	01 (B)	02	00
67. Kick	00 (GO TO 68)	01 (B)	02	00
68. Kiss	00 (GO TO 69)	01 (B)	02	00

	A.		B.	
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
69. Push	00 (GO TO 70)	01 (B)	02	00
70. Sing	00 (GO TO 71)	01 (B)	02	00
71. Smile	00 (GO TO 72)	01 (B)	02	00
72. Night	00 (GO TO 73)	01 (B)	02	00
73. Today	00 (GO TO 74)	01 (B)	02	00
74. All Gone	00 (GO TO 75)	01 (B)	02	00
75. Big	00 (GO TO 76)	01 (B)	02	00
76. Broken	00 (GO TO 77)	01 (B)	02	00
77. Dark	00 (GO TO 78)	01 (B)	02	00
78. Fast	00 (GO TO 79)	01 (B)	02	00
79. Hurt	00 (GO TO 80)	01 (B)	02	00
80. Pretty	00 (GO TO 81)	01 (B)	02	00
81. Soft	00 (GO TO 82)	01 (B)	02	00
82. I	00 (GO TO 83)	01 (B)	02	00
83. Me	00 (GO TO 84)	01 (B)	02	00
84. How	00 (GO TO 85)	01 (B)	02	00
85. Who	00 (GO TO 86)	01 (B)	02	00
86. Away	00 (GO TO 87)	01 (B)	02	00
87. Out	00 (GO TO 88)	01 (B)	02	00
88. Other	00 (GO TO 89)	01 (B)	02	00
89. Some	00 (GO TO Q10.13A)	01 (B)	02	00

10.13A Does (CHILD) do any of the following?

	<u>YES</u>	<u>NO</u>
Play peek-a-boo?	01	00
Play pattycake?	01	00
Play "so big"?	01	00
Play chasing games?	01	00
Sing?	01	00
Dance?	01	00

10.14 Next, I'd like to ask you some questions about the way (CHILD) uses gestures to make (him/her)self understood. I'll also ask about some of the pretend games (he/she) may be starting to play.

When children are first learning to communicate, they often use gestures to make their wishes known. As I describe each action, please tell me how often (CHILD) does it.

How often does (CHILD) (READ ITEM)? Does (he/she) do this often, sometimes, or does he not do this yet?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Often	Sometimes	Not Yet
A. Extend (his/her) arm to show you something (he/she) is holding	01	02	03
B. Reach out and give you a toy or some object that (he/she) is holding	01	02	03
C. Point (with an arm and index finger extended) at some interesting object or event	01	02	03
D. Wave bye-bye on (his/her) own when someone leaves	01	02	03
E. Extend (his/her) arm upward to signal a wish to be picked up	01	02	03
F. Shake (his/her) head "no"	01	02	03
G. Nod (his/her) head "yes"	01	02	03
H. Gesture "hush" by placing (his/her) finger to (his/her) lips	01	02	03
I. Request something by extending (his/her) arm and opening and closing (his/her) hand	01	02	03
J. Blow kisses from a distance	01	02	03
K. Smack (his/her) lips in a "yum yum" gesture to indicate that something tastes good	01	02	03
L. Shrug to indicate "all gone" or "where'd it go"	01	02	03

10.15-

10.17 **ARE DELETED FROM THIS VERSION.**

10.18 **SECTION 10C - MOTOR DEVELOPMENT - DELETED FROM THIS VERSION.**

11.1-

11.8 **SECTION 11 - SOCIAL SUPPORT - DELETED FROM THIS VERSION.**

SECTION 12

HOW PARENT HAS BEEN FEELING

12.1 Next, I am going to read you some statements that describe some feelings or attitudes that people often have. For each one, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree.

Pearlin

(READ STATEMENT). Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this *for you?*

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
A. There is really no way you can solve some of the problems you have	01	02	03	04
B. Sometimes you feel that you are being pushed around in life	01	02	03	04
C. You have little control over the things that happen to you	01	02	03	04
D. You can do just about anything you really set your mind to do	01	02	03	04
E. You often feel helpless in dealing with the problems of life	01	02	03	04
F. What happens to you in the future depends mostly on you	01	02	03	04
G. There is little you can do to change many of the important things in your life	01	02	03	04

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

MOS 1,3

CIRCLE ONE

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

12.3 **DELETED FROM THIS VERSION.**

12.4

CESD

I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how often you have felt this way during the past week.

SHOW CARD 16

How often during the past week have you felt (READ STATEMENT)--would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time? **REPEAT FOR B-T AND CIRCLE ONE CODE FOR EACH.**

PROBE: During the last 7 days.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)
A. Bothered by things that usually don't bother you	01	02	03	04
B. You did not feel like eating; your appetite was poor	01	02	03	04
C. That you could not shake off the blues, even with help from family and friends ..	01	02	03	04
D. That you were as good as other people	01	02	03	04
E. You had trouble keeping your mind on what you were doing	01	02	03	04
F. Depressed	01	02	03	04
G. That everything you did was an effort ...	01	02	03	04
H. Hopeful about the future	01	02	03	04
I. Your life has been a failure	01	02	03	04
J. Fearful	01	02	03	04
K. Your sleep was restless	01	02	03	04
L. You were happy	01	02	03	04
M. You talked less than usual	01	02	03	04
N. You felt lonely	01	02	03	04
O. People were unfriendly	01	02	03	04
P. You enjoyed life	01	02	03	04
Q. You had crying spells	01	02	03	04
R. You felt sad	01	02	03	04
S. You felt that people dislike you	01	02	03	04
T. You could not get "going"	01	02	03	04

12.5-12.25 ARE DELETED FROM THIS VERSION.

SECTION 13

STRESSFUL EVENTS

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

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	<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 gotten married?	01	00
4. Have you had trouble in the past year finding a good place to live?	01	00
5. Have you had a relative or close friend in jail?	01	00
6. Have you started a new job?	01	00
7. Have you been hassled pretty often by bill collectors or collection agencies?	01	00
8. Has your electricity or phone been cut off?	01	00
9. Have you had an increase in income?	01	00
10. Have you had people living with you--relatives or friends--who you wish weren't there?	01	00
11. Have you had neighbors giving you problems?	01	00
12. Have you made up with your (spouse/partner [boy/girl]friend)?	01	00
13. Has someone you were close to died or been killed in the last year?	01	00
14. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?	01	00
15. Have you finished a course, or an education in job training program?	01	00
16. Has someone abused you physically, emotionally, or sexually?	01	00
17. Have you had a lot of arguments with (a partner or [boy/girl] friend/your spouse)? .	01	00
18. Have you had some sort of problems with any of your former [boy/girl]friends (or spouse)?	01	00
19. Have you lost welfare benefits	01	00
20. Lost or not been able to get health insurance	01	00

IF BAYLEY OR VIDEOTAPING NOT DONE YET, DO THEM BEFORE SECTION 14.

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

--	--

FOLLOW-UP INTERVIEW WITH CHILD CARE PROVIDER

14.6 CHECK QUESTIONS 4.0 AND 4.0A. IS (CHILD) IN CHILD CARE NOW?

YES 01

NO 00 → **GO TO Q14.9**

14.7-0 CHECK QUESTIONS 4.9, 4.11 AND 4.23. DOES ANY ELIGIBLE PROVIDER CURRENTLY CARE FOR FOCUS CHILD 10 HOURS OR MORE PER WEEK?

YES 01 → **GO TO Q14.7**

NO 00 → **GO TO Q14.9**

14.7 LIST FULL NAME OF PROVIDER.

OFFICE ONLY

PROVIDER ID: |_|_|_|_|_|_|_|_|_|_|

14.8 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 Q14.9

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.

TRACKING INFORMATION AND INTERVIEWER OBSERVATIONS

14.9 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.

14.10 **INTERVIEWER: IF TELEPHONE NUMBER NOT KNOWN WITH CERTAINTY, ASK. IF TELEPHONE NUMBER KNOWN WITH CERTAINTY, VERIFY.**

(What is/Is TELEPHONE NUMBER) your telephone number?

TELEPHONE NUMBER SAME AS
ON CONTACT SHEET 01

NEW TELEPHONE NUMBER |_|_|_|-|_|_|_|-|_|_|_|_|

NO TELEPHONE 00

REFUSED -3

→ **GO TO Q14.15**

14.11 Is that your telephone, or is it someone else's?

SAMPLE MEMBER'S 01 → **GO TO Q14.19**

OTHER'S 00

14.12 Whose telephone is it?

NAME: _____

REFUSED -3

14.13 What is (his/her/their) address?

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

REFUSED -3

SAME AS SAMPLE MEMBER'S -4

14.14 What is (his/her/their) relationship to you?

- A. PARENT OR STEPPARENT 01
- B. AUNT OR UNCLE 02
- C. GRANDPARENT 03
- D. SIBLING 04
- E. OTHER RELATIVE (SPECIFY) . . 05
- _____
- F. FRIEND 06
- G. OTHER (SPECIFY) 07
- _____
- H. REFUSED -3

INTERVIEWER: GO TO Q14.19

14.15 Can you give me a number where you can be reached?

- TELEPHONE NUMBER |_|_|_|-|_|_|_|-|_|_|_|_|
- NO 01
- REFUSED -3
- } → **GO TO Q14.19**

14.16 Whose telephone is that?

- NAME: _____
- REFUSED -3

14.17 What is (his/her/their) address?

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

DON'T KNOW -1

REFUSED -3

14.18 What is (his/her/their) relationship to you?

CIRCLE ALL THAT APPLY

A. PARENT OR STEPPARENT 01

B. AUNT OR UNCLE 02

C. GRANDPARENT 03

D. SIBLING 04

E. OTHER RELATIVE (SPECIFY) .. 05

F. FRIEND 06

G. OTHER (SPECIFY) 07

H. REFUSED -3

14.19 Please give me your permanent address and telephone number.

SAMPLE MEMBER'S PERMANENT ADDRESS

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

PROBE FOR FULL NAMES, INCLUDING MIDDLE INITIALS.

PROBE FOR NICKNAMES.

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.20 Please give me your mother's name, address, and telephone number.

MOTHER'S NAME, ADDRESS, AND TELEPHONE NUMBER

MOTHER'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

MOTHER'S SPOUSE'S NAME (IF APPLICABLE):

MOTHER DECEASED -4

SAME AS SAMPLE MEMBER'S -2

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.21 Please give me your father's name, address, and telephone number.

FATHER'S NAME, ADDRESS, AND TELEPHONE NUMBER

FATHER'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

FATHER'S SPOUSE'S NAME (IF APPLICABLE):

FATHER DECEASED -4

SAME AS SAMPLE MEMBER'S -2

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.22 What is your grandparents' name, address, and telephone number?

GRANDPARENTS' NAME, ADDRESS, AND TELEPHONE NUMBER

MOTHER'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):

GRANDPARENT DECEASED -4

SAME AS SAMPLE MEMBER -2

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.23 Do you have an address for another one of your grandparents?

OTHER GRANDPARENTS' ADDRESS

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):

DECEASED -4

SAME AS SAMPLE MEMBER'S -2

NO OTHER ADDRESS 00

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.24 What are the names, addresses, and telephone numbers of relatives who will know how to contact you a year from now?

OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER

OTHER RELATIVE'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):

DOES NOT HAVE OTHER
RELATIVES -4

SAME AS SAMPLE MEMBER -2

NO OTHER CONTACTS 00 → **GO TO Q14.28**

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.25 What are the names, addresses, and telephone numbers of relatives who will know how to contact you a year from now?

OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER

OTHER RELATIVE'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):

DOES NOT HAVE OTHER
RELATIVES -4

SAME AS SAMPLE MEMBER'S -2

NO OTHER CONTACTS 00 → **GO TO Q14.28**

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.26 What are the names, addresses, and telephone numbers of close friends who will know how to contact you a year from now?

CLOSE FRIENDS' NAME, ADDRESS, AND TELEPHONE NUMBER

OTHER RELATIVE'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):

DOES NOT HAVE ANY CLOSE
FRIENDS -4

SAME AS SAMPLE MEMBER'S -2

NO OTHER CONTACTS 00 → **GO TO Q14.28**

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT OR VERIFY:

14.27 Anyone else?

OTHER PERSONS' NAME, ADDRESS, AND TELEPHONE NUMBER

OTHER RELATIVE'S FULL NAME: _____

NICKNAME: _____

STREET ADDRESS: _____ APT. NO. _____

CITY: _____

STATE: _____ ZIP CODE: _____

(_____)
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):

SAME AS SAMPLE MEMBER'S -4

NO OTHERS 00

14.28 **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 FROWNED 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 Q15.22**

B. WHEN DID YOU FIND OUT?

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

15.22 DID THE CHILD . . .

	<u>YES</u>	<u>NO</u>	<u>DIDN'T OBSERVE</u>
STAND ALONE	01	00	-4
WALK AT LEAST 2 STEPS WITHOUT HOLDING ON TO ANYTHING	01	00	-4
RUN	01	00	-4
WALK UP STEPS HOLDING ON	01	00	-4
WALK UP STEPS WITHOUT HOLDING ON	01	00	-4

15.23 WERE ANY SECTIONS DONE BY PHONE?

- YES 01
- NO 00 → **GO TO Q15.24**

A. WHICH ONES?

- 01 02 03 04 05 06 07 08
- 09 10 11 12 13

15.24 A. HOW WELL WAS THE RESPONDENT ABLE TO ANSWER QUESTIONS ABOUT THE CHILD (FOR EXAMPLE, HOW THE CHILD USUALLY BEHAVES OR WHAT THE CHILD'S DAILY ROUTINES ARE LIKE)?

VERY WELL; SEEMS TO KNOW THIS CHILD WELL 01

FAIRLY WELL; SEEMED HESITANT OR UNSURE ABOUT SEVERAL QUESTIONS BUT COULD ANSWER MOST QUESTIONS ABOUT THE CHILD 02

NOT WELL; SEEMED UNSURE ABOUT MOST QUESTIONS ABOUT THE CHILD; SEEMED NOT TO KNOW THE CHILD VERY WELL . . . 03

B. DID THE RESPONDENT HAVE HELP ANSWERING QUESTIONS FROM SOMEONE WHO SEEMED TO KNOW THE CHILD WELL?

YES 01

NO 00 → **GO TO Q15.24D**

C. WHO WAS THE PERSON'S HELPING TO ANSWER QUESTIONS?

CIRCLE ALL THAT APPLY

SPOUSE/PARTNER 01

RESPONDENT'S MOTHER 02

RESPONDENT'S FATHER 03

SOMEONE ELSE (WHO?) 04

D. WHO ELSE WAS PRESENT?

CIRCLE ALL THAT APPLY

SPOUSE/PARTNER 01

RESPONDENT'S MOTHER 02

RESPONDENT'S FATHER 03

OTHER CHILDREN 04

OTHER ADULTS 05

15.25 DID THE RESPONDENT HAVE ANY IMPAIRMENTS THAT LIMITED OR RESTRICTED (HIS/HER) ABILITY TO INTERACT WITH OR RESPOND TO THE FOCUS CHILD DURING THE VISIT?

YES 01

NO 00 → **GO TO Q15.26**

A. WHAT CONDITIONS? **DESCRIBE THEN CIRCLE ALL THAT APPLY**

CIRCLE ALL THAT APPLY

BLIND (TOTAL) 01

DEAF (TOTAL) 02

PARTIAL BLIND 03

PARTIAL DEAF 04

PARA- OR QUADRIPLEGIC 05

EXTREME OBESITY 06

IMPAIRED MOBILITY (DIFFICULTY
GETTING DOWN ON THE
FLOOR) 07

OTHER (SPECIFY) 08

PREGNANT 09

MILD RETARDATION/SLOW 10

15.26 DESCRIBE ANYTHING THAT YOU FEEL INTERFERED WITH OR INFLUENCED THE WAY THE RESPONDENTS ANSWERED THE QUESTIONS.

15.27

I HAVE READ THIS COMPLETED QUESTIONNAIRE AND CERTIFY THAT ALL QUESTIONS REQUIRING ANSWERS HAVE BEEN APPROPRIATELY FILLED IN, AND THAT THIS INTERVIEW HAS BEEN ADMINISTERED TO THE DESIGNATED SAMPLE MEMBER.

INTERVIEWER ID NUMBER |_|_|_|_|

DATE