

INTRODUCTION

NOTE: IF CORE SURVEY OF PARENTS NEEDS TO BE ADMINISTERED, READ BOLD TEXT TO PARENTS.

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 1½ (**2½ for parents, 2 for caregiver**) hours. The visit has three (**four**) parts. (**First, I need to ask you the survey questions we weren't able to complete on the telephone.**) I will do a short word task with you and with (CHILD) and measure (CHILD's) height and weight. Also, I will ask you some questions about (CHILD), your family routines, and how you are managing. Finally, a little later I will tell you about an opportunity to participate in another special project related to the Study.

While you, (CHILD) and I are working together, it would be best if we were not interrupted. As we go along, I will be telling you what we need you to do. Please, if you have any questions, feel free to ask! 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 anything you are not comfortable talking about or doing, please let me know and we will skip those questions. You will get \$50 for your time, and we have a book for (CHILD).

Before we start, I need you to read and sign this consent form agreeing to be part of the In-Home Study. Please let me know if you have any questions as you read the form.

HAND FORM TO RESPONDENT. CHECK FOR SIGNATURE. WRITE CASE ID # ON THE FORM.

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

0.1 IS THIS A GOOD TIME FOR CHILD?

YES 01 → **GO TO ACTIVITIES: WALK-A-LINE; ATTACHMENT Q-SORT; HEIGHT/WEIGHT; KIDS/MOMS PPVT/TVIP; CHILD CARE**

NO 00 → **GO TO QUESTION 0.2**

0.2 **WAS THE CORE SURVEY OF PARENTS QUESTIONNAIRE COMPLETED?**

YES, BY PHONE CENTER 01
YES, BY FIELD INTERVIEWER 02
NO 00

→ GO TO QUESTION 0.5
→ ADMINISTER CORE NOW,
THEN RETURN TO
QUESTION 0.3

0.3 **[CORE COMPLETED] HAVE YOU COMPLETED THE ACTIVITIES WITH RESPONDENT AND CHILD?**

YES 01 → GO TO QUESTION 0.5
NO 00 → GO TO QUESTION 0.4

0.4 **IS THIS A GOOD TIME FOR CHILD?**

YES 01 → GO TO ACTIVITIES: WALK-A-LINE; ATTACHMENT Q-SORT; HEIGHT/WEIGHT; KIDS/MOMS PPVT/TVIP; CHILD CARE
NO 00 → GO TO QUESTION 0.5

0.5 **WHAT IS THE RELATIONSHIP OF THE RESPONDENT TO THE CHILD?**

BIOLOGICAL MOTHER 01
BIOLOGICAL FATHER 02
MATERNAL GRANDMOTHER 03
MATERNAL GRANDFATHER 07
PATERNAL GRANDMOTHER 04
PATERNAL GRANDFATHER 08
OTHER RELATIVE (SPECIFY) 05

OTHER (SPECIFY) 06

START INTERVIEW, SECTION A

**IF ACTIVITIES NOT YET COMPLETED,
COMPLETE ACTIVITY BOOKLET WHEN
CHILD IS READY.**

A. HEALTH AND ACCIDENTS

Our first questions are about (CHILD's) health and development and how he/she is doing.

A1. In general, would you say (CHILD's) health is . . .

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

A2. Does (CHILD) have any physical disabilities?

- YES 01 → **GO TO A3**
- NO 00 → **GO TO A4**

A3. What type of physical disability does (he/she) have?

PROBE: Any other disabilities?

CIRCLE ALL THAT APPLY

- CEREBRAL PALSY 01
- TOTAL BLINDNESS 02
- PARTIAL BLINDNESS 03
- TOTAL DEAFNESS 04
- PARTIAL DEAFNESS 05
- DOWN'S SYNDROME 06
- PROBLEM WITH LIMBS (SPECIFY) 07
- _____
- OTHER (SPECIFY) 00
- _____

A4. In the last 12 months, approximately how many times has (CHILD) been seen by a doctor, nurse, or other health care professional for a regular check-up or “well-child visit?” Would you say . . .

PROBE: This is a visit to the doctor when (he/she) is not sick, but to get checked out or to get vaccinations.

- Never, 0
- 1-3 times, or 1
- 4 or more times? 2

A5. Does (CHILD) have a usual place for routine health care, such as regular check-ups?

PROBE: Do not include the emergency room.

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO A6**

A5A. Where does (CHILD) usually go for health care?

PROBE: Does (he/she) see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital or emergency room, a walk-in or emergency care center; or does (he/she) go somewhere else for health care?

CIRCLE ONE ONLY

- HOME..... 01
 - DOCTOR'S OFFICE/PRIVATE CLINIC/HMO 02
 - HOSPITAL OUTPATIENT CLINIC 03
 - OTHER CLINIC 04
 - HOSPITAL EMERGENCY ROOM 05
 - WALK-IN/EMERGENCY CARE CENTER..... 06
 - OTHER PLACE (SPECIFY) 07
-
- DON'T KNOW d
 - REFUSED r

A6. Is there a place that you usually go when you need routine health care, such as a physical examination or check-up?

- YES 01
- NO 00 → **GO TO A6B**

A6A. Where do you usually go for health care?

PROBE: Do you see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital or emergency room, a walk-in or emergency care center; or do you go somewhere else for health care?

CIRCLE ONE ONLY

- HOME 01
 - DOCTOR'S OFFICE/PRIVATE CLINIC/HMO 02
 - HOSPITAL OUTPATIENT CLINIC 03
 - OTHER CLINIC 04
 - HOSPITAL EMERGENCY ROOM 05
 - WALK-IN/EMERGENCY CARE CENTER..... 06
 - OTHER PLACE (SPECIFY) 07
-
- DON'T KNOW d
 - REFUSED r

A6B. How long has it been since your last routine check-up by a doctor or other health care professional? Please do not include any visits related to your pregnancy. Was it . . .

- 6 months ago or less, 01
- More than 6 months ago but not more than 1 year ago, 02
- More than 1 year, but not more than 2 years ago, or 03
- More than 2 years? 04

A7. In the last 12 months, how many times has (CHILD) been seen by a doctor, nurse, or other health care professional because of an illness, accident, or injury? Do not count visits to the emergency room.

|_|_| TIMES

NEVER 00 → **GO TO A9**

A8. (Was this visit/How many of those ([NUMBER IN A7] visits were), because of an accident or injury?

|_|_| TIMES

NONE 00

A9. In the last 12 months, how many times has (CHILD) been taken to the emergency room?

|_|_| TIMES

NONE 00 → **GO TO A11**

A10. (Was this visit/How many of these [NUMBER IN A9] visits were) to the emergency room because of an accident or injury?

|_|_| TIMES FOR ACCIDENT/INJURY

NONE 00

A11. In the last 12 months, has (CHILD) stayed overnight in a hospital?

YES 01

NO 00 → **GO TO A15**

A12. In the last 12 months, how many times has (CHILD) stayed overnight in a hospital?

PROBE: Count each stay, even if it lasted a few nights, as one stay.

|_|_| TIMES

NONE 00 → **GO TO A15**

A13. (Was this hospitalization/How many of these hospitalizations were) because of an accident or injury?

|_|_| TIMES FOR ACCIDENT/INJURY

NONE 00

A14. How long did (CHILD) stay in the hospital during (his/her) (longest) stay?

|_|_|_| DAYS

A15. **INTERVIEWER: CHECK A8, A10 AND A13. WERE THERE ANY DOCTOR OR EMERGENCY ROOM VISITS BECAUSE OF AN ACCIDENT OR INJURY (A8 OR A10 OR A13 = 1 OR MORE?)**

YES, AT LEAST ONE VISIT FOR
ACCIDENT OR INJURY 01

NO VISITS FOR AN ACCIDENT OR INJURY 00 → **GO TO A17**

A16. Children often have accidents or get hurt. We'd like to ask you a few questions about (the time/the most recent times) when (CHILD) had an accident or was injured. Please just tell me about accidents or injuries that required medical care.

	MOST RECENT ACCIDENT OR INJURY	NEXT MOST RECENT ACCIDENT OR INJURY	NEXT MOST RECENT ACCIDENT OR INJURY
A16A. Please tell me about (CHILD's) (most recent/next most recent) accident or injury. When did it happen? RECORD DATES FOR UP TO 3 ACCIDENTS. THEN—ASK A16B TO A16E FOR EACH ONE.	____/____/____ MONTH YEAR	____/____/____ MONTH YEAR	____/____/____ MONTH YEAR
A16B. Please tell me about the accident or injury on (DATE ABOVE). What happened? INTERVIEWER: USE QUESTIONS TO PROBE FOR INFORMATION AS NECESSARY. (Where did the accident or injury in (MONTH) happen? Was it . . .)	in a car, 01 in (his/her) home, or yard 02 in someone else's home, or yard 03 at day care or a school, 04 park playground or other public place, or 05 someplace else? (SPECIFY) 06 _____	in a car, 01 in (his/her) home, or yard 02 in someone else's home, or yard 03 at day care or a school, 04 park playground or other public place, or 05 someplace else? (SPECIFY) 06 _____	in a car, 01 in (his/her) home, or yard 02 in someone else's home, or yard 03 at day care or a school, 04 park playground or other public place, or 05 someplace else? (SPECIFY) 06 _____
A16C. (What kind of injury did (CHILD) have (that time)?) PROBE: Anything else?	CIRCLE ALL THAT APPLY BURNED OR SCALDED 01 BRUISED, CUT OR SCRAPED 02 SPRAIN OR DISLOCATION 03 BROKEN BONE 04 POISONED/MEDICINE OVERDOSE 05 EYE INJURY 06 HEAD INJURY 07 SWALLOWED AN OBJECT... 08 SOMETHING ELSE (SPECIFY) 00 _____	CIRCLE ALL THAT APPLY BURNED OR SCALDED 01 BRUISED, CUT OR SCRAPED 02 SPRAIN OR DISLOCATION 03 BROKEN BONE 04 POISONED/MEDICINE OVERDOSE 05 EYE INJURY 06 HEAD INJURY 07 SWALLOWED AN OBJECT... 08 SOMETHING ELSE (SPECIFY) 00 _____	CIRCLE ALL THAT APPLY BURNED OR SCALDED 01 BRUISED, CUT OR SCRAPED 02 SPRAIN OR DISLOCATION 03 BROKEN BONE 04 POISONED/MEDICINE OVERDOSE 05 EYE INJURY 06 HEAD INJURY 07 SWALLOWED AN OBJECT... 08 SOMETHING ELSE (SPECIFY) 00 _____
A16D. (Who was in charge of (CHILD) when (he/she) was injured (that time)?) PROBE: Anyone else?	CIRCLE ALL THAT APPLY MOTHER 01 RESIDENT FATHER 02 NON-RESIDENT FATHER 03 OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) 04 _____ BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER 05 FRIEND 06 FOSTER PARENT 07 CHILD WAS ALONE OR WITH CHILD UNDER 12 08	CIRCLE ALL THAT APPLY MOTHER 01 RESIDENT FATHER 02 NON-RESIDENT FATHER 03 OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) 04 _____ BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER 05 FRIEND 06 FOSTER PARENT 07 CHILD WAS ALONE OR WITH CHILD UNDER 12 08	CIRCLE ALL THAT APPLY MOTHER 01 RESIDENT FATHER 02 NON-RESIDENT FATHER 03 OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) 04 _____ BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER 05 FRIEND 06 FOSTER PARENT 07 CHILD WAS ALONE OR WITH CHILD UNDER 12 08
A16E. IS THERE ANOTHER ACCIDENT OR INJURY TO ASK ABOUT?	YES 01 → GO TO COLUMN 2 NO 00 → GO TO A17	YES 01 → GO TO COLUMN 3 NO 00 → GO TO A17	GO TO A17

A17. Has a doctor or other health professional ever told you that (CHILD) has asthma?

YES	01	} →	GO TO A20
NO	00		
DON'T KNOW	d		
REFUSED	r		

A18. During the past 12 months, has (CHILD) had an episode of asthma or an asthma attack?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

A19. During the past 12 months, how often did (CHILD) have to visit an emergency room or urgent care center because of asthma?

Never	01
Once	02
Twice	03
Three times	04
Four times or more	05

A20. Has (CHILD) ever been tested for lead poisoning?

YES	01	} →	GO TO A21
NO	00		
DON'T KNOW	d		
REFUSED	r		

A20A. What were the results?

NORMAL	01
BORDERLINE—DIDN'T REQUIRE TREATMENT	02
TOO HIGH—REQUIRED TREATMENT	03

A21. On average, how many hours a day does (CHILD) spend in the same room with someone who is smoking? Please include the time (he/she) spends with a babysitter or family member, or anyone else, who has been smoking.

|_|_| HOURS

DON'T KNOW d

REFUSED r

A22. Do you or does anyone else in your household smoke?

YES 01

NO 00 → **GO TO A25**

A23. Counting yourself, how many people in your household smoke?

|_|_| PEOPLE

A23A. In the past month, did you smoke cigarettes?

YES 01

NO 00 → **GO TO A25**

A23B. How many packs per day do you usually smoke?

NOTE: 20 CIGARETTES EQUALS ONE PACK

A HALF A PACK A DAY, OR LESS 01

ABOUT A PACK 02

A PACK AND A HALF 03

ABOUT 2 PACKS, OR 04

MORE THAN THAT 05

A24. Do you smoke in your home?

YES 01

NO 00

A25. How frequently does the (CHILD) ride in a car, van, or other vehicle? Is it . . .

- Rarely or never, 01 → **GO TO A27**
- Once or twice month, 02
- Once or twice a week, or 03
- Everyday or almost every day? 04

A26. How often does (CHILD) sit in a car seat, booster or wear a seat belt when riding in a car? Is it . . .

- Never, 01
- Once in a while, 02
- Some of the time, or 03
- All or most of time? 04
- DON'T KNOW d
- REFUSED r

A27. My next questions are about the things that (CHILD) is able to do by (himself/herself).

During the last 2 weeks, did (CHILD) . . .

	<u>YES</u>	<u>NO</u>
A. Get around the house without assistance?	01	00
B. Pick up and throw a ball or other object in the intended direction?	01	00
C. Need more help with eating than other children (his/her) age?	01	00
D. Go up and down stairs without assistance?	01	00
E. Dress (himself/herself)?	01	00
F. Get undressed without assistance?	01	00
G. Communicate with words so others can understand?	01	00

B. FAMILY ROUTINES

Now, I have some questions about (CHILD's) routines and other activities.

- B1. Think for a moment about a typical **weekday** for your family. How much time would you say (CHILD) spends watching television or watching videos on TV, either in your home or somewhere else?

PROBE: Include evening hours as well.

|_|_| HOURS PER DAY

00LESS THAN 1 HOUR PER WEEKDAY

- B1A. Now, think for a moment about a typical **weekend day** (Saturday or Sunday) for your family. How much time would you say (CHILD) spends watching television or watching videos on TV, either in your home or somewhere else?

PROBE: Include evening hours as well.

|_|_| HOURS PER WEEKEND DAY

00LESS THAN 1 HOUR PER WEEKEND DAY

- B2. Do you have a television?

YES 01

NO 00 → **GO TO B3**

- B2A. About how many hours is a television on in your home during a typical day?

PROBE: Include time when a television is on even if no one is watching it. Your best estimate will be fine.

|_|_| NUMBER OF HOURS

- B3. Does (CHILD) have a regular bedtime during the week?

YES 01

NO 00 → **GO TO B6**

B4. When is (his/her) regular bedtime?

|_|_|:|_|_| AM.....01
PM.....02

B5. How many times in the last week, Monday through Friday, was (he/she) put to bed at that time?

CIRCLE ONE ONLY

01 02 03 04 05 NIGHTS

B6. Who usually puts (CHILD) to sleep at night?

RESPONDENT 01
CHILD FATHER 02
RESPONDENTS PARTNER/BOYFRIEND 03
BOTH PARENTS 04
CHILD'S GRANDPARENT 05
OTHER FAMILY MEMBER (SPECIFY) 06

SOMEONE ELSE? (SPECIFY) 07

B6A. Some families have a routine of things they do when it is time to put a child to sleep. (Do you/Does the person who puts [CHILD] to bed) have a regular routine of things (you/they) do with (him/her) when (CHILD) is put to sleep?

YES 01

NO 00 → **GO TO B9**

B7. What kinds of things are part of the (CHILD's) regular bedtime routine?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

GIVE COMFORT TOY/OBJECT 01

(PROBE: COMFORT TOY = TEDDY BEAR,
STUFFED ANIMAL, DOLL, ETC.;
COMFORT OBJECT = BLANKET,
PILLOW, PIECE OF CLOTH, ETC.)

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

SAY PRAYERS 11

BRUSH TEETH 12

WATCH TV OR VIDEO 13

OTHER (SPECIFY) 14

B8. How many times in the last week, Monday through Friday, (were you/was the person who puts [CHILD] to sleep) able to follow this type of routine?

CIRCLE ONE ONLY

01 02 03 04 05 TIMES

B9. Does (CHILD) take a bottle to bed?

YES 01

NO 00 → **GO TO B10**

B9A. What is in the bottle?

- MILK 01
 - WATER 02
 - JUICE 03
 - OTHER (SPECIFY) 04
-

B10. Have you started brushing (CHILD)'s teeth yet?

- YES 01
- NO 00

B11. Does (CHILD) have one regular place where (he/she) is usually put to bed at night?

PROBE: By "regular place" we mean where (he/she) sleeps most nights.

- YES 01
- NO 00 → **GO TO B14**

B12. Where does (he/she) usually sleep?

CIRCLE ONE ONLY

- IN OWN ROOM—ALONE 01
- IN OWN ROOM—WITH OTHER CHILDREN 02
- ALONE IN LIVING ROOM..... 03
- ALONE IN OTHER ROOM..... 04
- WITH PARENT, IN ROOM..... 05
- WITH PARENT, IN BED..... 06
- WITH PARENT AND OTHER CHILDREN
IN ROOM..... 07
- WITH OTHER ADULT 08
- AT SOMEONE ELSE'S HOME (SPECIFY)..... 09

OTHER (SPECIFY) 10

B13. How many times in the last week, Monday through Friday, did (CHILD) go to sleep in this place?

CIRCLE ONE ONLY

01 02 03 04 05 TIMES

B14. Think a moment about a typical weekday for your family. How much time would you say (CHILD) spends playing outdoors, either at your home or somewhere else?

|__|__| HOURS PER DAY

00LESS THAN 1 HOUR PER WEEKDAY

B15. Now, think for a moment about a typical weekend day (Saturday or Sunday) for your family. How much time would you say (CHILD) spends playing outdoors, either at your home or somewhere else?

|__|__| HOURS PER DAY

00LESS THAN 1 HOUR PER WEEKEND DAY

B16. In a typical day, do you and (CHILD) get to eat together?

YES 01

NO 00 → **GO TO SECTION C**

B16A. In a typical day, do you eat (MEAL) with (CHILD)?

	<u>YES</u>	<u>NO</u>
A. Breakfast?	01	00
B. Lunch?	01	00
C. Dinner?.....	01	00

C. HOME TOY AND ACTIVITY ITEMS

Now I have some questions about the kinds of toys that (CHILD) has and how (he/she) likes to play.

INTERVIEWER NOTE: IN QS. C1-C2 INCLUDE IN THE COUNT IF THE TOY OR OBJECT BELONGS TO CHILD, OR BELONGS TO OTHER CHILD BUT FOCUS CHILD CAN USE.

INCLUDE IN THE COUNT IF THE CHILD HAS TOY BUT DOESN'T PLAY WITH TOY.

DO NOT COUNT IF IT IS LOST, BROKEN, STOLEN OR THE CHILD IS NOT ALLOWED TO PLAY WITH TOY.

C1. Thinking about toys that (CHILD) can play with around the (house/apartment) . . .

		<u>NUMBER OF TOYS</u>
C1A.	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 . . .	None..... 01 1-2 02 3-4 03 5 or more 04
SHOW CARD #1	<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>	
C1B.	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 . . .	None..... 01 1-2 02 3-4 03 5 or more 04
SHOW CARD #2	<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>	

NUMBER OF TOYS

C1C.	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 . . .	None..... 01 1-2 02 3-4 03 5 or more..... 04
SHOW CARD #3	<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>	
C1D.	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
SHOW CARD #4	<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>	
C1E.	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
C1F.	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
C1G.	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
C1H.	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

C2. CODE WITHOUT ASKING FOR OBJECTS OBSERVED:

Does (CHILD) have . . .

	<u>YES</u>	<u>NO</u>
C2A. A highchair or booster?	01	00
C2B. A child-sized table and/or chair?	01	00

C3. When you are doing housework and (CHILD) wants attention, do you . . .

CIRCLE ONE ONLY

- Stop your housework to feed or tend to (CHILD), 01
 - Try to finish quickly so you can feed
(him/her) or tend to (him/her),..... 02
 - Talk to or soothe (him/her) while
you finish your work, or 03
 - Let (CHILD) help you?..... 04
 - OTHER (SPECIFY) 05
-

NO C4 IN THIS VERSION.

C5. CHECK CONTACT SHEET. DO MOTHER AND FATHER CURRENTLY LIVE TOGETHER?

- YES01 → **ASK C6 AS “you or (FATHER)”**
- NO00 → **ASK C6 AS “you”**

C6. Now I would like to ask you some questions about things you (or [FATHER]) do with (CHILD).

For each activity, please tell me how many days a week you (or [FATHER]) usually do this in a typical week.

How many days a week do you (or [FATHER]) (READ ITEM)?

CIRCLE ONLY ONE RESPONSE FOR EACH STATEMENT.

		<u>DAYS PER WEEK</u>								<u>DON'T KNOW</u>
		0	1	2	3	4	5	6	7	d
C6A.	Have relatives visit you?	0	1	2	3	4	5	6	7	d
C6B.	Take (CHILD) grocery shopping with you?	0	1	2	3	4	5	6	7	d
C6C.	Take (CHILD) with you to an activity at a community center?	0	1	2	3	4	5	6	7	d
C6D.	Go to a public place like a zoo or museum with (CHILD)?	0	1	2	3	4	5	6	7	d
C6E.	Take (CHILD) with you to a religious service or religious event?	0	1	2	3	4	5	6	7	d
C6F.	Go to a restaurant or out to eat with (CHILD)?	0	1	2	3	4	5	6	7	d

C7. In the past month, how many different people have helped you out by watching (CHILD) when you were away from home, for example, visiting friends or going to the store, and couldn't take (him/her) with you? Would you say . . .

- 1-2 people,01
- 3-5 people, or02
- 6 or more?03
- NONE00

C8. About how many books written for adults do you have in the house? Is it . . .

- 1-9 books,..... 01
- 10-20 books, or 02
- More than 20 books?..... 03
- NONE 00

D. NUTRITION

Next I'll be asking questions about the amount of food you have in your house and how much you spend on food.

- D1. First I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometimes, or never true in the last 12 months, since (INTERVIEW MONTH), 2001.

PROBE: Include all members of your household.

(First) (READ ITEM). Was that often, sometimes, or never true in the last 12 months

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE
A. (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.....	01	02	03
B. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more	01	02	03
C. (I/We) couldn't afford to eat balanced meals.....	01	02	03
D. (We/I) relied on only a few kinds of low-cost food to feed (CHILD)/the children) because (we were/I was) running out of money to buy food.....	01	02	03
E. (I/We) couldn't feed ([CHILD]/the children) a balanced meal, because (I/we) couldn't afford that	01	02	03

- D2. **CHECK D1A TO D1E. WERE ANY OF THESE CODED "OFTEN TRUE(01)" OR "SOMETIMES TRUE(02)"?**

AT LEAST ONE CODED OFTEN TRUE OR
SOMETIMES TRUE 01

ALL CODED NEVER TRUE 00 → **GO TO SECTION E**

- D3. ([CHILD] was/The children were) not eating enough because (I/we) just couldn't afford enough food. (Was this often, sometimes or never true in the past 12 months?)

OFTEN TRUE 01

SOMETIMES TRUE 02

NEVER TRUE 03

D4. In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES 01

NO 00 → **GO TO D5**

D4A. How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH 01

SOME MONTHS BUT NOT EVERY MONTH 02

ONLY 1 OR 2 MONTHS 03

D5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES 01

NO 00

D6. In the last 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?

YES 01

NO 00

D7. Sometimes people lose weight because they don't have enough to eat. In the last 12 months, did you lose weight because there wasn't enough food?

YES 01

NO 00

D8. **CHECK D3 TO D7. WERE ANY OF THESE CODED "OFTEN TRUE" OR "SOMETIMES TRUE" OR "YES"?**

AT LEAST ONE CODED TRUE OR YES 01

NONE CODED TRUE OR YES 00 → **GO TO SECTION E**

D9. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES 01

NO 00 → **GO TO D10**

D9A. How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH 01

SOME MONTHS BUT NOT EVERY MONTH 02

ONLY 1 OR 2 MONTHS 03

D10. The next questions are about ([CHILD]/all the children living in your household who are under 18 years old).

In the last 12 months, since (INTERVIEW MONTH), 2001, did you ever cut the size of ([CHILD's]/any of the children's) meals because there wasn't enough money for food?

YES 01

NO 00

D11. In the last 12 months, did ([CHILD]/any of these children) ever skip a meal because there wasn't enough money for food?

YES 01

NO 00 → **GO TO D12**

D11A. How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH 01

SOME MONTHS BUT NOT EVERY MONTH 02

ONLY 1 OR 2 MONTHS 03

D12. In the last 12 months, (was [CHILD]/were the children) ever hungry, but you just couldn't afford more food?

YES 01

NO 00 → **GO TO SECTION E**

D13. In the last 12 months, did ([CHILD]/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES 01

NO 00

E. FOOD EXPENDITURES

E0. Does (CHILD) get free meals while at child care?

YES 01
 NO 00
 NOT IN CHILD CARE n
 DON'T KNOW d

E0A. **CHECK CONTACT SHEET. DOES RESPONDENT HAVE OTHER CHILDREN?**

YES 01
 NO 00 → **GO TO E1**
 DON'T KNOW d

E0B. Do any of your other children get free meals while at child care or in school?

YES 01
 NO 00
 DON'T KNOW d

E1. Did (you/you or anyone else in your family living there) use government food stamps, in the last month?

YES 01
 NO 00
 DON'T KNOW d } → **GO TO E2**

E1A1. About how much did (you/you or anyone else in your family living there) receive in food stamps last month?

\$|_|_|_|,|_|_|_|

DON'T KNOW d
 REFUSED r

E1A2. In addition to what you buy with food stamps, do (you/you and anyone else in your family) spend any money on food that you use at home?

- YES 01
 - NO 00
 - DON'T KNOW d
- } → **GO TO E3**

E2. How much did your family spend on food that you used at home during the last month? (You can tell me about how much you spent per week if that's easiest.)

NOTE: FOR FAMILIES THAT RECEIVE FOOD STAMPS, ADD: "This should not include what you buy with food stamps."

PROBE: Your best estimate is fine.

- \$, COST OF FOOD USED AT HOME
- DON'T KNOW d
 - REFUSED r
- } → **GO TO E2A**
- PER**
- DAY? 01
 - WEEK 02
 - TWO WEEKS 03
 - MONTH 04
 - OTHER (SPECIFY) 05

GO TO E3

E2A. Can you give me a range? Is it . . .

- Less than \$25 a week, 01
- \$26 to \$50, 02
- \$51 to \$75, 03
- \$76 to \$100, 04
- \$100 to \$150, or 05
- More than \$150 a week? 06
- DON'T KNOW d
- REFUSED r

E3. Do you have any food delivered to the door which isn't included in that amount?

- YES 01
- NO 00 → **GO TO E5**
- DON'T KNOW d → **GO TO E5**

E4. How much did you spend on take out food or food that was delivered during the last month? (You can tell me about how much you spent per week if that's easiest.)

PROBE: Your best estimate is fine.

\$ |__|__|,|__|__|__| COST OF FOOD DELIVERED

DON'T KNOW d } → **GO TO E4A**

REFUSED r }

PER

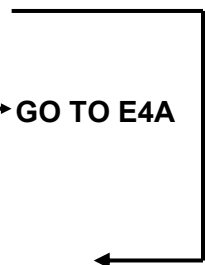
DAY 01

WEEK 02

TWO WEEKS 03

MONTH 04

OTHER (SPECIFY) 05



GO TO E5

E4A. Can you give me a range? Is it . . .

- Less than \$25 a week, 01
- \$26 to \$50, 02
- \$51 to \$75, 03
- \$76 to \$100, 04
- \$100 to \$150, or 05
- More than \$150 a week? 06
- DON'T KNOW d
- REFUSED r

E5. About how much did (you and everyone else in your family/you) spend eating out in the last month? (You can tell me about how much you spent per week if that's easiest.)

PROBE: Your best estimate is fine.

\$ |__|__|,|__|__|__| COST OF EATING OUT

DON'T KNOW d

REFUSED r

GO TO E5A

PER

DAY 01

WEEK 02

TWO WEEKS 03

MONTH 04

OTHER (SPECIFY) 05

GO TO E6

E5A. Can you give me a range? Is it . . .

Less than \$25 a week, 01

\$26 to \$50, 02

\$51 to \$75, 03

\$76 to \$100, 04

\$100 to \$150, or 05

More than \$150 a week? 06

DON'T KNOW d

REFUSED r

E6. How do you usually get to the grocery store where you do most of your shopping?
Do you . . .

CIRCLE ONE

- Drive a car, 01
- Take a taxi, 02
- Get a ride from a friend, 03
- Take public transportation
(bus, subway, etc.), or 04
- Walk? 05

E7. How long does it take you to get there?

- 15 minutes or less 01
- Around ½ hour 02
- Close to 1 hour or longer 03

E8. Do you do most of your shopping at a big supermarket, or at a smaller store, like a corner market or convenience store (or bodega)?

CIRCLE ONE

- Supermarket 01
 - Smaller store 02
 - Other (SPECIFY) 03
-

E9. While you were pregnant with (CHILD), did you receive any help from the Women, Infants, and Children (W.I.C.) program?

YES 01
NO 00
DON'T KNOW d

E10. What about during the first year of your child's life? During this time, did you receive any help from the Women, Infants, and Children (W.I.C.) program?

YES 01 → **GO TO E11**
NO 00
DON'T KNOW d } → **GO TO E12**

E11. What type of help did you receive? Was it . . .

Formula 01
Nutrition packet or supplement for yourself 02
Other (SPECIFY) 03

E12. What about during the second year of your child's life? During this time, did you receive any help from the Women, Infants, and Children (W.I.C.) program?

YES 01 → **GO TO E13**
NO 00
DON'T KNOW d } → **GO TO F1**

E13. What type of help did you receive? Was it . . .

Formula 01
Nutrition packet or supplement for yourself 02
Other (SPECIFY) 03

F. HOUSING/BUILDING CHARACTERISTICS

F1. WHAT FLOOR IS THE APARTMENT ON?

____|____| FLOOR

NOT APPLICABLE, SINGLE

FAMILY DWELLING n → **GO TO F3**

F1A. IS THIS AN APARTMENT ON THE 3RD FLOOR OR HIGHER?

YES 01

NO 00 → **GO TO F3**

F1B. IS THERE AN ELEVATOR?

YES 01

NO 00 → **GO TO F3**

F1C. IS IT OPERATIONAL?

YES 01

NO 00

F2. How often does the elevator in your building break down?

A few times a week 01

A few times a month 02

Less often than that/Never 03 → **GO TO F3**

F2A. How quickly is it fixed?

Same day 01

Same week 02

Longer than that 03

F3. How many rooms, not counting bathrooms, are in this (apartment/house)?

|_|_| NUMBER OF ROOMS

F4. How many bedrooms are in this (apartment/house)?

|_|_| NUMBER OF BEDROOMS

F5. How many people (adults and children) live here now?

|_|_| NUMBER OF PEOPLE

G. PARENTAL STRESS

G1. Having a child can sometimes be stressful. The next questions are about how stressful having (CHILD) has been for you and the ways in which you have had to adjust your life. For each statement, please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.

(READ STATEMENT). Do you strongly agree, agree, disagree, strongly disagree or you are not sure?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
A. You often have the feeling that you cannot handle things very well?	01	02	03	04	05
B. You find yourself giving up more of your life to meet your child(ren)'s needs than you ever expected?	01	02	03	04	05
C. You feel trapped by your responsibilities as a parent?	01	02	03	04	05
D. Since having (CHILD) you have been unable to do new and different things?	01	02	03	04	05
E. Since having (CHILD) you feel that you are almost never able to do things that you like to do?	01	02	03	04	05
F. There are quite a few things that bother you about your life?	01	02	03	04	05
G. Having (CHILD) has caused more problems than you expected in your relationship with men?	01	02	03	04	05
H. You feel alone and without friends?	01	02	03	04	05
I. When you go to a party, you usually expect to have a bad time?	01	02	03	04	05
J. You are less interested in people than you used to be?	01	02	03	04	05
K. You enjoy things less than you used to?	01	02	03	04	05
L. You are unhappy with the last purchase of clothing you made for yourself?	01	02	03	04	05

H. PARENTAL MASTERY

H1. If (CHILD) refuses to eat, what do you usually do?

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

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

	A CODE FIRST MENTIONED	B CODE SECOND MENTIONED
IGNORE (HIM/HER).....	01	01
STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY	02	02
TAKE FOOD AWAY	03	03
TAKE AWAY DESSERT.....	04	04
FORCE (CHILD) TO EAT.....	05	05
PUNISH (HIM/HER) VERBALLY.....	06	06
PUNISH (HIM/HER) PHYSICALLY	07	07
MAKE NEW FOOD.....	08	08
PLAY A GAME TO GET (HIM/HER) TO EAT	09	09
BRIBE (HIM/HER)	10	10
EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER)...	11	11
SEND (CHILD) TO (HIS/HER) ROOM	12	12
GIVE (CHILD) “TIME OUT” (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	13	13
CONTINUE TRYING TO GET CHILD TO EAT, BUT DON’T FORCE (HIM/HER)	14	14
TRY TO GET (HIM/HER) TO EAT AGAIN LATER.....	15	15
CALL DOCTOR/CHECK TO SEE IF SICK	16	16
NEVER REFUSES TO EAT	17	17
OTHER (SPECIFY)	18	18

OTHER (SPECIFY)	19	19

NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN).....		-4

H2. 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 CODE FIRST MENTIONED	B CODE SECOND MENTIONED
IGNORE (HIM/HER); NOT TALK TO (HIM/HER)	01	01
SPANK 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
GIVE CHILD FOOD	11	11
HOLD CHILD	12	12
DISTRACT/GIVE CHILD SOMETHING TO PLAY WITH.....	13	13
HASN’T HAPPENED	14	14
TALK TO CHILD	15	15
LET CHILD HAVE/DO WHAT HE/SHE WANTS	16	16
OTHER (SPECIFY)	17	17

OTHER (SPECIFY)	18	18

NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN)		-4

H3. For each of the following statements, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

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

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
A. I have little control over the things that happen to me	01	02	03	04
B. There is really no way I can solve some of the problems I have	01	02	03	04
C. There is little I can do to change many of the important things in my life	01	02	03	04
D. I often feel helpless in dealing with problems	01	02	03	04
E. Sometimes I feel that I'm being pushed around	01	02	03	04

NO SECTION I.

J. DISCIPLINE

SHOW
CARD 5

Children often do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when (CHILD) did something wrong or made you upset or angry.

I am going to read a list of things you might have done in the past year and I would like you to tell me how often you have done each thing in the past year. If you haven't done it in the past year but have done it before this, I would like to know this, too.

(First), how many times in the past year did you (READ ITEM)? Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened but not in the past year, or this never happened?

	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	YES BUT NOT IN THE PAST YEAR	THIS HAS NEVER HAPPENED
J1. Explain to (CHILD) why something (he/she) did was wrong	01	02	03	04	05	06	07	00
J2. Put (CHILD) in "time out" (or sent to (CHILD) to (his/her) room).....	01	02	03	04	05	06	07	00
J3. Shook (CHILD)	01	02	03	04	05	06	07	00
J4. Hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object	01	02	03	04	05	06	07	00
J5. Gave (him/her) something else to do instead of what (he/she) was doing	01	02	03	04	05	06	07	00
J6. Shouted, yelled, or screamed at (CHILD)	01	02	03	04	05	06	07	00
J7. Spanked (him/her) on the bottom with your bare hand	01	02	03	04	05	06	07	00
J8. Swore or cursed at (him/her)	01	02	03	04	05	06	07	00
J9. Said you would send (him/her) away or would kick (him/her) out of the house	01	02	03	04	05	06	07	00
J10. Threatened to spank or hit (him/her) but did not actually do it.....	01	02	03	04	05	06	07	00
J11. Slapped (him/her) on the hand, arm, or leg	01	02	03	04	05	06	07	00
J12. Took away privileges from (him/her)	01	02	03	04	05	06	07	00
J13. Pinched (him/her)	01	02	03	04	05	06	07	00
J14. Called (him/her) dumb or lazy or some other name like that.....	01	02	03	04	05	06	07	00

Sometimes things can get in the way of caring for your child the way you would like to: for example, money problems, personal problems, or having a lot to do. Please tell me how many times in the last year this has happened to you in trying to care for your child.

Please tell me how many times in the past year you (READ ITEM). Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened, but not in the past year, or this never happened?

SHOW
CARD 5

	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	YES BUT NOT IN THE PAST YEAR	THIS HAS NEVER HAPPENED
J15. Had to leave your child home alone, even when you thought some adult should be with (him/her)	01	02	03	04	05	06	07	00
J16. Were so caught up with your own problems that you were not able to show or tell your child that you loved (him/her)	01	02	03	04	05	06	07	00
J17. Were not able to make sure (CHILD) got the food (he/she) needed	01	02	03	04	05	06	07	00
J18. Were not able to make sure your child got to a doctor or hospital when (he/she) needed it.....	01	02	03	04	05	06	07	00
J19. Were so drunk or high that you had a problem taking care of your child	01	02	03	04	05	06	07	00

J20. Does child's father live in the household?

YES 01 → **GO TO J23**
NO 00 → **GO TO J21**

J21. **IF "NO" TO J20:** Is there another adult, besides you, who lives in the household and spends time caring for (CHILD)?

YES 01 → **GO TO J22**
NO 00 → **GO TO K1**

J22. **IF "YES" TO J21:** Who is that?

Respondent's spouse/boyfriend/girlfriend 01
Child's grandmother 02
Child's grandfather 03
Other relative (SPECIFY) 04

Other non-relative (SPECIFY) 05

J23. **NOTE TO INTERVIEWER: THE FOLLOWING QUESTION REFERS TO DISCIPLINE CONDUCTED BY THE CHILD’S FATHER, IF HE LIVES IN THE HOUSE, OR BY THE ADULT IDENTIFIED IN J22. IN THE FOLLOWING QUESTION, REFER TO THIS PERSON (DENOTED “SECONDARY CAREGIVER”) BY THE APPROPRIATE TITLE (FOR EXAMPLE, FATHER, GRANDMOTHER, ETC.)**

SHOW
CARD 5

How many times in the past year did (SECONDARY CAREGIVER) (READ ITEM)? Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened but not in the past year, or this never happened?

	ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	YES BUT NOT IN THE PAST YEAR	THIS HAS NEVER HAPPENED
J23A. Explain to (CHILD) why something (he/she) did was wrong	01	02	03	04	05	06	07	00
J23B. Put (CHILD) in “time out” (or sent to (CHILD) to (his/her) room)	01	02	03	04	05	06	07	00
J23C. Shook (CHILD)	01	02	03	04	05	06	07	00
J23D. Hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object.....	01	02	03	04	05	06	07	00
J23E. Gave (him/her) something else to do instead of what (he/she) was doing	01	02	03	04	05	06	07	00
J23F. Shouted, yelled, or screamed at (CHILD)	01	02	03	04	05	06	07	00
J23G. Spanked (him/her) on the bottom with your bare hand	01	02	03	04	05	06	07	00
J23H. Swore or cursed at (him/her)	01	02	03	04	05	06	07	00
J23I. Said he or she would send (him/her) away or would kick (him/her) out of the house.....	01	02	03	04	05	06	07	00
J23J. Threatened to spank or hit (him/her) but did not actually do it.....	01	02	03	04	05	06	07	00
J23K. Slapped (him/her) on the hand, arm, or leg	01	02	03	04	05	06	07	00
J23L. Took away privileges from (him/her)	01	02	03	04	05	06	07	00
J23M. Pinched (him/her)	01	02	03	04	05	06	07	00
J23N. Called (him/her) dumb or lazy or some other name like that	01	02	03	04	05	06	07	00

K. INFORMAL SOCIAL CONTROL AND SOCIAL COHESION AND TRUST

The next questions are about your neighborhood.

For each question, please tell me how likely your neighbors are to behave this way.

K1. How likely would your neighbors be to intervene if (READ ITEM)? Are they very likely, somewhat likely, neither likely nor unlikely, somewhat unlikely or very unlikely to behave this way?

SHOW
CARD 6

	VERY LIKELY	SOMEWHAT LIKELY	NEITHER LIKELY NOR UNLIKELY	SOMEWHAT UNLIKELY	VERY UNLIKELY
A. Children were skipping school and hanging out on a street corner?	01	02	03	04	05
B. Children were spray-painting graffiti on a local building?	01	02	03	04	05
C. Children were showing disrespect to an adult?	01	02	03	04	05
D. A fight broke out in front of their house?	01	02	03	04	05
E. The fire station closest to their house was threatened with budget cuts?	01	02	03	04	05

K2. Please tell me how much you agree or disagree with these statements.

(READ ITEM) Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree?

	STRONGLY AGREE	SOMEWHAT AGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
A. People around here are willing to help their neighbors	01	02	03	04	05
B. This is a close-knit neighborhood.....	01	02	03	04	05
C. People in this neighborhood can be trusted.....	01	02	03	04	05
D. People in this neighborhood generally don't get along with each other.....	01	02	03	04	05
E. People in this neighborhood do not share the same values	01	02	03	04	05

K3. Please tell me how often the following things happen in your neighborhood.

(READ ITEM). Does this happen never, rarely, sometimes or frequently?

	NEVER	RARELY	SOMETIMES	FREQUENTLY	DON'T KNOW
A. Drug dealers or users hanging around	01	02	03	04	d
B. Drunks hanging around	01	02	03	04	d
C. Unemployed adults loitering	01	02	03	04	d
D. Young adults loitering	01	02	03	04	d
E. Gang activity.....	01	02	03	04	d
F. Disorderly or misbehaving groups of young children (younger than teenagers)	01	02	03	04	d
G. Disorderly or misbehaving groups of teenagers.....	01	02	03	04	d
H. Disorderly or misbehaving groups of adults	01	02	03	04	d

L. EXPOSURE TO VIOLENCE

The next set of questions are about violent things that may have happened to you or that you may have seen in the last year.

For these questions, we do not want to know about violence carried out by your circle of family or loved ones. Rather, we are interested in learning only about violence carried out by people outside of your circle of family or loved ones, no matter who the victim might have been. We also do not want to know about violence you saw on TV or in movies.

(READ ITEM). Was it never, once, 2-3 times, 4-10 times, or more than 10 times?

PROBE: Remember we do not want to know about things done by members of your family or people you know well.

SHOW CARD 7

	NEVER	ONCE	2-3 TIMES	4-10 TIMES	MORE THAN 10 TIMES
L1. In the past year, about how many times did you see someone else get hit, slapped, punched, or beaten up by someone?	00	01	02	03	04
L2. (In the past year, about how many times) were you hit, slapped, punched, or beaten up by someone?	00	01	02	03	04
L3. (In the past year, about how many times) did you see someone else get attacked with a weapon, like a knife or bat by someone? ...	00	01	02	03	04
L4. (In the past year, about how many times) were you attacked with a weapon by someone?	00	01	02	03	04
L5. (In the past year, about how many times) did you see someone else get shot at by someone?	00	01	02	03	04
L6. (In the past year, about how many times) were you shot at by someone?	00	01	02	03	04
L7. (In the past year, about how many times) did you see someone get killed because of violence by someone?	00	01	02	03	04

M. CHILD'S BEHAVIOR PROBLEMS

**SHOW
CARD 8**

Our final questions are about (CHILD) and how (he/she) behaves. The list is long, so please bear with me.

(READ ITEM). Is this not true (so far as you know), somewhat or sometimes true, very true or often true for (CHILD)?

		NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
M1.	(He/She) acts too young for age	00	01	02
M2.	(He/She) avoids looking others in the eye	00	01	02
M2A	(He/She) can't concentrate, can't pay attention for long	00	01	02
M2B	(He/She) can't sit still; (he/she) is restless or hyperactive	00	01	02
M2C	(He/She) can't stand waiting; (he/she) wants everything now	00	01	02
M3.	(He/She) clings to adults or is too dependent	00	01	02
M3A	(He/She) cries a lot	00	01	02
M3B	(He/She) is cruel to animals	00	01	02
M4.	(He/She) understands others' feelings, like when they are happy, sad or mad.	00	01	02
M5.	(He/She) is defiant	00	01	02
M6.	(His/Her) demands must be met immediately	00	01	02
M6A	(He/She) destroys (his/her) own things.....	00	01	02
M6B	(He/She) destroys things belonging to (his/her) family or other children.....	00	01	02
M7.	(He/She) is disobedient.....	00	01	02
M7A	(He/She) is disturbed by any change in routine	00	01	02
M8.	(He/She) is sympathetic toward other children's distress, tries to comfort others when they are upset.....	00	01	02
M9.	(He/She) doesn't answer when people talk to (him/her)	00	01	02
M10.	(He/She) doesn't get along with other children	00	01	02
M11.	(He/She) doesn't know how to have fun, or he/she acts like a little adult	00	01	02
M12.	(He/She) is open and direct about what (he/she) wants	00	01	02

		NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
M13.	(He/She) doesn't seem to feel guilty after misbehaving.....	00	01	02
M14.	(He/She) is easily frustrated.....	00	01	02
M15.	(He/She) will join a group of children playing.....	00	01	02
M16.	(His/Her) feelings are easily hurt.....	00	01	02
M17.	(He/She) is easily jealous.....	00	01	02
M17A.	(He/She) gets hurt a lot; (he/she) is accident-prone	00	01	02
M18.	(He/She) gets in many fights.....	00	01	02
M18A.	(He/She) gets into everything.....	00	01	02
M18B.	(He/She) has trouble getting to sleep	00	01	02
M19.	(He/She) gets too upset when separated from parents	00	01	02
M20.	(He/She) plays games and talks with other children.....	00	01	02
M21.	(He/She) hits others	00	01	02
M21A.	(He/She) hurts animals or people without meaning to.....	00	01	02
M22.	(He/She) looks unhappy without good reason	00	01	02
M23.	(He/She) has angry moods	00	01	02
M24.	(He/She) is confident with other people	00	01	02
M25.	(He/She) is nervous, high strung, or tense	00	01	02
M26.	(He/She) is overtired	00	01	02
M26A.	(He/She) physically attacks people	00	01	02
M27.	(He/She) tends to be proud of things (he/she) does.....	00	01	02
M28.	Punishment doesn't change (his/her) behavior.....	00	01	02
M28A.	(He/She) quickly shifts from one activity to another.....	00	01	02
M29.	(He/She) refuses to play active games	00	01	02
M30.	(He/She) screams a lot	00	01	02
M31.	(He/She) seems unresponsive to affection	00	01	02

		NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
M32.	(He/She) is self-conscious or easily embarrassed.....	00	01	02
M33.	(He/She) is selfish or won't share	00	01	02
M34.	(He/She) is interested in many and different things.....	00	01	02
M35.	(He/She) shows little affection toward people.....	00	01	02
M36.	(He/She) shows little interest in things around (him/her).....	00	01	02
M37.	(He/She) is too shy or timid.....	00	01	02
M38.	(He/She) has a speech problem	00	01	02
M39.	(He/She) is stubborn, sullen, or irritable.....	00	01	02
M40.	(He/She) has sudden changes in mood or feelings.....	00	01	02
M40A	(He/She) sulks a lot.....	00	01	02
M41.	(He/She) has temper tantrums or hot temper	00	01	02
M42.	(He/She) is too fearful or anxious.....	00	01	02
M43.	(He/She) enjoys talking with you.....	00	01	02
M44.	(He/She) is uncooperative.....	00	01	02
M45.	(He/She) is under active, slow moving, or lacks energy	00	01	02
M46.	(He/She) is unhappy, sad, depressed.....	00	01	02
M47.	(He/She) is unusually loud	00	01	02
M48.	(He/She) wants a lot of attention.....	00	01	02
M49.	(He/She) is whiny	00	01	02
M50.	(He/She) is withdrawn; (he/she) doesn't get involved with others	00	01	02

N1. HAVE YOU DONE ACTIVITIES YET WITH MOTHER AND CHILD?

YES 01 → **GO TO N1D**
NO 00 → **GO TO N1A**

N1A. IS THIS A GOOD TIME FOR CHILD?

YES 01 → **GO TO ACTIVITY BOOKLET
(Walk-a-line, Attachment
Q-Sort, Height/Weight,
Moms/Kids PPVT/TVIP)**
NO 00 → **GO TO N1D**

NO N1B AND N1C THIS VERSION

N1D. DID YOU CODE ACTIVITY BOOKLET QUESTION A8 (MOTHER RESPONDED POSITIVELY TO PRAISE OF CHILD)?

YES 01 → **GO TO N2**
NO 00 → **GO BACK AND
CODE IT NOW,
THEN GO TO N2**

N2. When we interviewed you by telephone you gave us these names and addresses of people who can help us find you. (GIVE RESPONDENT THE LIST OF CONTACTS). Please take a moment and correct any information that isn't complete. You can also add other people. We will only use this information if you move between now and the next time we try to contact you.

N3. Thank you so much for your help. We would like to give you \$50 for participating in this part of the study (and give (CHILD) this book).

I will need you to sign this receipt for me.

We will be sending you a newsletter in a few months and will be contacting you again when (CHILD) is about four years old.

NO SECTION O.

DO NOT FORGET TO
COMPLETE OBSERVATION ITEMS

P. OBSERVATION CHECKLIST—COMPLETE THIS OUTSIDE OF HOME IMMEDIATELY AFTER YOU LEAVE THE HOME

P1. IS THERE GARBAGE, LITTER, OR BROKEN GLASS IN THE STREET OR ROAD, ON THE SIDEWALKS, OR IN YARDS?

- ALMOST NONE 01
- YES, BUT NOT A LOT 02
- YES, QUITE A BIT 03
- YES, ALMOST EVERYWHERE 04
- NOT OBSERVED d

P2. HOW WOULD YOU RATE THE GENERAL CONDITION OF MOST OF THE BUILDINGS ON THE BLOCK/OR WITHIN 100 YARDS OF THE RESPONDENT'S HOUSE?

- WELL KEPT WITH GOOD REPAIR AND EXTERIOR SURFACE 01
- FAIR CONDITION 02
- POOR CONDITION WITH PEELING PAINT AND NEED OF REPAIR..... 03
- BADLY DETERIORATED..... 04
- NOT OBSERVED d

P3. IS THERE GRAFFITI ON THE BUILDINGS OR WALLS OF THE BUILDINGS ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT'S HOME?

- NONE 01
- YES, BUT NOT A LOT 02
- YES, QUITE A BIT 03
- YES, ALMOST EVERYWHERE 04
- NOT OBSERVED d

P4. ARE THERE VACANT, ABANDONED, OR BOARDED-UP BUILDINGS, ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT'S HOME?

- NO 01
- YES, ONE BUILDING FITS THIS DESCRIPTION 02
- YES, 2-3 BUILDINGS FIT THIS DESCRIPTION 03
- YES, 4 OR MORE BUILDINGS FIT THIS DESCRIPTION 04
- NOT OBSERVED d

P5. ARE THERE ABANDONED VEHICLES ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT'S HOME?

- NO 01
- ONLY ONE 02
- 2-3 03
- 4 OR MORE 04
- NOT OBSERVED d

P6. DOES THE ENVIRONMENT IMMEDIATELY OUTSIDE HOME (YARD, PATIO, ENTRYWAY OR PORCH AND STAIRS) HAVE ANY OF THE FOLLOWING?

	YES	NO	NOT OBSERVED
UNLIT ENTRANCE OR STAIRWAY	01	00	d
BROKEN STEPS	01	00	d
BROKEN GLASS OR BROKEN TOYS	01	00	d
LARGE DITCHES	01	00	d
ALCOHOL OR DRUG PARAPHERNALIA	01	00	d
STREWN GARBAGE/LITTER.....	01	00	d

P7. DOES THE EXTERIOR OF THE BUILDING HAVE ANY OF THE FOLLOWING?
(CONSIDER CONDITION OF WALLS, PAINT, WINDOWS, LIGHTS, EXTENT OF
NEEDED REPAIRS, AND CLEANLINESS.)

	YES	NO	NOT OBSERVED
PEELING PAINT, NEEDS PAINT JOB	01	00	d
CRUMBLING OR DAMAGED WALLS	01	00	d
BROKEN OR CRACKED WINDOWS	01	00	d

P8. HOW WOULD YOU BEST DESCRIBE THE HOME OR BUILDING?

- APARTMENT BUILDING 01
 - ONE FAMILY (DETACHED) HOME..... 02
 - TWO FAMILY HOME, DUPLEX..... 03
 - MOBILE HOME, TRAILER..... 04
 - ROW HOUSE, TOWN HOUSE 05
 - THREE OR MORE UNIT APARTMENT
COMPLEXES WITH NO COMMON AREAS..... 06
 - OTHER (SPECIFY) 07
-

P9. HOW WOULD YOU RATE THE CONDITION OF THE STREET IN FRONT OF
RESPONDENT?

- VERY GOOD—RECENT RESURFACING,
SMOOTH..... 01
- MODERATE—EVIDENCE KEPT IN
GOOD REPAIR 02
- FAIR—MINOR REPAIRS NEEDED, BUT
NOT ROUGH SURFACE 03
- POOR—POTHoles AND OTHER
EVIDENCE OF NEGLECT 04
- NOT OBSERVED d

P10. **INTERVIEWER: CHECK P8. IS CODE 02, 03, 04, 05, OR 06 CIRCLED IN P8?**

- YES 01 → **GO TO R1**
- NO 00 → **CONTINUE TO
SECTION Q**

Q. COMMON AREAS

FOR THESE QUESTIONS CONSIDER THE ENTRANCE, FOYER AND HALLWAYS OF THE BUILDING.

Q1. DO THE INTERIOR COMMON AREAS OF THE BUILDING (*EXAMPLES: ENTRANCE, FOYER, HALLWAYS*) CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

YES 01
NO 02
NOT OBSERVED d

Q2. DO THE INTERIOR COMMON AREAS OF THE BUILDING (*EXAMPLES: ENTRANCE, FOYER, HALLWAYS*) CONTAIN HOLES IN FLOOR?

YES 01
NO 02
NOT OBSERVED d

Q3. DO THE INTERIOR COMMON AREAS OF THE BUILDING (*EXAMPLES: ENTRANCE, FOYER, HALLWAYS*) CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT?

YES 01
NO 02
NOT OBSERVED d

Q4. DO THE INTERIOR COMMON AREAS OF THE BUILDING (*EXAMPLES: ENTRANCE, FOYER, HALLWAYS*) CONTAIN EXPOSED WIRES?

YES 01
NO 02
NOT OBSERVED d

R. INTERIOR OF HOUSE OR APARTMENT

R1. ARE THERE ANY BROKEN WINDOWS OR CRACKED WINDOWPANES?

YES 01
NO 00
NOT OBSERVED d

R2. IS THE WIRING IN THE HOUSE CONCEALED?

YES 01
NO 00
NO ELECTRICAL WIRING..... 03
NOT OBSERVED d

R3. DOES THE HOUSING UNIT CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

YES 01
NO 02
NOT OBSERVED d

R4. DOES THE HOUSING UNIT CONTAIN HOLES IN FLOOR?

YES 01
NO 02
NOT OBSERVED d

R5. DOES THE HOUSING UNIT CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT OR MORE?

YES 01
NO 02
NOT OBSERVED d

R6. IS INSIDE OF HOME DARK? (*EXAMPLES: CLOSED DRAPES IN DAYTIME; POOR LIGHTING*)

YES 01
NO 00
NOT OBSERVED d

R7. IS INSIDE OF HOME CROWDED? (*EXAMPLES: MANY PEOPLE LIVING IN A VERY SMALL HOUSE OR APARTMENT, DIFFICULT TO FIND A PRIVATE PLACE TO INTERVIEW RESPONDENT, FREQUENT INTERRUPTIONS AND PEOPLE BUMPING INTO EACH OTHER*)

YES 01
NO 00
NOT OBSERVED d

R8. ARE ALL VISIBLE ROOMS OF HOUSE/APARTMENT NOTICEABLY CLUTTERED? (*EXAMPLES: VISIBLE ROOMS ARE MESSY OR ARE CLUTTERED WITH CLOTHES, VACUUM CLEANER, CHILDREN'S SCHOOLWORK, SHOES AND SOCKS, OTHER OBJECTS*)

YES 01
NO 00
NOT OBSERVED d

R9. ARE ALL VISIBLE ROOMS OF THE HOUSE/APARTMENT DIRTY OR NOT REASONABLY CLEANED? (EXAMPLES: TRASH STREWN AROUND, DIRTY DISHES IN KITCHEN, FLOOR AND FURNITURE HAVE NOT BEEN CLEANED OR DUSTED FAIRLY RECENTLY)

YES 01
 NO 00
 NOT OBSERVED d

R10. IS ENVIRONMENT INSIDE HOME UNSAFE FOR YOUNG CHILDREN? ANSWER "YES" IF ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS. (EXAMPLES: FRAYED ELECTRICAL WIRES, MICE OR RATS, BROKEN GLASS, POISONS, FALLING PLASTER, BROKEN STAIRS, PEELING PAINT, CLEANING MATERIALS LEFT OUT, FLAMES AND HEAT WITHIN REACH OF YOUNG CHILDREN)

YES 01
 NO 00
 NOT OBSERVED d

} → GO TO R11

R10A. PLEASE CHECK ALL HAZARDOUS CONDITIONS YOU OBSERVED:

FRAYED ELECTRICAL WIRES 01
 MICE OR RATS 02
 BROKEN GLASS 03
 POISONOUS SUBSTANCES WITHIN REACH
 OF CHILDREN 04
 FALLING PLASTER 05
 BROKEN STAIRS 06
 PEELING PAINT 07
 CLEANING MATERIALS LEFT OUT 08
 FLAMES AND HEAT WITHIN REACH OF
 YOUNG CHILDREN 09
 WEAPONS (GUNS OR KNIVES)
 WITHIN REACH OF CHILDREN 10
 OTHER (SPECIFY) 11

R11. DID YOU OBSERVE ANY CHILD’S ARTWORK OR PHOTOGRAPHS OF HOUSEHOLD CHILDREN ON DISPLAY IN THE HOME (EXAMPLES: ARTWORK OR PHOTOS ON REFRIGERATOR OR ON WALLS)

YES 01
NO 00
NOT OBSERVED d

R12. IS HOUSE OR APARTMENT OVERLY NOISY—FROM NOISE IN THE HOUSE (EXAMPLES: TELEVISION, SHOUTS OF CHILDREN, RADIO)?

YES 01
NO 00
NOT OBSERVED d

R13. IS HOUSE OR APARTMENT OVERLY NOISY—FROM NOISE OUTSIDE THE HOUSE (EXAMPLES: TRAIN, CARS, PEOPLE, MUSIC)?

YES 01
NO 00
NOT OBSERVED d

S. CHILD'S APPEARANCE

S1. HOW WOULD YOU BEST DESCRIBE THE CHILD'S CLOTHING?

CIRCLE ALL THAT APPLY

- DIRTY—UNKEMPT 01
- DIRTY DUE TO PLAYING/EATING 02
- CHILD IS IN SOILED DIAPER 03
- CHILD MAY BE IN SOILED DIAPER 04
- CLOTHING IS WORN, BUT MENDED OR
NOT RIPPED OR TORN 05
- CLOTHING IS WORN, BUT NOT MENDED,
OBVIOUS RIPS OR TEARS 06
- CLOTHING IS TOO TIGHT FOR
COMFORTABLE FIT 07
- CLOTHING IS TOO LARGE 08
- CLOTHING IS TOO LIGHT WEIGHT FOR
INDOOR TEMPERATURE (UNDERDRESSED) 09
- CLOTHING IS TOO WARM FOR
INDOOR TEMPERATURE (OVERDRESSED) 10
- OTHER NEGATIVE CONDITIONS NOT
COVERED (SPECIFY) 11
-
- CODE HERE IF NONE OF THE
ABOVE APPLY 12

HOW WOULD YOU BEST DESCRIBE THE OVERALL HYGIENE OF THE CHILD?

S2. WASHED/BATHED

- WASHED OR RECENTLY BATHED..... 01
- RECENTLY BATHED BUT
OUTWARDLY DIRTY 02
- DIRTY AND NOT BATHED FOR
SEVERAL DAYS 03
- APPEARS NOT TO HAVE BEEN BATHED
FOR AT LEAST A WEEK..... 04

S3. HAIR

- COMBED AND CLEAN 01
- UNCOMBED BUT CLEAN 02
- VISIBLY DIRTY 03

S4. ODOR

- EMITS NO BODY AND/OR MOUTH ODOR 01
- EMITS SOME BODY AND/OR MOUTH ODOR..... 02
- EMITS STRONG BODY AND/OR
MOUTH ODOR 03

S5. IS THERE ANYTHING ELSE ABOUT THE CHILD'S CLOTHING OR HYGIENE THAT IS PROBLEMATIC?

- YES (SPECIFY) 01

- NO 00

T. HOME SCALE

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.

- T1. 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

- T2. 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

- T3. 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

T4. 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

T5. 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

T6. 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

T7. 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

T8. PARENT'S VOICE CONVEYS POSITIVE FEELINGS TOWARD CHILD (WAS TONE OF VOICE ANIMATED, OR FLAT AND/OR IRRITATED)?

POSITIVE 01
NOT POSITIVE 00

T9. 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

T10. 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

T11. 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

T12. 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

T13. PARENT DID NOT SCOLD OR CRITICIZE CHILD DURING THE VISIT; MOTHER MADE NEGATIVE COMMENT DIRECTLY TO CHILD (E.G., “YOU ARE A BAD BOY/GIRL”).

DID NOT SCOLD 01
SCOLDED 00

T14. 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

T15. 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

T16. 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)).

IN RANGE 01

NOT IN RANGE 00

U. CHILD EMOTION AND COOPERATION

U1. DID THE CHILD DISPLAY POSITIVE EMOTIONS DURING THE VISIT? (POSITIVE EMOTION IS WHEN THE CHILD SEEMS HAPPY, SMILES OR LAUGHS.)

NO POSITIVE EMOTION DISPLAYED..... 01

ONE OR TWO BRIEF DISPLAYS OF POSITIVE EMOTION 02

THREE OR MORE BRIEF DISPLAYS OF POSITIVE EMOTION 03

ONE OR TWO INTENSE, HEIGHTENED OR PROLONGED DISPLAYS OF POSITIVE EMOTION..... 04

THREE OR MORE INTENSE, HEIGHTENED, OR PROLONGED DISPLAYS OF POSITIVE EMOTION..... 05

U2. DID THE CHILD DISPLAY NEGATIVE EMOTIONS DURING THE VISIT? (NEGATIVE EMOTION IS WHEN THE CHILD SEEMS UNHAPPY, CRIES, OR HAS A TANTRUM.)

THREE OR MORE INTENSE, HEIGHTENED, OR PROLONGED DISPLAYS OF NEGATIVE EMOTION..... 01

ONE OR TWO INTENSE, HEIGHTENED, OR PROLONGED DISPLAYS OF NEGATIVE EMOTION..... 02

THREE OR MORE BRIEF DISPLAYS OF NEGATIVE EMOTION..... 03

ONE OR TWO BRIEF DISPLAYS OF NEGATIVE EMOTION..... 04

NO NEGATIVE EMOTION DISPLAYS..... 05

NO U3 AND U4 IN THIS VERSION

U5. HOW PERSISTENT WAS THE CHILD WHEN COMPLETING THE PPVT?
(PERSISTENCE MEANS THAT THE CHILD PAID ATTENTION TO THE TASK, AND
DID NOT LOSE INTEREST PARTWAY THROUGH THE TASK.)

- CONSISTENTLY LACKS PERSISTENCE..... 01
- TYPICALLY NOT PERSISTENT; ONE OR
TWO INSTANCES OF PERSISTENCE 02
- LACKS PERSISTENCE HALF THE TIME 03
- TYPICALLY PERSISTENT; LACKS
PERSISTENCE IN ONE OR TWO INSTANCES 04
- CONSISTENTLY COOPERATES 05

U6. HOW COOPERATIVE WAS THE CHILD DURING THE PPVT/TVIP?

- CONSISTENTLY RESISTS SUGGESTIONS
OR REQUESTS 01
- TYPICALLY RESISTS SUGGESTIONS OR
REQUESTS; ONE OR TWO INSTANCES
OF COOPERATION 02
- RESISTS SUGGESTIONS OR REQUESTS
HALF THE TIME; COOPERATE HALF
THE TIME 03
- TYPICALLY COOPERATES; ONE OR TWO
INSTANCES OF RESISTANCE 04
- CONSISTENTLY COOPERATES 05

U7. HOW COOPERATIVE WAS THE CHILD WHILE BEING WEIGHED AND MEASURED?

CONSISTENTLY RESISTS SUGGESTIONS
OR REQUESTS 01

TYPICALLY RESISTS SUGGESTIONS OR
REQUESTS; ONE OR TWO INSTANCES
OF COOPERATION 02

RESISTS SUGGESTIONS OR REQUESTS
HALF THE TIME; COOPERATE HALF THE
TIME 03

TYPICALLY COOPERATES; ONE OR TWO
INSTANCES OF RESISTANCE 04

CONSISTENTLY COOPERATES 05

SECTION V: ENDING

V1. INTERVIEW WAS CONDUCTED IN:

ENGLISH.....	01
SPANISH.....	02

V2. RESPONDENT'S ATTENTION TO INTERVIEWER WAS:

POOR.....	01
ACCEPTABLE.....	02
GOOD.....	03
EXCELLENT.....	04

V3. RESPONDENT'S UNDERSTANDING OF THE QUESTIONS WAS:

POOR.....	01
ACCEPTABLE.....	02
GOOD.....	03
EXCELLENT.....	04

V4. RESPONDENT'S ABILITY TO ARTICULATE ANSWERS WAS:

POOR.....	01
ACCEPTABLE.....	02
GOOD.....	03
EXCELLENT.....	04

V5. **RESPONDENT'S COOPERATION THROUGHOUT MOST OF THE INTERVIEW WAS:**

- VERY UNCOOPERATIVE..... 01
- SOMEWHAT UNCOOPERATIVE 02
- SOMEWHAT COOPERATIVE..... 03
- VERY COOPERATIVE 04

V6. **DID RESPONDENT APPEAR:**

	NO	SOMEWHAT	VERY	CAN'T TELL
A. SUSPICIOUS?.....	00	01	02	C
B. UNCOMMUNICATIVE?	00	01	02	C
C. ANXIOUS/NERVOUS?	00	01	02	C
D. HOSTILE?	00	01	02	C
E. TO BE ON DRUGS?.....	00	01	02	C

V7. **WAS ANYONE ELSE PRESENT DURING THE INTERVIEW?**

- YES..... 01
- NO 00 TM **GO TO V9**

V8. **WHO WAS PRESENT?**

CIRCLE ALL THAT APPLY

- FATHER 01
- OTHER FAMILY MEMBERS 02
- FRIENDS 03

V9. **ADDITIONAL COMMENTS:**
