

8858-750

IN HOME LONGITUDINAL STUDY OF PRE-SCHOOL AGED CHILDREN



(AFFILIATED WITH THE SURVEY OF PARENTS)

PARENT QUESTIONNAIRE

<p>MPR ID #: _ _ _ _ _ _ _ _ _ _ 5 </p> <p>DATA COLLECTOR ID #: _ _ _ _ _ _ _ _ _ _ </p> <p>DATE: _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ _ _ _ _ <small>MONTH DAY YEAR</small></p> <p>INTERVIEW CONDUCTED:</p> <p>BY TELEPHONE01</p> <p>IN-PERSON02</p> <p>ENGLISH VERSION01</p> <p>SITES: OAKLAND01</p> <p style="padding-left: 20px;">AUSTIN02</p> <p style="padding-left: 20px;">BALTIMORE03</p> <p style="padding-left: 20px;">DETROIT04</p> <p style="padding-left: 20px;">NEWARK05</p> <p style="padding-left: 20px;">PHILADELPHIA06</p> <p style="padding-left: 20px;">RICHMOND07</p> <p style="padding-left: 20px;">CORPUS CHRISTI08</p> <p style="padding-left: 20px;">INDIANAPOLIS09</p> <p style="padding-left: 20px;">MILWAUKEE10</p> <p style="padding-left: 20px;">NEW YORK11</p> <p>TIME START: _ _ _ _ : _ _ _ AM.....01</p> <p style="padding-left: 100px;">PM.....02</p> <p>TIME START: _ _ _ _ : _ _ _ AM.....01</p> <p style="padding-left: 100px;">PM.....02</p>	<p>SECTIONS COMPLETED—CHECK WHEN EACH PART IS DONE:</p> <p>QUESTIONNAIRE (A-N)..... @ 1</p> <p>OBSERVATIONS (P TO V)..... @ 2</p> <p>WEIGHT/HEIGHT (ACTIVITY A) @ 3</p> <p>PPVT WITH CHILD (ACTIVITY B)..... @ 4</p> <p>W-J LETTER-WORD WITH CHILD (ACTIVITY C).. @ 5</p> <p>ATTENTION SUSTAINED TASK (ACTIVITY D)..... @ 6</p> <p>CHILD CARE EMPLOYMENT HISTORY CALENDAR (ACTIVITY E)..... @ 7</p> <p>FIVE MINUTE SPEECH SAMPLE (ACTIVITY F).... @ 8</p> <p>Does mother require PPVT/TVIP? 1 @ Yes 0 @ No</p> <p>If yes:</p> <p>PPVT/TVIP WITH MOTHER (ACTIVITY G)..... @ 9</p> <p>SAN JOSE12</p> <p>BOSTON13</p> <p>NASHVILLE14</p> <p>CHICAGO15</p> <p>JACKSONVILLE16</p> <p>TOLEDO17</p> <p>SAN ANTONIO18</p> <p>PITTSBURGH19</p> <p>NORFOLK.....20</p> <p>TIME END: _ _ _ _ : _ _ _ AM.....01</p> <p style="padding-left: 100px;">PM.....02</p> <p>TIME END: _ _ _ _ : _ _ _ AM.....01</p> <p style="padding-left: 100px;">PM.....02</p>
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Conducted by:
 Mathematica Policy Research, Inc.
 P.O. Box 2393
 Princeton, NJ 08543-2393
 for Princeton University

VERSION 03

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 (CHILD) and measure your's and (CHILD's) height and weight. Also, I will ask you some questions about (CHILD), your family routines, and how you are managing.

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 ACTIVITY BOOK

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

→ GO TO QUESTION 0.5

NO 00 → 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 BOOK
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 NONRELATIVE (SPECIFY)..... 06

0.6 **INTERVIEWER: CHECK CONTACT SHEET, IS THIS THE SAME RESPONDENT WHO COMPLETED THE 36-MONTH SURVEY?**

YES 01
NO 00 → COMPLETE RESPONDENT PPVT/TVIP

0.7 **INTERVIEWER: CHECK CONTACT SHEET, IS THE PPVT/TVIP VALID?**

YES 01 → DO NOT COMPLETE PPVT/TVIP
NO 00 → COMPLETE RESPONDENT PPVT/TVIP

START INTERVIEW, SECTION A

IF ACTIVITIES ARE 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
- DON'T KNOW d
- REFUSED r

A2. Has a doctor or health professional ever told you that (CHILD) has any of the following health conditions?

	YES	NO	DON'T KNOW	REFUSED
a. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).....	01	00	d	r
b. Mental retardation or developmental delay	01	00	d	r
c. Down's Syndrome	01	00	d	r
d. Cerebral Palsy.....	01	00	d	r
e. Sickle Cell Anemia	01	00	d	r
f. Autism	01	00	d	r
g. Congenital Heart Disease or Other Heart Condition	01	00	d	r
h. Asthma	01	00	d	r
i. Total blindness	01	00	d	r
j. Partial blindness.....	01	00	d	r
k. Total deafness.....	01	00	d	r
l. Partial deafness.....	01	00	d	r
m. Speech or language problem	01	00	d	r
n. Problems with limbs (SPECIFY).....	01	00	d	r

A3. In the past 12 months, has (CHILD) had any of the following health problems?

	YES	NO	DON'T KNOW	REFUSED
a. Hay fever or respiratory allergy.....	01	00	d	r
b. Food or digestive allergy.....	01	00	d	r
c. Eczema or skin allergy.....	01	00	d	r
d. Frequent diarrhea or colitis.....	01	00	d	r
e. Anemia.....	01	00	d	r
f. Frequent headaches or migraines.....	01	00	d	r
g. 3 or more ear infections.....	01	00	d	r
h. Seizures.....	01	00	d	r
i. Stuttering or stammering.....	01	00	d	r

A4. Has (CHILD) ever been tested for lead poisoning?

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

A5. What were the results?

NORMAL.....	01
BORDERLINE—DIDN'T REQUIRE TREATMENT.....	02
TOO HIGH—REQUIRED TREATMENT.....	03
DON'T KNOW.....	d
REFUSED.....	r

A6. 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..... 01
- 1-3 times, or 02
- 4 or more times? 03
- DON'T KNOW d
- REFUSED r

A7. 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 A9**

A8. 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

A9. Is there a place that you usually go when you need routine health care, such as a physical examination or check-up?

PROBE: Do not include the emergency room.

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO A11**

A10. 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

A11. 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 a 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 ago? 04
- DON'T KNOW d
- REFUSED r

A12. 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

NEVER00
DON'T KNOW d
REFUSED r

} → **GO TO A14**

A13. (Was this visit/How many of those ([NUMBER IN A12] visits were), because of an accident or injury?

____|____| TIMES

NONE00
DON'T KNOW d
REFUSED r

A14. In the last 12 months, how many times has (CHILD) been taken to the emergency room?

____|____| TIMES

NEVER00
DON'T KNOW d
REFUSED r

} → **GO TO A16**

A15. (Was this visit/How many of these [NUMBER IN A14] visits were) to the emergency room because of an accident or injury?

____|____| TIMES FOR ACCIDENT/INJURY

NONE00
DON'T KNOW d
REFUSED r

A16. In the last 12 months, has (CHILD) stayed overnight in a hospital?

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

A17. 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 A20
DON'T KNOW	d	
REFUSED	r	

A18. (Was this hospitalization/How many of these hospitalizations were) because of an accident or injury?

|_|_| TIMES FOR ACCIDENT/INJURY

NONE	00
DON'T KNOW	d
REFUSED	r

A19. How long did (CHILD) stay in the hospital during (his/her) (longest) stay?

|_|_|_| DAYS

DON'T KNOW	d
REFUSED	r

A20. **INTERVIEWER: CHECK A13, A15 AND A18. WERE THERE ANY DOCTOR OR EMERGENCY ROOM VISITS BECAUSE OF AN ACCIDENT OR INJURY (A13 OR A15 OR A18 = 1 OR MORE?)**

YES, AT LEAST ONE VISIT FOR ACCIDENT OR INJURY	01
NO VISITS FOR AN ACCIDENT OR INJURY	00 → GO TO A22

A21. 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
<p>A. Please tell me about (CHILD's) (most recent/next most recent) accident or injury. When did it happen?</p> <p>RECORD DATES FOR UP TO 3 ACCIDENTS. THEN—ASK A21B TO A21E FOR EACH ONE.</p>	<p>____/____/____ MONTH YEAR</p>	<p>____/____/____ MONTH YEAR</p>	<p>____/____/____ MONTH YEAR</p>
<p>B. Please tell me about the accident or injury on (DATE ABOVE). What happened?</p> <p>INTERVIEWER: USE QUESTIONS TO PROBE FOR INFORMATION AS NECESSARY.</p> <p>(Where did the accident or injury in (MONTH) happen? Was it . . .)</p>	<p>in a car, 01</p> <p>in (his/her) home, or yard 02</p> <p>in someone else's home, or yard 03</p> <p>at day care or a school, 04</p> <p>park playground or other public place, or 05</p> <p>someplace else? (SPECIFY) 06</p>	<p>in a car, 01</p> <p>in (his/her) home, or yard 02</p> <p>in someone else's home, or yard 03</p> <p>at day care or a school, 04</p> <p>park playground or other public place, or 05</p> <p>someplace else? (SPECIFY) 06</p>	<p>in a car, 01</p> <p>in (his/her) home, or yard 02</p> <p>in someone else's home, or yard 03</p> <p>at day care or a school, 04</p> <p>park playground or other public place, or 05</p> <p>someplace else? (SPECIFY) 06</p>
<p>C. (What kind of injury did (CHILD) have (that time)?)</p> <p>PROBE: Anything else?</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>BURNED OR SCALDED 01</p> <p>BRUISED, CUT OR SCRAPED 02</p> <p>SPRAIN OR DISLOCATION 03</p> <p>BROKEN BONE 04</p> <p>POISONED/MEDICINE OVERDOSE 05</p> <p>EYE INJURY 06</p> <p>HEAD INJURY 07</p> <p>SWALLOWED AN OBJECT... 08</p> <p>SOMETHING ELSE (SPECIFY) 00</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>BURNED OR SCALDED 01</p> <p>BRUISED, CUT OR SCRAPED 02</p> <p>SPRAIN OR DISLOCATION 03</p> <p>BROKEN BONE 04</p> <p>POISONED/MEDICINE OVERDOSE 05</p> <p>EYE INJURY 06</p> <p>HEAD INJURY 07</p> <p>SWALLOWED AN OBJECT... 08</p> <p>SOMETHING ELSE (SPECIFY) 00</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>BURNED OR SCALDED 01</p> <p>BRUISED, CUT OR SCRAPED 02</p> <p>SPRAIN OR DISLOCATION 03</p> <p>BROKEN BONE 04</p> <p>POISONED/MEDICINE OVERDOSE 05</p> <p>EYE INJURY 06</p> <p>HEAD INJURY 07</p> <p>SWALLOWED AN OBJECT... 08</p> <p>SOMETHING ELSE (SPECIFY) 00</p>
<p>D. (Who was in charge of (CHILD) when (he/she) was injured (that time)?)</p> <p>PROBE: Anyone else?</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>MOTHER 01</p> <p>RESIDENT FATHER 02</p> <p>NON-RESIDENT FATHER 03</p> <p>OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) 04</p> <p>_____</p> <p>BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER 05</p> <p>FRIEND 06</p> <p>FOSTER PARENT 07</p> <p>CHILD WAS ALONE OR WITH CHILD UNDER 12 08</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>MOTHER 01</p> <p>RESIDENT FATHER 02</p> <p>NON-RESIDENT FATHER 03</p> <p>OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) 04</p> <p>_____</p> <p>BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER 05</p> <p>FRIEND 06</p> <p>FOSTER PARENT 07</p> <p>CHILD WAS ALONE OR WITH CHILD UNDER 12 08</p>	<p style="text-align: center;"><u>CIRCLE ALL THAT APPLY</u></p> <p>MOTHER 01</p> <p>RESIDENT FATHER 02</p> <p>NON-RESIDENT FATHER 03</p> <p>OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) 04</p> <p>_____</p> <p>BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER 05</p> <p>FRIEND 06</p> <p>FOSTER PARENT 07</p> <p>CHILD WAS ALONE OR WITH CHILD UNDER 12 08</p>
<p>E. IS THERE ANOTHER ACCIDENT OR INJURY TO ASK ABOUT?</p>	<p>YES 01 → GO TO COLUMN 2</p> <p>NO 00 → GO TO A22</p>	<p>YES 01 → GO TO COLUMN 3</p> <p>NO 00 → GO TO A22</p>	<p>GO TO A22</p>

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

PROBE: Include people even if they do not smoke in the house.

- YES 01
- NO 00 → **GO TO A24**

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

- |_| PEOPLE
- DON'T KNOW d
- REFUSED r

A24. 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 is smoking.

- |_| HOURS
- DON'T KNOW d
- REFUSED r

A25. Now, on a different topic, 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
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO A27**

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. When was the last time (CHILD) saw a dentist for a regular check-up? 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, or 04
- Never? 05
- DON'T KNOW d
- REFUSED r

A28. How many dental fillings has (CHILD) ever had?

- FILLINGS
- DON'T KNOW d
 - REFUSED r

A29. Have you ever had to take (CHILD) to the dentist because of an emergency, for example, because of a toothache or broken tooth?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

A30. How often are (CHILD)'s teeth brushed?

PROBE: This includes when (CHILD) brushes (his/her) own teeth and when they are brushed by an adult.

- NEVER 01
- LESS THAN ONCE A DAY 02
- ONCE A DAY 03
- TWICE A DAY 04
- MORE THAN TWICE A DAY 05
- DON'T KNOW d
- REFUSED r

GO TO SECTION B

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, including daytime and evening hours. How much time would you say (CHILD) spends watching television or watching videos on TV, either in your home or somewhere else?

PROBE: Do not count time (he/she) spends playing video games on TV.

|_|_| HOURS PER DAY

LESS THAN 1 HOUR PER WEEKDAY..... 00

DON'T KNOW d

REFUSED r

- B2. Now, think for a moment about a typical **weekend day** (Saturday or Sunday) for your family, including daytime and evening hours. How much time would you say (CHILD) spends watching television or watching videos on TV, either in your home or somewhere else?

PROBE: Do not count time (he/she) spends playing video games on TV.

|_|_| HOURS PER WEEKEND DAY

LESS THAN 1 HOUR PER WEEKEND DAY..... 00

DON'T KNOW d

REFUSED r

- B3. Think for a moment about a typical **weekday** for your family, including daytime and evenings hours. How much time would you say (CHILD) spends playing computer games or video games, either in your home or somewhere else?

PROBE: Video games includes things like Nintendo, Play Station and XBox.

|_|_| HOURS PER WEEKDAY

LESS THAN 1 HOUR PER WEEKDAY..... 00

DON'T KNOW d

REFUSED r

B4. Now, think for a moment about a typical **weekend day** (Saturday or Sunday) for your family, including daytime and evening hours. How much time would you say (CHILD) spends playing computer or video games, either in your home or somewhere else?

PROBE: Video games includes things like Nintendo, Play Station and XBox.

|_|_| HOURS PER WEEKEND DAY
LESS THAN 1 HOUR PER WEEKEND DAY 00
DON'T KNOW d
REFUSED r

B5. 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?

PROBE: By "typical" we mean the time the child usually spends outdoors during this season.

|_|_| HOURS PER WEEKDAY
LESS THAN 1 HOUR PER WEEKDAY 00
DON'T KNOW d
REFUSED r

B6. 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?

PROBE: By "typical" we mean the time the child usually spends outdoors during this season.

|_|_| HOURS PER WEEKEND DAY
LESS THAN 1 HOUR PER WEEKEND DAY 00
DON'T KNOW d
REFUSED r

B7. Do you have a television?

YES 01
NO 00 → **GO TO B9**

B8. 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. Include time someone is using the TV to play video games. Your best estimate will be fine.

|_|_| NUMBER OF HOURS
LESS THAN 1 HOUR PER DAY00
DON'T KNOW d
REFUSED r

B9. Do you have a computer in your home?

YES01
NO00 → **GO TO B11**

B10. Do you use the computer yourself?

YES01
NO00

B11. Does (CHILD) have a regular bedtime during the week?

YES01
NO00
DON'T KNOW d
REFUSED r } → **GO TO B14**

B12. When is (his/her) regular bedtime?

|_|_|:|_|_| AM.....01
PM.....02
DON'T KNOW d
REFUSED r

B13. 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

B14. Who usually puts (CHILD) to sleep at night?

NOTE: IF RESPONDENT ANSWERS THAT HE/SHE PUTS CHILD TO BED, CIRCLE THE CODE THAT INDICATES THE RESPONDENT'S RELATIONSHIP TO CHILD.

NOTE: CODE "PARENTS TAKE TURNS" OR "PARENTS ALTERNATE NIGHTS" AS "BOTH PARENTS."

- CHILD'S MOTHER 01
- CHILD'S FATHER 02
- RESPONDENT'S PARTNER/BOYFRIEND 03
- BOTH PARENTS 04
- CHILD'S GRANDPARENT(S) 05
- OTHER FAMILY MEMBER (SPECIFY) 06
- _____
- SOMEONE ELSE? (SPECIFY) 07
- _____

B15. 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
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO B17**

B16. 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

B17. Does (CHILD) usually sleep in this home or at someone else's home?

- IN THIS HOME 01
- SOMEONE ELSE'S HOME 02
- DON'T KNOW d
- REFUSED r

B18. 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
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO B23**

B19. 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

B20. Where does (CHILD) usually sleep, in a bedroom or another room (e.g., living room)?

PROBE: This is where the child spends most of the time sleeping each night.

- BEDROOM 01
 - OTHER ROOM 02
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO B23**

B21. Who else sleeps in the room with (CHILD)?

CIRCLE ALL THAT APPLY

- NO ONE—CHILD SLEEPS ALONE 01 → **GO TO B23**
- OTHER CHILD/CHILDREN 02
- PARENT(S) 03
- OTHER ADULT(S) 04
- DON'T KNOW d
- REFUSED r

B22. Does (CHILD) sleep alone in his own bed or does he share a bed with another child or adult?

- CHILD SLEEPS ALONE 01
- CHILD SLEEPS WITH ADULT 02
- CHILD SLEEPS WITH ANOTHER CHILD/
CHILDREN 03
- DON'T KNOW d
- REFUSED r

B23. How many hours of sleep a night does (CHILD) usually get?

- |_|_| NUMBER OF HOURS
- DON'T KNOW d
- REFUSED r

B24. How many hours of sleep a night do you usually get?

- |_|_| NUMBER OF HOURS
- DON'T KNOW d
- REFUSED r

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-C6 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. About how many toys, books or games does (CHILD) have that are helping or have helped (him/her) to learn about . . .

**SHOW
CARD #1**

	None	1-2	3-4	5 or more	DON'T KNOW	REFUSED
a. Colors?.....	01	02	03	04	d	r
b. Sizes?	01	02	03	04	d	r
c. Shapes?.....	01	02	03	04	d	r
d. Animal names or behaviors?.....	01	02	03	04	d	r
e. Numbers?.....	01	02	03	04	d	r
f. Spatial relationships, like (up/down), (big/little), or (in/out)?	01	02	03	04	d	r
g. Nursery rhymes or songs?	01	02	03	04	d	r
h. The alphabet?	01	02	03	04	d	r

C2. Are there any real or toy musical instruments, like a piano, drum, or guitar that (CHILD) can use?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

C3. Does (CHILD) have any puzzles?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO C5**

C4. About how many puzzles does (CHILD) have?

- NONE 01
- 1-2 02
- 3-4 03
- 5 OR MORE 04
- DON'T KNOW d
- REFUSED r

C5. Does (CHILD) have anything that (he/she) uses to make or draw things?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

C6. Does (CHILD) have access to toys or games requiring refined hand movements, such as coloring books, crayons, or beads and string?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

C7. In the past month, about how often have you or someone else in the family read to or with (CHILD)?

- Less than once a month 01
- About once a month 02
- A few times a month 03
- At least a few times a week 04
- Every day 05
- DON'T KNOW d
- REFUSED r

C8. About how many books are there in the house?

PROBE: Include books for adults as well as children.

PROBE: Include library books and books borrowed from family or friends.

- None 01 → **GO TO C13**
 - 1-10 02
 - 11-20 03
 - More than 20 04
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO C13**

C9. Are there any books for (CHILD'S) age?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO C13**

C10. About how many are books for (CHILD)'s age?

1 to 10	01
11 to 20	02
More than 20	03
DON'T KNOW	d
REFUSED	r

} → **GO TO C13**

C11. Are there any of these (CHILD)'s own books?

YES	01
NO	00 → GO TO C13

C12. About how many are (CHILD)'s own books?

None	01
1-2	02
3-4	03
5 or More	04
DON'T KNOW	d
REFUSED	r

C13. Does anyone in the household get a chance to read the newspaper at home everyday?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

C14. Does anyone in the household buy or subscribe to any magazines?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

C15. Now, thinking again about the past month, about how often have you encouraged (CHILD) to read?

- Less than once a month 01
- About once a month 02
- A few times a month 03
- At least a few times a week 04
- Every day 05
- DON'T KNOW d
- REFUSED r

C16. In the past month, about how often have you or someone else in the family involved (CHILD) in the following activities? Has it been less than once a month, about once a month, a few times a month, or at least a few times a week?

**SHOW
CARD #2**

	LESS THAN ONCE A MONTH	ABOUT ONCE A MONTH	A FEW TIMES A MONTH	AT LEAST A FEW TIMES A WEEK	DON'T KNOW	REFUSED
--	------------------------------	--------------------------	---------------------------	-----------------------------------	---------------	---------

C16A.	Done some outdoor activity with (CHILD)?	01	02	03	04	d	r
C16B.	Taken (CHILD) places?	01	02	03	04	d	r
C16C.	Included (CHILD) in hobbies or activities?	01	02	03	04	d	r

C17. Now, thinking about the past year, about how often have you OR someone else in the family taken or arranged for (CHILD) to do the following activities? Has it been never, once, 2 or 3 times, or more than 3 times in the year?

**SHOW
CARD #3**

	NEVER	ONCE	2-3 TIMES LAST YEAR	MORE THAN 3 TIMES LAST YEAR	DON'T KNOW	REFUSED
--	-------	------	------------------------	-----------------------------------	---------------	---------

C17A.	Go to a place like a museum or zoo?	01	02	03	04	d	r
C17B.	Take trip on a plane, bus or train, not including local trips on the bus or subway?	01	02	03	04	d	r
C17C.	Take a trip more than 50 miles from home?	01	02	03	04	d	r

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) of last year.

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 D14**

- 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 D10**

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) of last year, 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 D14**

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

D14. Some young children are “picky eaters” and others like a wide variety of foods. What best describes (CHILD). Is (he/she) a very picky eater, a somewhat picky eater, or not a picky eater?

- VERY PICKY EATER 01
- SOMEWHAT PICKY EATER 02
- NOT A PICKY EATER 03
- DON'T KNOW d
- REFUSED r

D15. On a typical day, about how many servings of the following foods does (CHILD) eat?

	None	1	2	3	4	5 or more	DON'T KNOW	REFUSED
A. Milk	0	1	2	3	4	5	d	r
B. Other dairy products (eggs, cheese, yogurt)	0	1	2	3	4	5	d	r
C. Fruit juice	0	1	2	3	4	5	d	r
D. Soda (e.g., Coke, Pepsi)	0	1	2	3	4	5	d	r
E. Fresh fruit or vegetables	0	1	2	3	4	5	d	r
F. Candy or sweets	0	1	2	3	4	5	d	r
G. Frozen or canned vegetables	0	1	2	3	4	5	d	r
H. Snack foods or chips	0	1	2	3	4	5	d	r
I. Starches like bread, cereal or spaghetti	0	1	2	3	4	5	d	r

D16. About how many times a week does (CHILD) eat a meal from a “fast food” restaurant (e.g., McDonald’s, KFC, etc.)?

- None or hardly ever 01
- 1 time 02
- 2 times 03
- 3 times 04
- 4 times 05
- 5 or more times 06
- DON’T KNOW d
- REFUSED r

D17. How often does (CHILD) take a vitamin?

- Less than once a week 01
- Once a week 02
- Several times a week 03
- Every day or more often 04
- DON’T KNOW d
- REFUSED r

GO TO SECTION E

E. HOUSING/BUILDING CHARACTERISTICS

E1. WHAT FLOOR IS THE APARTMENT ON?

INTERVIEWER: IF BASEMENT APARTMENT, CODE 00.

|_|_| FLOOR

NOT APPLICABLE, SINGLE

FAMILY DWELLING..... n → **GO TO E3**

E1A. IS THIS AN APARTMENT ON THE 3RD FLOOR OR HIGHER?

YES 01

NO 00 → **GO TO E3**

E1B. IS THERE AN ELEVATOR?

YES 01

NO 00 → **GO TO E3**

E1C. IS IT OPERATIONAL?

YES 01

NO 00

E2. 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 E3**

E2A. How quickly is it fixed?

Same day 01

Same week 02

Longer than that 03

E3. How many rooms, not counting bathrooms, are in this (apartment/house)?

|_|_| NUMBER OF ROOMS

E4. How many bedrooms are in this (apartment/house)?

|_|_| NUMBER OF BEDROOMS

E5. How many people (adults and children) live here now?

|_|_| NUMBER OF PEOPLE

F. PARENTAL STRESS AND MASTERY

F1. Having a child can sometimes be stressful. This section is about how stressful having (CHILD) has been for you and the ways in which you have had to adjust your life. I will read you a series of statements. 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.

SHOW CARD #4	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

F2. 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

F3. 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?

SHOW CARD #5		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

GO TO SECTION G

G. DISCIPLINE

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 has this never happened?

SHOW CARD #6		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
G1.	Explain to (CHILD) why something (he/she) did was wrong	01	02	03	04	05	06	07	00
G2.	Put (CHILD) in "time out" (or sent (CHILD) to (his/her) room).....	01	02	03	04	05	06	07	00
G3.	Shook (CHILD)	01	02	03	04	05	06	07	00
G4.	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
G5.	Gave (him/her) something else to do instead of what (he/she) was doing	01	02	03	04	05	06	07	00
G6.	Shouted, yelled, or screamed at (CHILD)	01	02	03	04	05	06	07	00
G7.	Spanked (him/her) on the bottom with your bare hand	01	02	03	04	05	06	07	00
G8.	Swore or cursed at (him/her)	01	02	03	04	05	06	07	00
G9.	Said you would send (him/her) away or would kick (him/her) out of the house	01	02	03	04	05	06	07	00
G10.	Threatened to spank or hit (him/her) but did not actually do it.....	01	02	03	04	05	06	07	00
G11.	Slapped (him/her) on the hand, arm, or leg	01	02	03	04	05	06	07	00
G12.	Took away privileges from (him/her).....	01	02	03	04	05	06	07	00
G13.	Pinched (him/her)	01	02	03	04	05	06	07	00
G14.	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 has this never happened?

**SHOW
CARD #6**

	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
G15. 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
G16. 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
G17. Were not able to make sure (CHILD) got the food (he/she) needed	01	02	03	04	05	06	07	00
G18. 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
G19. Were so drunk or high that you had a problem taking care of your child	01	02	03	04	05	06	07	00

G20. Does (CHILD)'s father live in the household?

YES 01 → **GO TO G23**

NO 00 → **GO TO G21**

G21. **IF “NO” TO G20:** Is there another adult, besides you, who lives in the household and spends time caring for (CHILD)?

YES 01 → **GO TO G22**

NO 00 → **GO TO SECTION H**

G22. **IF “YES” TO G21:** Who is that?

RESPONDENT’S SPOUSE/BOYFRIEND/GIRLFRIEND.....01

CHILD’S GRANDMOTHER.....02

CHILD’S GRANDFATHER03

OTHER RELATIVE (SPECIFY).....04

OTHER NON-RELATIVE (SPECIFY).....05

G23. 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 G22. IN THE FOLLOWING QUESTION, REFER TO THIS PERSON (DENOTED “SECONDARY CAREGIVER”) BY THE APPROPRIATE TITLE (FOR EXAMPLE, FATHER, GRANDMOTHER, ETC.)

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 has this never happened?

SHOW CARD #6		ONCE	TWICE	3-5 TIMES	6-10 TIMES	11-20 TIMES	MORE THAN 20 TIMES	YES BUT NOT IN PAST YEAR	THIS HAS NEVER HAPPENED	DON'T KNOW
G23A.	Explain to (CHILD) why something (he/she) did was wrong	01	02	03	04	05	06	07	00	d
G23B.	Put (CHILD) in “time out” (or sent to (CHILD) to (his/her) room).....	01	02	03	04	05	06	07	00	d
G23C.	Shook (CHILD).....	01	02	03	04	05	06	07	00	d
G23D.	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	d
G23E.	Gave (him/her) something else to do instead of what (he/she) was doing.....	01	02	03	04	05	06	07	00	d
G23F.	Shouted, yelled, or screamed at (CHILD).....	01	02	03	04	05	06	07	00	d
G23G.	Spanked (him/her) on the bottom with their bare hand.....	01	02	03	04	05	06	07	00	d
G23H.	Swore or cursed at (him/her)....	01	02	03	04	05	06	07	00	d
G23I.	Said he or she would send (CHILD) away or would kick (him/her) out of the house	01	02	03	04	05	06	07	00	d
G23J.	Threatened to spank or hit (him/her) but did not actually do it	01	02	03	04	05	06	07	00	d
G23K.	Slapped (him/her) on the hand, arm, or leg.....	01	02	03	04	05	06	07	00	d
G23L.	Took away privileges from (him/her).....	01	02	03	04	05	06	07	00	d
G23M.	Pinched (him/her).....	01	02	03	04	05	06	07	00	d
G23N.	Called (him/her) dumb or lazy or some other name like that....	01	02	03	04	05	06	07	00	d

G24. NOTE TO INTERVIEWER: THE FOLLOWING QUESTION REFERS TO BEHAVIOR CONDUCTED BY THE CHILD'S FATHER, IF HE LIVES IN THE HOUSE, OR BY THE ADULT IDENTIFIED IN G22. IN THE FOLLOWING QUESTION, REFER TO THIS PERSON (DENOTED "SECONDARY CAREGIVER") BY THE APPROPRIATE TITLE (FOR EXAMPLE, FATHER, GRANDMOTHER, ETC.)

Please tell me how many times in the past year (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 has this never happened?

**SHOW
CARD #6**

	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	DON'T KNOW
G24A. Had to leave (CHILD) home alone, even though some adult should have been with (him/her).....	01	02	03	04	05	06	07	00	d
G24B. Was so caught up with (his/her) own problems that (he/she) was not able to show or tell (CHILD) that (he/she) loved (CHILD)	01	02	03	04	05	06	07	00	d
G24C. Was not able to make sure (CHILD) got the food (he/she) needed	01	02	03	04	05	06	07	00	d
G24D. Was not able to make sure (CHILD) got to a doctor or hospital when (he/she) needed it	01	02	03	04	05	06	07	00	d
G24E. Was so drunk or high that (he/she) had a problem taking care of (CHILD)	01	02	03	04	05	06	07	00	d

H. 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
H1. 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
H2. (In the past year, about how many times) were you hit, slapped, punched, or beaten up by someone?	00	01	02	03	04
H3. (In the past year, about how many times) did you see someone else get attacked by someone with a weapon, like a knife or bat?	00	01	02	03	04
H4. (In the past year, about how many times) were you attacked by someone with a weapon?	00	01	02	03	04
H5. (In the past year, about how many times) did you see someone else get shot at by someone?	00	01	02	03	04
H6. (In the past year, about how many times) were you shot at by someone?	00	01	02	03	04
H7. (In the past year, about how many times) did you see someone get killed because of violence by someone?	00	01	02	03	04

GO TO SECTION J.
NO SECTION I IN THIS SURVEY.

J. CPS CONTACT

J1. Since (CHILD) was born, has Child Protective Services or (LOCAL NAME FOR CHILD PROTECTIVE SERVICES) contacted you about any child or children in this household?

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

J2. How many times have you been contacted since (CHILD) was born?

- |_|_| NUMBER OF TIMES
 DON'T KNOW d
 REFUSED r

J3. In what month and year did (this contact/ the most recent contact) occur?

- |_|_| / |_|_|_|_|
 MONTH YEAR
 DON'T KNOW d
 REFUSED r

J3A. **INTERVIEWER: DID RESPONDENT ANSWER "REFUSED" TO EITHER J2 OR J3?**

- YES, BOTH J2 AND J3 01 → **GO TO J3B**
 YES, EITHER J2 OR J3 02
 NO, NEITHER J2 OR J3 03
- } → **GO TO J4**

J3B. I understand that some of these questions are very personal. However, your answers will be held strictly confidential and no one will be able to associate your name with your answers. I have about 6 more sensitive questions to ask you. You can refuse to answer any questions you feel are too personal. Can we continue with these questions?

INTERVIEWER: CAN YOU PROCEED?

- YES 01 → **GO TO J4**
 NO r → **GO TO SECTION K**

J4. Were you told why Child Protective Services was contacting you?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
 - RESPONDENT WANTED TO SKIP TO NEXT SECTION..... s → GO TO SECTION K
- } → GO TO J6

J5. What were the concerns that Child Protective Services told you? You can just tell me the letters that correspond to the concerns on this card.

**SHOW
CARD #8**

PROBE: ONLY IF RESPONDENT APPEARS UNCOMFORTABLE ANSWERING QUESTION: Remember, your answers are confidential, but you can refuse to answer any question. Can we continue with these questions, or would you rather go to the next set of questions?

CIRCLE ALL THAT APPLY

- A. Physical abuse 01
 - B. Sexual abuse 02
 - C. Neglect 03
 - D. Other..... 04 → GO TO J5A
 - REFUSED r → GO TO J6
 - RESPONDENT WANTED TO SKIP TO NEXT SECTION..... s → GO TO SECTION K
- } → GO TO J6

J5A. Can you tell me what this concern was?

- YES (SPECIFY) 01
- _____
- NO 00
- REFUSED r

J6. Did (this contact/the most recent contact) concern (CHILD) or another child in this household, or both (CHILD) and other child or children in this household?

PROBE: ONLY IF RESPONDENT APPEARS UNCOMFORTABLE ANSWERING
QUESTION: Remember, your answers are confidential, but you can refuse to answer any question. Can we continue with these questions, or would you rather go to the next set of questions?

- CHILD..... 01
- ANOTHER CHILD 02
- CHILD AND OTHER CHILD/CHILDREN 03
- DON'T KNOW d
- REFUSED r
- RESPONDENT WANTED TO
SKIP TO NEXT SECTION..... s → **GO TO SECTION K**

J7. Were these concerns a result of actions by you yourself, someone else living in your household, or someone outside the household?

PROBE: ONLY IF RESPONDENT APPEARS UNCOMFORTABLE ANSWERING
QUESTION: Remember, your answers are confidential, but you can refuse to answer any question. Can we continue with these questions, or would you rather go to the next set of questions?

CIRCLE ALL THAT APPLY

- Self 01
- Someone else living in the household 02
- Someone outside of the household 03
- DON'T KNOW d
- REFUSED r
- RESPONDENT WANTED TO
SKIP TO NEXT SECTION..... s → **GO TO SECTION K**

J8. Did a Child Protective Services worker monitor your case because of these concerns?

PROBE: ONLY IF RESPONDENT APPEARS UNCOMFORTABLE ANSWERING

QUESTION: Remember, your answers are confidential, but you can refuse to answer any question. Can we continue with these questions, or would you rather go to the next set of questions?

- YES, CASE MONITORED..... 01
- NO, CASE NOT MONITORED..... 00
- DON'T KNOW d
- REFUSED r
- RESPONDENT WANTED TO
SKIP TO NEXT SECTION..... s → **GO TO SECTION K**

J9. Was there court involvement because of these concerns?

PROBE: ONLY IF RESPONDENT APPEARS UNCOMFORTABLE ANSWERING

QUESTION: Remember, your answers are confidential, but you can refuse to answer any question. Can we continue with these questions, or would you rather go to the next set of questions?

- YES, COURT INVOLVEMENT..... 01
- NO, NO COURT INVOLVEMENT 00
- DON'T KNOW d
- REFUSED r
- RESPONDENT WANTED TO
SKIP TO NEXT SECTION..... s → **GO TO SECTION K**

J10. Was one or more of your children placed out of your home because of these concerns?

PROBE: ONLY IF RESPONDENT APPEARS UNCOMFORTABLE ANSWERING

QUESTION: Remember, your answers are confidential, but you can refuse to answer any question. Can we continue with these questions, or would you rather go to the next set of questions?

- YES, CHILD/CHILDREN PLACED OUT
OF HOME..... 01
 - NO, CHILD/CHILDREN NOT PLACED
OUT OF HOME 00
 - DON'T KNOW d
 - REFUSED r
 - RESPONDENT WANTED TO
SKIP TO NEXT SECTION..... s
- } → **GO TO SECTION K**

J11. Where did the child(ren) go to live for the most amount of time while they were out of your home?

- RELATIVE'S/KIN'S HOME 01
 - FOSTER FAMILY HOME 02
 - RESIDENTIAL INSTITUTION 03
 - OTHER (SPECIFY) 04
-
- DON'T KNOW d
 - REFUSED r

K. FOOD EXPENDITURES

K0. Does (CHILD) get free meals while at child care or school?

PROBE: "Free meals" are meals that are paid for by a government program or agency. Do not include meals that are covered by tuition you pay for child care or school.

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

K0A. **CHECK CONTACT SHEET. DOES RESPONDENT HAVE OTHER CHILDREN?**

YES 01
 NO 00 → **GO TO K1**
 DON'T KNOW d

K0B. Do any of your other children get free meals while at child care or in school?

PROBE: "Free meals" are meals that are paid for by a government program or agency. Do not include meals that are covered by tuition you pay for child care or school.

YES 01
 NO 00
 DON'T KNOW d

K1. Did (you/you or anyone else in your family living with you) use government food stamps, in the last month?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

} → **GO TO K2**

K1A1. About how much did (you/you or anyone else in your family living with you) receive in food stamps last month?

\$ | | | , | | | |

DON'T KNOW d

REFUSED r

K1A2. In addition to what you buy with food stamps, do (you/you and anyone else in your family living with you) spend any money on food that you use at home?

YES 01

NO 00

DON'T KNOW d

REFUSED r



K2. 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.)

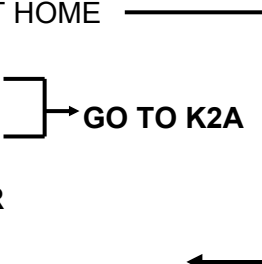
NOTE: FOR FAMILIES THAT RECEIVE FOOD STAMPS, ADD: "This should not include what you buy with food stamps."

PROBE: Your best estimate is fine.

\$ | | | , | | | | COST OF FOOD USED AT HOME

DON'T KNOW d

REFUSED r



PER

DAY 01

WEEK 02

TWO WEEKS 03

MONTH 04

OTHER (SPECIFY) 05

GO TO K3

K2A. 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

K3. Do you have any food delivered to the door which isn't included in that amount?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO K5**

K4. 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
 - REFUSED r
- } → **GO TO K4A**
- PER**
- DAY 01
 - WEEK 02
 - TWO WEEKS 03
 - MONTH 04
 - OTHER (SPECIFY) 05
-

GO TO K5

K4A. 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

K5. 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 K5A

PER

DAY 01

WEEK 02

TWO WEEKS 03

MONTH 04

OTHER (SPECIFY) 05

GO TO K6

K5A. 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

K6. 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
 - OTHER (SPECIFY) 06
-

K7. 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
- DON'T KNOW d
- REFUSED r

K8. 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
-

K9. We would like to know about help you may have received from the Women, Infants, and Children (W.I.C.) program during your pregnancy with (CHILD) or since (CHILD) was born. Have you received any help from WIC during this period?

PROBE: This may include help you received from WIC for a baby you had after (CHILD).

YES 01
NO 00
DON'T KNOW d
REFUSED r

→ **GO TO SECTION L**

K10. Did you receive any help from WIC during your pregnancy with (CHILD)?

YES 01
NO 00
DON'T KNOW d
REFUSED r

→ **GO TO K11**

K10A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

A nutrition packet or supplement for yourself? 01
Some other help? (SPECIFY) 02

K11. Did you receive any help from WIC when (CHILD) was less than a year old?

YES 01
NO 00
DON'T KNOW d
REFUSED r

→ **GO TO K12**


K11A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

- Formula? 01
 - A nutrition packet or supplement for yourself? 02
 - A nutrition packet or supplement for (CHILD)?..... 03
 - Some other help? (SPECIFY) 04
-

K12. Did you receive any help from WIC when (CHILD) was between one and two years old?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- 
- GO TO K13**


K12A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

- Formula? 01
 - A nutrition packet or supplement for yourself? 02
 - A nutrition packet or supplement for (CHILD)?..... 03
 - Some other help? (SPECIFY) 04
-

K13. Did you receive any help from WIC when (CHILD) was between two and three years old?

- YES 01
 - NO 00
 - DON'T KNOW d
 - REFUSED r
- 
- GO TO K14**

K13A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

- Formula? 01
 - A nutrition packet or supplement for yourself? 02
 - A nutrition packet or supplement for (CHILD) or
another child? 03
 - Some other help? (SPECIFY) 04
-

K14. Did you receive any help from WIC since (CHILD) turned three years old?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r



K14A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

- Formula? 01
 - A nutrition packet or supplement for yourself? 02
 - A nutrition packet or supplement for (CHILD) or
another child? 03
 - Some other help? (SPECIFY) 04
-

L. CHILD'S BEHAVIOR

SHOW
CARD #9

Our final questions are about (CHILD) and how (he/she) behaves.

(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
L1. (He/She) argues a lot.....	00	01	02
L2. (He/She) brags or boasts	00	01	02
L3. (He/She) understands others' feelings, like when they are happy, sad or mad.....	00	01	02
L4. (He/She) overeats	00	01	02
L5. (He/She) complains of loneliness	00	01	02
L6. (He/She) is confused or seems to be in a fog	00	01	02
L7. (He/She) is cruel, bullies and shows meanness to others	00	01	02
L8. (He/She) day-dreams or gets lost in thoughts.....	00	01	02
L9. (He/She) destroys (his/her) own things	00	01	02
L10. (He/She) destroys things belonging to family or others.....	00	01	02
L11. (He/She) is sympathetic toward other children's distress, tries to comfort others when they are upset	00	01	02
L12. (He/She) is disobedient at home	00	01	02
L13. (He/She) is disobedient at school or in childcare	00	01	02
L14. (He/She) gets hurt a lot or is accident-prone	00	01	02
L15. (He/She) is open and direct about what (he/she) wants.....	00	01	02
L16. (He/She) is easily jealous.....	00	01	02
L17. (He/She) fears that (he/she) might think or do something bad.....	00	01	02
L18. (He/She) feels (he/she) has to be perfect.....	00	01	02
L19. (He/She) feels or complains that no one loves (him/her).....	00	01	02
L20. (He/She) feels others are out to get (him/her).....	00	01	02

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
L21. (He/She) gets in many fights	00	01	02
L22. (He/She) gets teased a lot.....	00	01	02
L23. (He/She) hangs around with others who get in trouble	00	01	02
L24. (He/She) is impulsive or acts without thinking.....	00	01	02
L25. (He/She) would rather be alone than with others	00	01	02
L26. (He/She) lies or cheats	00	01	02
L27. (He/She) has nervous movements or twitches.....	00	01	02
L28. (He/She) is not liked by other kids	00	01	02
L29. (He/She) feels too guilty	00	01	02
L30. (He/She) will join a group of children playing	00	01	02
L31. (He/She) is overweight.....	00	01	02
L32. In social activities, (he/she) tends to just watch others.....	00	01	02
L33. (He/She) physically attacks people.....	00	01	02
L34. (He/She) does poor school work	00	01	02
L35. (He/She) is poorly coordinated or clumsy.....	00	01	02
L36. (He/She) prefers being with older kids	00	01	02
L37. (He/She) prefers being with younger kids	00	01	02
L38. (He/She) refuses to talk	00	01	02
L39. (He/She) runs away from home	00	01	02
L40. (He/She) screams a lot	00	01	02
L41. (He/She) can easily get other children to pay attention to (him/her)	00	01	02
L42. (He/She) is secretive, keeps things to self.....	00	01	02
L43. (He/She) is self-conscious or easily embarrassed.....	00	01	02
L44. (He/She) sets fires.....	00	01	02
L45. (He/She) shows off or clowns around	00	01	02

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
L46. (He/She) is shy or timid.....	00	01	02
L47. (He/She) stares blankly.....	00	01	02
L48. (He/She) says “please” and “thank you” when reminded	00	01	02
L49. (He/She) steals at home	00	01	02
L50. (He/She) steals outside the home	00	01	02
L51. (He/She) asks or wants to go play with other children	00	01	02
L52. (He/She) sulks a lot	00	01	02
L53. (He/She) is suspicious	00	01	02
L54. (He/She) swears or uses obscene language	00	01	02
L55. (He/She) plays games and talks with other children.....	00	01	02
L56. (He/She) talks too much.....	00	01	02
L57. (He/She) teases a lot.....	00	01	02
L58. (He/She) is confident with other people	00	01	02
L59. (He/She) threatens people	00	01	02
L60. (He/She) tends to be proud of things (he/she) does.....	00	01	02
L61. (He/She) is underactive, slow moving, or lacks energy.....	00	01	02
L62. (He/She) is unusually loud.....	00	01	02
L63. (He/She) is interested in many and different things.....	00	01	02
L64. (He/She) vandalizes	00	01	02
L65. (He/She) worries	00	01	02
L66. (He/She) enjoys talking to you	00	01	02

NO SECTION M.
GO TO SECTION N.

N.



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**
- NO 00 → **SET UP TIME TO RETURN TO COMPLETE ACTIVITIES, GO TO N1E**

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**

N1E. IS THIS PERSON A PARENT OF THE CHILD?

- YES 01 → **GO TO N2**
- NO 00

N1F. DOES THE CHILD LIVE WITH EITHER PARENT?

- YES 01 → **GO TO N2**
- NO 00 → **GO TO “OTHER CAREGIVER” SURVEY**

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 eight 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 STREET 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 00
NOT OBSERVED d

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

YES 01
NO 00
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 00
NOT OBSERVED d

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

YES 01
NO 00
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 00
NOT OBSERVED d

R4. DOES THE HOUSING UNIT CONTAIN HOLES IN FLOOR?

YES 01
NO 00
NOT OBSERVED d

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

YES 01
NO 00
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
- CLOTHING IS WORN, BUT MENDED OR
NOT RIPPED OR TORN 03
- CLOTHING IS WORN, BUT NOT MENDED,
OBVIOUS RIPS OR TEARS 04
- CLOTHING IS TOO TIGHT FOR
COMFORTABLE FIT 05
- CLOTHING IS TOO LARGE 06
- CLOTHING IS TOO LIGHT WEIGHT FOR
INDOOR TEMPERATURE (UNDERDRESSED) 07
- CLOTHING IS TOO WARM FOR
INDOOR TEMPERATURE (OVERDRESSED) 08
- OTHER NEGATIVE CONDITIONS NOT
COVERED (SPECIFY) 09
-
- CODE HERE IF NONE OF THE
ABOVE APPLY 10
- CODE HERE IF DID NOT OBSERVE CHILD d

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
- CHILD NOT OBSERVED d

S3. HAIR

- COMBED AND CLEAN 01
- UNCOMBED BUT CLEAN 02
- VISIBLY DIRTY 03
- CHILD NOT OBSERVED d

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
- CHILD NOT OBSERVED d

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 TALKS TWICE TO (CHILD) DURING VISIT (BEYOND CORRECTION AND INTRODUCTION).

TALKS TWICE TO CHILD..... 01
DOESN'T TALK TWICE TO CHILD 00
CHILD NOT OBSERVED d

T2. PARENT VERBALLY ANSWERS (CHILD'S) QUESTIONS OR REQUESTS.

PARENT ANSWERS QUESTIONS..... 01
PARENT DOESN'T ANSWER QUESTIONS 00
CHILD NOT OBSERVED d

T3. PARENT ENCOURAGES (CHILD) TO CONTRIBUTE TO CONVERSATION DURING VISIT.

PARENT ENCOURAGES CONTRIBUTION.....01
PARENT DOESN'T ENCOURAGE
CONTRIBUTION00
CHILD NOT OBSERVEDd

T4. PARENT HELPS (CHILD) DEMONSTRATE SOME ACHIEVEMENT OR MENTIONS A PARTICULAR SKILL, STRENGTH, OR ACHIEVEMENT DURING VISIT.

PARENT HELPS OR MENTIONS.....01
PARENT DOESN'T HELP OR MENTION.....00
CHILD NOT OBSERVEDd

T5. PARENT SPONTANEOUSLY PRAISES (CHILD)'S BEHAVIOR OR QUALITIES TWICE DURING VISIT.

PARENT PRAISES TWICE.....01
PARENT DOESN'T PRAISE TWICE00
CHILD NOT OBSERVEDd

T6. PARENT USES SOME TERM OF ENDEARMENT OR SOME DIMINUTIVE FOR (CHILD)'S NAME WHEN TALKING ABOUT OR TO HIM/HER AT LEAST TWICE DURING VISIT.

PARENT USES ENDEARMENT TWICE OR MORE01
PARENT DOESN'T USE ENDEARMENT TWICE00
CHILD NOT OBSERVEDd

T7. PARENT'S VOICE CONVEYS POSITIVE FEELINGS WHEN SPEAKING OF OR TO (CHILD).

PARENT CONVEYS POSITIVE FEELINGS01
PARENT DOESN'T CONVEY POSITIVE FEELINGS.....00

T8. PARENT CARESSES, KISSES, OR CUDDLES (CHILD) ONCE DURING VISIT.

PARENT CARESSES, ETC.01
PARENT DOESN'T CARESS, ETC.00
CHILD NOT OBSERVEDd

T9. PARENT SHOUTS AT (CHILD) DURING VISIT.

PARENT SHOUTS01
PARENT DOESN'T SHOUT00
CHILD NOT OBSERVEDd

T11. PARENT EXPRESSES OVERT ANNOYANCE WITH OR HOSTILITY TOWARD (CHILD) [COMPLAINS, DESCRIBES HIM/HER AS "BAD", SAYS HE WON'T MIND, ETC.]

PARENT EXPRESSES ANNOYANCE01
PARENT DOESN'T EXPRESS ANNOYANCE00
CHILD NOT OBSERVEDd

T12. PARENT SLAPS OR SPANKS (CHILD) DURING VISIT.

PARENT SLAPS OR SPANKS01
PARENT DOESN'T SLAP OR SPANK00
CHILD NOT OBSERVEDd

T13. PARENT SCOLDS, DEROGATES OR CRITICIZES (CHILD) MORE THAN ONCE DURING VISIT.

PARENT SCOLDS MORE THAN ONCE01
PARENT DOESN'T SCOLD MORE THAN ONCE00
CHILD NOT OBSERVEDd

T14. PARENT'S SPEECH IS DISTINCT, CLEAR, AND AUDIBLE TO INTERVIEWER.

PARENT'S SPEECH IS DISTINCT01
PARENT'S SPEECH IS NOT DISTINCT00

T15. PARENT INITIATES VERBAL EXCHANGES WITH VISITOR, ASKS QUESTIONS, MAKES SPONTANEOUS COMMENTS.

PARENT INITIATES EXCHANGES01
PARENT DOESN'T INITIATE EXCHANGES00

T16. PARENT EXPRESSES IDEAS FREELY AND EASILY AND USES STATEMENTS OF APPROPRIATE LENGTH.

PARENT EXPRESSES IDEAS FREELY01
PARENT DOESN'T EXPRESS IDEAS FREELY00

T17. PARENT APPEARS TO READILY UNDERSTAND THE INTERVIEWER'S QUESTIONS.

PARENT APPEARS TO UNDERSTAND QUESTIONS..... 01

PARENT DOES NOT APPEAR TO UNDERSTAND QUESTIONS 00

T18. AT LEAST 10 BOOKS WERE PRESENT AND VISIBLE IN THE HOUSEHOLD.

AT LEAST 10 BOOKS WERE VISIBLE01

LESS THAN 10 BOOKS WERE VISIBLE00

NO CHANCE TO OBSERVE.....d

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

CHILD NOT OBSERVED d

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

CHILD NOT OBSERVED d

U3. HOW PERSISTENT WAS THE CHILD WHEN COMPLETING THE W-J LETTER-WORD TEST? (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 PERSISTENT 05

CHILD NOT OBSERVED/DID NOT TAKE TEST..... d

U4. HOW COOPERATIVE WAS THE CHILD DURING THE W-J LETTER-WORD TEST?

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; COOPERATES HALF THE TIME..... 03

TYPICALLY COOPERATES; ONE OR TWO INSTANCES OF RESISTANCE 04

CONSISTENTLY COOPERATES 05

CHILD NOT OBSERVED/DID NOT TAKE TEST..... d

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 PERSISTENT 05

CHILD NOT OBSERVED/DID NOT TAKE TEST..... d

U6. HOW COOPERATIVE WAS THE CHILD DURING THE PPVT?

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; COOPERATES HALF
THE TIME..... 03

TYPICALLY COOPERATES; ONE OR TWO
INSTANCES OF RESISTANCE 04

CONSISTENTLY COOPERATES 05

CHILD NOT OBSERVED/DID NOT TAKE TEST..... d

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; COOPERATES HALF THE TIME	03
TYPICALLY COOPERATES; ONE OR TWO INSTANCES OF RESISTANCE	04
CONSISTENTLY COOPERATES	05
CHILD NOT OBSERVED/NOT WEIGHED OR MEASURED.....	d

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 → GO TO V9

V8. **WHO WAS PRESENT?**

CIRCLE ALL THAT APPLY

FATHER 01
 OTHER FAMILY MEMBERS 02
 FRIENDS 03

V9. **ADDITIONAL COMMENTS:**

<p>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.</p>	
<p>_____ INTERVIEWER SIGNATURE</p>	<p> _ _ _ _ _ ID NUMBER</p>
<p>_____ DATE</p>	