IN HOME
LONGITUDINAL STUDY OF
PRE-SCHOOL AGED CHILDREN

(AFFILIATED WITH THE SURVEY OF PARENTS)

PARENT QUESTIONNAIRE

<table>
<thead>
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<th>SECTION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<td>WEIGHT/HEIGHT (ACTIVITY A)</td>
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</tr>
</tbody>
</table>

Conducted by:
Mathematica Policy Research, Inc.
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Princeton, NJ 08543-2393
for
Princeton University
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 → GO TO QUESTION 0.5
YES, BY FIELD INTERVIEWER ..........................02
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: 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.

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.

<table>
<thead>
<tr>
<th>MOST RECENT ACCIDENT OR INJURY</th>
<th>NEXT MOST RECENT ACCIDENT OR INJURY</th>
<th>NEXT MOST RECENT ACCIDENT OR INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTH / YEAR</td>
<td>MONTH / YEAR</td>
</tr>
<tr>
<td>in a car, ......................... 01</td>
<td>in a car, ......................... 01</td>
<td>in a car, ......................... 01</td>
</tr>
<tr>
<td>in (his/her) home, or yard .......... 02</td>
<td>in (his/her) home, or yard .......... 02</td>
<td>in (his/her) home, or yard .......... 02</td>
</tr>
<tr>
<td>in someone else’s home, or yard ...... 03</td>
<td>in someone else’s home, or yard ...... 03</td>
<td>in someone else’s home, or yard ...... 03</td>
</tr>
<tr>
<td>at day care or a school, .......... 04</td>
<td>at day care or a school, .......... 04</td>
<td>at day care or a school, .......... 04</td>
</tr>
<tr>
<td>park playground or other public place, or .......... 05</td>
<td>park playground or other public place, or .......... 05</td>
<td>park playground or other public place, or .......... 05</td>
</tr>
<tr>
<td>someplace else? (SPECIFY) ............... 06</td>
<td>someplace else? (SPECIFY) ............... 06</td>
<td>someplace else? (SPECIFY) ............... 06</td>
</tr>
</tbody>
</table>

A16B. Please tell me about the accident or injury on (DATE ABOVE). What happened?

INTERVIEWER: USE PROBE FOR INFORMATION AS NECESSARY.

(Where did the accident or injury in (MONTH) happen? Was it . . . )

<table>
<thead>
<tr>
<th>PROBE: Anything else?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
</tr>
<tr>
<td>BURNED OR SCALDED ...... 01</td>
</tr>
<tr>
<td>BRUISED, CUT OR SCRAPED .......... 02</td>
</tr>
<tr>
<td>SPRAIN OR DISLOCATION .......... 03</td>
</tr>
<tr>
<td>BROKEN BONE ............... 04</td>
</tr>
<tr>
<td>POISONED/MEDICINE OVERDOSE ............ 05</td>
</tr>
<tr>
<td>EYE INJURY ................... 06</td>
</tr>
<tr>
<td>HEAD INJURY ................... 07</td>
</tr>
<tr>
<td>SWALLOWED AN OBJECT ... 08</td>
</tr>
<tr>
<td>SOMETHING ELSE (SPECIFY) .......... 00</td>
</tr>
</tbody>
</table>

A16C. (What kind of injury did (CHILD) have (that time)?)

PROBE: Anything else?

<table>
<thead>
<tr>
<th>PROBE: Anything else?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
</tr>
<tr>
<td>BURNED OR SCALDED ...... 01</td>
</tr>
<tr>
<td>BRUISED, CUT OR SCRAPED ...... 02</td>
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<tr>
<td>SPRAIN OR DISLOCATION ............ 03</td>
</tr>
<tr>
<td>BROKEN BONE ................ 04</td>
</tr>
<tr>
<td>POISONED/MEDICINE OVERDOSE ........ 05</td>
</tr>
<tr>
<td>EYE INJURY ................. 06</td>
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<tr>
<td>HEAD INJURY ................. 07</td>
</tr>
<tr>
<td>SWALLOWED AN OBJECT ... 08</td>
</tr>
<tr>
<td>SOMETHING ELSE (SPECIFY) .......... 00</td>
</tr>
</tbody>
</table>

A16D. (Who was in charge of (CHILD) when (he/she) was injured (that time)?)

PROBE: Anyone else?

<table>
<thead>
<tr>
<th>PROBE: Anyone else?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
</tr>
<tr>
<td>MOTHER ................. 01</td>
</tr>
<tr>
<td>RESIDENT FATHER ........ 02</td>
</tr>
<tr>
<td>NON-RESIDENT FATHER .... 03</td>
</tr>
<tr>
<td>OTHER HOUSEHOLD MEMBER (SPECIFY RELATIONSHIP) .......... 04</td>
</tr>
<tr>
<td>BABYSITTER/CARETAKER TEACHER OR DAYCARE WORKER ............ 05</td>
</tr>
<tr>
<td>FRIEND .................... 06</td>
</tr>
<tr>
<td>FOSTER PARENT .......... 07</td>
</tr>
<tr>
<td>CHILD WAS ALONE OR WITH CHILD UNDER 12 ........ 08</td>
</tr>
</tbody>
</table>

A16E. IS THERE ANOTHER ACCIDENT OR INJURY TO ASK ABOUT?

<table>
<thead>
<tr>
<th>IS THERE ANOTHER ACCIDENT OR INJURY TO ASK ABOUT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...... 01 → GO TO COLUMN 2</td>
</tr>
<tr>
<td>NO ........ 00 → GO TO A17</td>
</tr>
</tbody>
</table>

C:\Documents and Settings\svu\Projects\FF_InHome\InHome-Parent-18cities.doc (REV--10/22/02) Prepared by Mathematica Policy Research, Inc.
A17. Has a doctor or other health professional ever told you that (CHILD) has asthma?

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

GO TO A20

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
NO ....................................................................00
DON'T KNOW ................................................d
REFUSED .........................................................r

GO TO A21

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) . . .

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>B.</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>C.</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>D.</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>E.</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>F.</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>G.</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>
**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
   00 ......................LESS 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
   00 ......................LESS 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**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give comfort toy/object</td>
<td>01</td>
</tr>
<tr>
<td>Bathe or wash</td>
<td>02</td>
</tr>
<tr>
<td>Change diaper/take to toilet</td>
<td>03</td>
</tr>
<tr>
<td>Read a story</td>
<td>04</td>
</tr>
<tr>
<td>Tell a story</td>
<td>05</td>
</tr>
<tr>
<td>Cuddle/rub child’s back</td>
<td>06</td>
</tr>
<tr>
<td>Play game</td>
<td>07</td>
</tr>
<tr>
<td>Talk</td>
<td>08</td>
</tr>
<tr>
<td>Give drink/snack</td>
<td>09</td>
</tr>
<tr>
<td>Sing or hum</td>
<td>10</td>
</tr>
<tr>
<td>Say prayers</td>
<td>11</td>
</tr>
<tr>
<td>Brush teeth</td>
<td>12</td>
</tr>
<tr>
<td>Watch TV or video</td>
<td>13</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>14</td>
</tr>
</tbody>
</table>

**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

00 .................LESS 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

00 .................LESS 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)?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Breakfast? .................................</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>B. Lunch? ...............................</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>C. Dinner? .............................</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>
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) . . .

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 . . .

[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]

None.......................... 01
1-2 ............................. 02
3-4 ............................. 03
5 or more................... 04

SHOW CARD #1

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 . . .

[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)]

None.......................... 01
1-2 ............................. 02
3-4 ............................. 03
5 or more................... 04

SHOW CARD #2
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 . . .

[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]

<table>
<thead>
<tr>
<th>NUMBER OF TOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.................. 01</td>
</tr>
<tr>
<td>1-2 ..................... 02</td>
</tr>
<tr>
<td>3-4 ..................... 03</td>
</tr>
<tr>
<td>5 or more ............. 04</td>
</tr>
</tbody>
</table>

SHOW CARD #3

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 . . .

[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)]

<table>
<thead>
<tr>
<th>NUMBER OF TOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.................. 01</td>
</tr>
<tr>
<td>1-2 ..................... 02</td>
</tr>
<tr>
<td>3-4 ..................... 03</td>
</tr>
<tr>
<td>5 or more ............. 04</td>
</tr>
</tbody>
</table>

SHOW CARD #4

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 . . .

<table>
<thead>
<tr>
<th>NUMBER OF TOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.................. 01</td>
</tr>
<tr>
<td>1-2 ..................... 02</td>
</tr>
<tr>
<td>3-4 ..................... 03</td>
</tr>
<tr>
<td>5 or more ............. 04</td>
</tr>
</tbody>
</table>

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 . . .

<table>
<thead>
<tr>
<th>NUMBER OF TOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.................. 01</td>
</tr>
<tr>
<td>1-2 ..................... 02</td>
</tr>
<tr>
<td>3-4 ..................... 03</td>
</tr>
<tr>
<td>5 or more ............. 04</td>
</tr>
</tbody>
</table>

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 . . .

<table>
<thead>
<tr>
<th>NUMBER OF TOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.................. 01</td>
</tr>
<tr>
<td>1-2 ..................... 02</td>
</tr>
<tr>
<td>3-4 ..................... 03</td>
</tr>
<tr>
<td>5 or more ............. 04</td>
</tr>
</tbody>
</table>

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 . . .

<table>
<thead>
<tr>
<th>NUMBER OF TOYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.................. 01</td>
</tr>
<tr>
<td>1-2 ..................... 02</td>
</tr>
<tr>
<td>3-4 ..................... 03</td>
</tr>
<tr>
<td>5 or more ............. 04</td>
</tr>
</tbody>
</table>
C2. **CODE WITHOUT ASKING FOR OBJECTS OBSERVED:**
Does (CHILD) have . . .

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2A. A highchair or booster?</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>C2B. A child-sized table and/or chair?</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

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?

YES .................................................................................................01 → ASK C6 AS “you or (FATHER)”

NO .................................................................................................00 → 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Days Per Week</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>C6A. Have relatives visit you? ....</td>
<td>0 1 2 3 4 5 6 7 d</td>
<td></td>
</tr>
<tr>
<td>C6B. Take (CHILD) grocery shopping with you? ...........</td>
<td>0 1 2 3 4 5 6 7 d</td>
<td></td>
</tr>
<tr>
<td>C6C. Take (CHILD) with you to an activity at a community center?.........</td>
<td>0 1 2 3 4 5 6 7 d</td>
<td></td>
</tr>
<tr>
<td>C6D. Go to a public place like a zoo or museum with (CHILD)? ................</td>
<td>0 1 2 3 4 5 6 7 d</td>
<td></td>
</tr>
<tr>
<td>C6E. Take (CHILD) with you to a religious service or religious event?..........</td>
<td>0 1 2 3 4 5 6 7 d</td>
<td></td>
</tr>
<tr>
<td>C6F. Go to a restaurant or out to eat with (CHILD)? ........</td>
<td>0 1 2 3 4 5 6 7 d</td>
<td></td>
</tr>
</tbody>
</table>

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, or .............................................................02

6 or more? .........................................................................03

NONE ...............................................................................00
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

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

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 
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 |

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

GO TO E6
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 \rightarrow GO TO E11
NO ............................................................................00 \rightarrow GO TO E12
DON'T KNOW ..........................................................d

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

Formula ....................................................................01
Nutrition packet or supplement for yourself..............02
Other (SPECIFY)......................................................03
 GO TO E12

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 \rightarrow GO TO E13
NO ............................................................................00 \rightarrow GO TO F1
DON'T KNOW ..........................................................d

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?**

<table>
<thead>
<tr>
<th>FLOOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ _ _</td>
</tr>
</tbody>
</table>

NOT APPLICABLE, SINGLE FAMILY DWELLING ................................................. n → GO TO F3

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

<table>
<thead>
<tr>
<th>YES</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>00 → GO TO F3</td>
</tr>
</tbody>
</table>

**F1B. IS THERE AN ELEVATOR?**

<table>
<thead>
<tr>
<th>YES</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>00 → GO TO F3</td>
</tr>
</tbody>
</table>

**F1C. IS IT OPERATIONAL?**

<table>
<thead>
<tr>
<th>YES</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A few times a week</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>A few times a month</td>
<td>02</td>
</tr>
<tr>
<td>Less often than that/ Never</td>
<td>03 → GO TO F3</td>
</tr>
</tbody>
</table>

**F2A. How quickly is it fixed?**

<table>
<thead>
<tr>
<th>Same day</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same week</td>
<td>02</td>
</tr>
<tr>
<td>Longer than that</td>
<td>03</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>A CODE FIRST MENTIONED</th>
<th>B CODE SECOND MENTIONED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGNORE (HIM/HER)</td>
<td>01</td>
</tr>
<tr>
<td>STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY</td>
<td>02</td>
</tr>
<tr>
<td>TAKE FOOD AWAY</td>
<td>03</td>
</tr>
<tr>
<td>TAKE AWAY DESSERT</td>
<td>04</td>
</tr>
<tr>
<td>FORCE (CHILD) TO EAT</td>
<td>05</td>
</tr>
<tr>
<td>PUNISH (HIM/HER) VERBALLY</td>
<td>06</td>
</tr>
<tr>
<td>PUNISH (HIM/HER) PHYSICALLY</td>
<td>07</td>
</tr>
<tr>
<td>MAKE NEW FOOD</td>
<td>08</td>
</tr>
<tr>
<td>PLAY A GAME TO GET (HIM/HER) TO EAT</td>
<td>09</td>
</tr>
<tr>
<td>BRIBE (HIM/HER)</td>
<td>10</td>
</tr>
<tr>
<td>EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER)...</td>
<td>11</td>
</tr>
<tr>
<td>SEND (CHILD) TO (HIS/HER) ROOM</td>
<td>12</td>
</tr>
<tr>
<td>GIVE (CHILD) &quot;TIME OUT&quot; (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)</td>
<td>13</td>
</tr>
<tr>
<td>CONTINUE TRYING TO GET CHILD TO EAT, BUT DON’T FORCE (HIM/HER)</td>
<td>14</td>
</tr>
<tr>
<td>TRY TO GET (HIM/HER) TO EAT AGAIN LATER</td>
<td>15</td>
</tr>
<tr>
<td>CALL DOCTOR/CHECK TO SEE IF SICK</td>
<td>16</td>
</tr>
<tr>
<td>NEVER REFUSES TO EAT</td>
<td>17</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>18</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>19</td>
</tr>
<tr>
<td>NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN)</td>
<td>-4</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Response</th>
<th>A: CODE FIRST MENTIONED</th>
<th>B: CODE SECOND MENTIONED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGNORE (HIM/HER); NOT TALK TO (HIM/HER)</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>SPANK OR PHYSICALLY PUNISH (HIM/HER)</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>PICK UP CHILD AND LEAVE THE PLACE</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>LEAVE AND EXPECT CHILD TO FOLLOW</td>
<td>04</td>
<td>04</td>
</tr>
<tr>
<td>PUNISH (HIM/HER) VERBALLY</td>
<td>05</td>
<td>05</td>
</tr>
<tr>
<td>SHAKE (HIM/HER)</td>
<td>06</td>
<td>06</td>
</tr>
<tr>
<td>SHOUT AT (CHILD)</td>
<td>07</td>
<td>07</td>
</tr>
<tr>
<td>TELL (CHILD) YOU WILL PUNISH (HIM/HER) AT HOME.....</td>
<td>08</td>
<td>08</td>
</tr>
<tr>
<td>THREATEN TO TAKE AWAY TREATS</td>
<td>09</td>
<td>09</td>
</tr>
<tr>
<td>THREATEN “TIME OUT” WHEN YOU GET HOME</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>GIVE CHILD FOOD</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>HOLD CHILD</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>DISTRACT/GIVE CHILD SOMETHING TO PLAY WITH....</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>HASN'T HAPPENED</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>TALK TO CHILD</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>LET CHILD HAVE/DO WHAT HE/SHE WANTS</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN)</td>
<td></td>
<td>-4</td>
</tr>
</tbody>
</table>
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?

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

NO SECTION I.
J. 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 this never happened?

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Once</th>
<th>Twice</th>
<th>3-5 Times</th>
<th>6-10 Times</th>
<th>11-20 Times</th>
<th>More Than 20 Times</th>
<th>Yes But Not in the Past Year</th>
<th>This Has Never Happened</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1.</td>
<td>Explain to (CHILD) why something (he/she) did was wrong</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J2.</td>
<td>Put (CHILD) in “time out” (or sent to (CHILD) to (his/her) room)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J3.</td>
<td>Shook (CHILD)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J4.</td>
<td>Hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J5.</td>
<td>Gave (him/her) something else to do instead of what (he/she) was doing</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J6.</td>
<td>Shouted, yelled, or screamed at (CHILD)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J7.</td>
<td>Spanked (him/her) on the bottom with your bare hand</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J8.</td>
<td>Swore or cursed at (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J9.</td>
<td>Said you would send (him/her) away or would kick (him/her) out of the house</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J10.</td>
<td>Threatened to spank or hit (him/her) but did not actually do it</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J11.</td>
<td>Slapped (him/her) on the hand, arm, or leg</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J12.</td>
<td>Took away privileges from (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J13.</td>
<td>Pinched (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>J14.</td>
<td>Called (him/her) dumb or lazy or some other name like that</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
</tbody>
</table>
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?
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.)

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?

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>SHOW CARD?</th>
<th>NEVER</th>
<th>ONCE</th>
<th>2-3 TIMES</th>
<th>4-10 TIMES</th>
<th>MORE THAN 10 TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>L2.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>L3.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>L4.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>L5.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>L6.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>L7.</td>
<td></td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>04</td>
</tr>
</tbody>
</table>
## M. CHILD’S BEHAVIOR PROBLEMS

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)?*

<table>
<thead>
<tr>
<th></th>
<th>NOT TRUE</th>
<th>SOMETHOW OR SOMETIMES TRUE</th>
<th>VERY TRUE OR OFTEN TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1. (He/She) acts too young for age</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M2. (He/She) avoids looking others in the eye</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M2A (He/She) can't concentrate, can't pay attention for long</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M2B (He/She) can't sit still; (he/she) is restless or hyperactive</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M2C (He/She) can't stand waiting; (he/she) wants everything now</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M3. (He/She) clings to adults or is too dependent</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M3A (He/She) cries a lot</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M3B (He/She) is cruel to animals</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M4. (He/She) understands others' feelings, like when they are happy, sad or mad</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M5. (He/She) is defiant</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M6. (His/Her) demands must be met immediately</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M6A (He/She) destroys (his/her) own things</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M6B (He/She) destroys things belonging to (his/her) family or other children</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M7. (He/She) is disobedient</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M7A (He/She) is disturbed by any change in routine</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M8. (He/She) is sympathetic toward other children's distress, tries to comfort others when they are upset</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M9. (He/She) doesn’t answer when people talk to (him/her)</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M10. (He/She) doesn’t get along with other children</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M11. (He/She) doesn’t know how to have fun, or he/she acts like a little adult</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>M12. (He/She) is open and direct about what (he/she) wants</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT TRUE</td>
<td>SOMEWHAT OR SOMETIMES TRUE</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>----------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>M13.</td>
<td>(He/She) doesn’t seem to feel guilty after misbehaving</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M14.</td>
<td>(He/She) is easily frustrated</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M15.</td>
<td>(He/She) will join a group of children playing</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M16.</td>
<td>(His/Her) feelings are easily hurt</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M17.</td>
<td>(He/She) is easily jealous</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M17A.</td>
<td>(He/She) gets hurt a lot; (he/she) is accident-prone</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M18.</td>
<td>(He/She) gets in many fights</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M18A.</td>
<td>(He/She) gets into everything</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M18B.</td>
<td>(He/She) has trouble getting to sleep</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M19.</td>
<td>(He/She) gets too upset when separated from parents</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M20.</td>
<td>(He/She) plays games and talks with other children</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M21.</td>
<td>(He/She) hits others</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M21A.</td>
<td>(He/She) hurts animals or people without meaning to</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M22.</td>
<td>(He/She) looks unhappy without good reason</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M23.</td>
<td>(He/She) has angry moods</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M24.</td>
<td>(He/She) is confident with other people</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M25.</td>
<td>(He/She) is nervous, high strung, or tense</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M26.</td>
<td>(He/She) is overtired</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M26A.</td>
<td>(He/She) physically attacks people</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M27.</td>
<td>(He/She) tends to be proud of things (he/she) does</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M28.</td>
<td>Punishment doesn’t change (his/her) behavior</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M28A.</td>
<td>(He/She) quickly shifts from one activity to another</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M29.</td>
<td>(He/She) refuses to play active games</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M30.</td>
<td>(He/She) screams a lot</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M31.</td>
<td>(He/She) seems unresponsive to affection</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT TRUE</td>
<td>SOMEWHAT TRUE</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>M32.</td>
<td>(He/She) is self-conscious or easily embarrassed........................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M33.</td>
<td>(He/She) is selfish or won’t share ..................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M34.</td>
<td>(He/She) is interested in many and different things..........................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M35.</td>
<td>(He/She) shows little affection toward people..................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M36.</td>
<td>(He/She) shows little interest in things around (him/her)................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M37.</td>
<td>(He/She) is too shy or timid............................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M38.</td>
<td>(He/She) has a speech problem .......................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M39.</td>
<td>(He/She) is stubborn, sullen, or irritable.......................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M40.</td>
<td>(He/She) has sudden changes in mood or feelings................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M40A</td>
<td>(He/She) sulks a lot.........................................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M41.</td>
<td>(He/She) has temper tantrums or hot temper .....................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M42.</td>
<td>(He/She) is too fearful or anxious...................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M43.</td>
<td>(He/She) enjoys talking with you.......................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M44.</td>
<td>(He/She) is uncooperative.................................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M45.</td>
<td>(He/She) is under active, slow moving, or lacks energy....................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M46.</td>
<td>(He/She) is unhappy, sad, depressed..................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M47.</td>
<td>(He/She) is unusually loud................................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M48.</td>
<td>(He/She) wants a lot of attention......................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M49.</td>
<td>(He/She) is whiny...............................................................................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>M50.</td>
<td>(He/She) is withdrawn; (he/she) doesn’t get involved with others......................................</td>
<td>00</td>
<td>01</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNLIT ENTRANCE OR STAIRWAY</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>BROKEN STEPS</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>BROKEN GLASS OR BROKEN TOYS</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>LARGE DITCHES</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>ALCOHOL OR DRUG PARAPHERNALIA</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>STREWN GARBAGE/LITTER</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>

PEELING PAINT, NEEDS PAINT JOB

CRUMBLING OR DAMAGED WALLS

BROKEN OR CRACKED WINDOWS

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

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

GO TO R11
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

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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:

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<th>NO</th>
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<th>VERY</th>
<th>CAN’T TELL</th>
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<td>VERY UNCOOPERATIVE</td>
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<td>VERY COOPERATIVE</td>
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V6. DID RESPONDENT APPEAR:

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?

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<td>YES............................</td>
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V8. WHO WAS PRESENT?

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<td>V8</td>
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<td>CIRCLE ALL THAT APPLY</td>
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V9. ADDITIONAL COMMENTS:

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