

# **The Fragile Families and Child Wellbeing Study**

**(SURVEY OF PARENTS)**

**Nine-Year Follow-Up Child Interview**

**Public Use Version**

**October 2011**

Surveys were conducted by Westat, Inc. under contract with the Center for Research on Child Wellbeing at Princeton University and the Columbia Population Research Center at Columbia University.

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**INTERVIEWER INFORMATION PAGE CONFIRMATIONS**

CONFIRM THE FOLLOWING FROM INTERVIEWER INFORMATION PAGE.  
CODE WITHOUT ASKING IF KNOWN.

BOX CONF1

IF BIO MOTHER IS PRIMARY CAREGIVER, (PCG=BIO MOM) GO TO CONF2.

ELSE GO TO BOX CONF5.

CONF2. HAS {CHILD} SEEN HIS/HER BIOLOGICAL FATHER IN THE LAST YEAR?

YES, BECAUSE BIOFATHER LIVES WITH MOTHER AND CHILD ..... 1 → GO TO BOX CONF5

YES, BUT BIOFATHER DOES NOT LIVE IN THE SAME HOUSEHOLD ..... 2 → GO TO CONF3

NO ..... 3 → GO TO CONF3

CONF3. DOES {CHILD}'S BIOMOTHER HAVE A HUSBAND OR PARTNER LIVING IN THE HOUSEHOLD WITH {CHILD}? [INCLUDE ONLY MALE PARTNERS]

YES ..... 1 → GO TO INTRO

NO ..... 2 → GO TO INTRO

BOX CONF5

IF BIO FATHER IS PRIMARY CAREGIVER, (PCG=BIO DAD) GO TO CONF6.

ELSE GO TO BOX CONF7.

CONF6. HAS {CHILD} SEEN HIS/HER BIOMOTHER IN THE LAST YEAR?

YES ..... 1 → GO TO INTRO

NO ..... 2 → GO TO INTRO

BOX CONF7

IF NON-PARENT IS PRIMARY CAREGIVER, (PCG= NON-PARENT) GO TO CONF9.

ELSE GO TO INTRO.

CONF9. HAS {CHILD} SEEN HIS/HER BIOMOTHER IN THE LAST YEAR?

YES..... 1

NO ..... 2

CONF10. HAS {CHILD} SEEN HIS/HER BIOFATHER IN THE LAST YEAR?

YES..... 1

NO ..... 2

**SECTION A: PARENTAL SUPERVISION AND RELATIONSHIP**

INTRO. Now, I would like to ask you some questions about yourself and your family. These questions are different from the earlier ones - they are not test questions. There are no right or wrong answers, just tell me what you think. All the children in the study, all around the country, are asked these very same questions. If there is a question you do not want to answer, that's okay, just let me know. But I want you to know that all your answers will be private, they will not be shared with your parents or teachers or anybody else.

A1. First, I have some questions about your relationship with {{NAME OF BIO MOM}}, your mom}} /{{NAME OF BIO DAD}}, your dad}}/{{NAME OF GRANDPARENT}}, your grandparent}/{{NAME OF OTHER NON-PARENT PCG}}.

For these questions, please tell me how often the following happen. How often does {{NAME OF BIO MOM}}, your mom}} /{{NAME OF BIO DAD}}, your dad}}/{{NAME OF GRANDPARENT}}, your grandparent}} / {{NAME OF OTHER NON-PARENT PCG}}....

Probe: Please tell me if this is never true, sometimes true, often true, or always true?

[IF NAME OF PCG IS NOT PRELOADED, USE FROM PAPER SCREENER]

PRELOAD "NAME OF PCG" FROM PCG IDENTIFIER. ELSE FROM CASEFILE IF PCG=BIOMOM/BIODAD

IF PCG=BIOMOM, DISPLAY {{NAME OF BIO MOM}}, your mom}}.

IF PCG=BIODAD, DIPLAY {{NAME OF BIO DAD}}, your dad}}.

IF PCG= NON-PARENT AND RELATIONSHIP= PATERNAL GRANDPARENT OR MATERNAL GRANDPARENT DISPLAY }}/{{NAME OF GRANDPARENT}}, your grandparent}

IF PCG= NON-PARENT AND RELATIONSHIP NE PATERNAL GRANDPARENT OR MATERNAL GRANPARENT DISPLAY ONLY {{NAME OF OTHER NON-PARENT PCG}}.

		NEVER	SOMETIMES/ NOT VERY OFTEN	OFTEN	ALWAYS	REF	DK
A1A.	Know what you do during your free time? Would you say that this statement is never true, sometimes true, often true, or always true? .....	0	1	2	3	-1	-2
A1B.	Know which friends you hang out with during your free time?...	0	1	2	3	-1	-2
A1C.	Ask you about things that happened when you are not with (her/him)?	0	1	2	3	-1	-2
A1D.	Make you tell (her/him) where you are going and with whom before you go out? .....	0	1	2	3	-1	-2
A1E.	Know what you spend money on? .....	0	1	2	3	-1	-2

**BOX A2**

If BIOMOM IS PCG (PCG=BIOMOM FROM PCG IDENTIFIER) or CHILD has seen BIO MOM in past year (FROM CONF6=1 OR CONF9=1), then go to A2. Else go to BOX A3.

A2. {Now, I have some questions that are just about {NAME OF BIO MOTHER}, your mom.} Does your mom ....

Probe: Please tell me if this is never true, sometimes true, often true, or always true?

		NEVER	SOMETIMES/ NOT VERY OFTEN	OFTEN	ALWAYS	REF	DK
A2A.	Talk over important decisions with you? Would you say that this statement is never true, sometimes true, often true, or always true? .....	0	1	2	3	-1	-2
A2B.	Listen to your side of an argument? .....	0	1	2	3	-1	-2
A2C.	Spend enough time with you? .....	0	1	2	3	-1	-2
A2D.	Miss events or activities that are important to you? .....	0	1	2	3	-1	-2

A2E. How close do you feel to your mom? Would you say...

- Extremely close, ..... 1
- Quite close, ..... 2
- Fairly close, or, ..... 3
- Not very close? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

A2F. How well do you and your mom share ideas or talk about things that really matter? Would you say...

- Extremely well, ..... 1
- Quite well, 2
- Fairly well, or, ..... 3
- Not very well? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

**BOX A3**

If BIODAD IS PCG (PCG=BIODAD FROM PCG IDENTIFIER) or CHILD has seen BIODAD in past year (FROM CONF2=1 OR CONF10=1), go to A3. Else go to Box A4.

A3. {Now, I have some questions that are just about {NAME OF BIO FATHER}, your dad/Now, let's repeat those same questions, but respond about {NAME OF BIO FATHER}, your dad}.

Does your dad ...

Probe: Please tell me if this is never true, sometimes true, often true, or always true?

		NEVER	SOMETIMES/ NOT VERY OFTEN	OFTEN	ALWAYS	REF	DK
A3A.	Talk over important decisions with you? Would you say that this statement is never true, sometimes true, often true, or always true? .....	0	1	2	3	-1	-2
A3B.	Listen to your side of an argument? .....	0	1	2	3	-1	-2
A3C.	Spend enough time with you?.....	0	1	2	3	-1	-2
A3D.	Miss events or activities that are important to you?.....	0	1	2	3	-1	-2

A3E. How close do you feel to your dad? Would you say...

- Extremely close, ..... 1
- Quite close,..... 2
- Fairly close, or, ..... 3
- Not very close?..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

A3F. How well do you and your dad share ideas or talk about things that really matter? Would you say...

- Extremely well, ..... 1
- Quite well, 2
- Fairly well, or, ..... 3
- Not very well? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

**BOX A4**

If the child's primary caregiver is their bio mother (BIOMOM=PCG FROM PCG IDENTIFIER) and if bio mother has a current partner that is not the father (FROM CONF3=1) then go to A4. Else, go to SECTION B.

A4. {Now, I have some questions that are just about {NAME OF PARTNER}./Finally, let's repeat those same questions, but respond about {NAME OF PARTNER}.}

Does {NAME OF PARTNER} ...

Probe: Please tell me if this is never true, sometimes true, often true, or always true?

		NEVER	SOMETIMES/ NOT VERY OFTEN	OFTEN	ALWAYS	REF	DK
A4A.	Talk over important decisions with you? Would you say that this statement is never true, sometimes true, often true, or always true? .....	0	1	2	3	-1	-2
A4B.	Listen to your side of an argument? .....	0	1	2	3	-1	-2
A4C.	Spend enough time with you?.....	0	1	2	3	-1	-2
A4D.	Miss events or activities that are important to you?.....	0	1	2	3	-1	-2

A4E. How close do you feel to {NAME OF PARTNER}? Would you say...

- Extremely close, ..... 1
- Quite close,..... 2
- Fairly close, or, ..... 3
- Not very close?..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

A4F. How well do you and {NAME OF PARTNER} share ideas or talk about things that really matter? Would you say...

- Extremely well, ..... 1
- Quite well, 2
- Fairly well, or, ..... 3
- Not very well? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2



**SECTION B: PARENTAL DISCIPLINE**

**BOX B1**

If BIOMOM IS PCG (PCG=BIOMOM FROM PCG IDENTIFIER) or CHILD has seen BIO MOM in past year (FROM CONF6=1 OR CONF9=1), then go to B1. Else go to BOX B2.

B1. Children often do things that are wrong or make their parents angry. We would like to know what your parent(s) have done when you did something wrong, or made you upset or angry, or when they were angry for other reasons. I will read a list of things your parent(s) might have done.

First, please think about how often your mom did the following things in the past year ....

PROBE: Would you say she did that every day or almost every day; a few times a week; once or a few times a month; less than once a month or never?

		<b>EVERY/ ALMOST EVERY DAY</b>	<b>FEW TIMES/ WEEK</b>	<b>ONCE OR A FEW TIMES/ MONTH</b>	<b>LESS THAN ONCE/MONTH</b>	<b>NEVER</b>	<b>REF</b>	<b>DK</b>
B1A.	Explained why something you did was wrong? Would you say she did that every day or almost every day; a few times a week; once or a few times a month; less than once a month or never?.....	4	3	2	1	0	-1	-2
B1B.	Sent you to your room, took away privileges or grounded you? .....	4	3	2	1	0	-1	-2
B1C.	Shouted, yelled, screamed, swore or cursed at you?.....	4	3	2	1	0	-1	-2
B1D.	Spanked or hit you? .....	4	3	2	1	0	-1	-2

**BOX B2**

If BIODAD IS PCG (PCG=BIODAD FROM PCG IDENTIFIER) or CHILD has seen BIODAD in past year (FROM CONF2=1, 2 OR CONF10=1) go to B2. Else go to Box B3.

B2. Please think about how often your dad did these things in the past year.  
 PROBE: Would you say he did that every day or almost every day; a few times a week; once or a few times a month; less than once a month or never?

	EVERY/ ALMOST EVERY DAY	FEW TIMES/ WEEK	ONCE OR A FEW TIMES/ MONTH	LESS THAN ONCE/MONTH	NEVER	REF	DK
B2A. Explained why something you did was wrong? Would you say he did that every day or almost every day; a few times a week; once or a few times a month; less than once a month or never?.....	4	3	2	1	0	-1	-2
B2B. Sent you to your room, took away privileges or grounded you? .....	4	3	2	1	0	-1	-2
B2C. Shouted, yelled, screamed, swore or cursed at you? .....	4	3	2	1	0	-1	-2
B2D. Spanked or hit you? .....	4	3	2	1	0	-1	-2

**BOX B3**

If the child's primary caregiver is their bio mother (BIOMOM=PCG FROM PCG IDENTIFIER) and if bio mother has a current partner that is not the father (FROM CONF3=1) then go to B3A. Else, go to SECTION C.

B3. Please think about how often {NAME OF PARTNER} did these things in the past year.  
 PROBE: Would you say he did that every day or almost every day; a few times a week; once or a few times a month; less than once a month or never?

	EVERY/ ALMOST EVERY DAY	FEW TIMES/ WEEK	ONCE OR A FEW TIMES/ MONTH	LESS THAN ONCE/MONTH	NEVER	REF	DK
B3A. Explained why something you did was wrong? Would you say he did that every day or almost every day; a few times a week; a few times a month; about once a month; less than once a month or never?	4	3	2	1	0	-1	-2
B3B. Sent you to your room, took away privileges or grounded you? .....	4	3	2	1	0	-1	-2
B3C. Shouted, yelled, screamed, swore or cursed at you? .....	4	3	2	1	0	-1	-2
B3D. Spanked or hit you? .....	4	3	2	1	0	-1	-2

**SECTION C: SIBLING RELATIONSHIPS**

C0. Next we have some questions about your relationship with your brothers and sisters. Do you have any brothers or sisters living with you?

Probe: Are all full, half and step siblings included?

- YES..... 1 → **GO TO C1**
- NO ..... 2 → **GO TO BOX C1B**
- REFUSED.....-1 → **GO TO BOX C2**
- DON'T KNOW.....-2 → **GO TO BOX C2**

C1. If one of your siblings is hurt or upset, how often do you try and make them feel better? Would you say ...

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

C1A. Brothers and sisters sometimes cause trouble, start fights, or are mean to each other. How often would you say that you start fights, cause trouble, or are mean to your sibling(s)?

Would you say ...

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

C1B. Does your {birth} mother have any children living here with you or somewhere else?

- YES ..... 1
- NO ..... 2
- REFUSED ..... -1
- DON'T KNOW ..... -2

**BOX C2**

If BIOMOM IS PCG (PCG=BIOMOM FROM PCG IDENTIFIER) or CHILD has seen BIO MOM in past year (FROM CONF6=1 OR CONF9=1), and child says she has other children (C1B=1) then go to C2. Else go to C3A.

C2. Many kids complain that their mothers aren't fair about how they treat them compared to how their mothers treat their brothers or sisters. How is this for you? How often do you feel that your mom treats one of her other children better than she treats you?

{Would you say ....[Would you say, never; sometimes; often; or always?]}

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

C3. Some children feel jealous or upset at times about the attention or affection their mother gives their brother or sister. How often do you feel sort of jealous about her attention or affection toward her other child(ren)?

[Would you say, never; sometimes; often; or always?]

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

C3A. Does your {biological} father have any children living here with you or somewhere else?

- YES ..... 1
- NO ..... 2
- REFUSED ..... -1
- DON'T KNOW ..... -2

**BOX C3**

If BIODAD IS PCG (PCG=BIODAD FROM PCG IDENTIFIER) or CHILD has seen BIODAD in past year (FROM CONF2=1, 2 OR CONF10=1), and child says BIODAD has other children (C3A=1) then go to C4. Else go to Box C5.

C4. {Many kids complain that their fathers aren't fair about how they treat them compared to how their fathers treat their brothers or sisters. How is this for you? How often do you feel that your dad treats one of his other children better than he treats you?/How about with your dad? How often do you think that he treats one of his other children better than he treats you?}

{Would you say ..../[Would you say, never; sometimes; often; or always?]}

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

C5. How often do you feel sort of jealous about how your dad treats his other child(ren)?

[Would you say, never; sometimes; often; or always?]

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

**BOX C5**

If the child's primary caregiver is their bio mother (BIOMOM=PCG FROM PCG IDENTIFIER) and if bio mother has a current partner that is not the father (FROM CONF3=1) then go to C5A. Else go to Section D.

C5A. Does {NAME OF PARTNER} have any children living here with you?

- YES ..... 1
- NO ..... 2
- REFUSED ..... -1
- DON'T KNOW ..... -2

**BOX C5A**

If BIOMOM'S PARTNER has other children in the home (C5A=1) then go to C6.

Else go to Section D.

C6. {Many kids complain about the way they are treated compared to their brothers or sisters. How is this for you? How often do you feel that [NAME OF PARTNER] treats one of his other children better than he treats you?/How about with {NAME OF PARTNER}? How often do you think that he treats one of his other children better than he treats you?

{Would you say ..../[Would you say, never; sometimes; often; or always?]}

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

C7. How often do you feel sort of jealous about {NAME OF PARTNER}'s attention or affection toward his other child(ren)?

[Would you say, never; sometimes; often; or always?]

- Never, ..... 1
- Sometimes,..... 2
- Often, or,..... 3
- Always? ..... 4
- REFUSED ..... -1
- DON'T KNOW ..... -2

**SECTION D: ROUTINES**

D1. The next questions are about how much time you spend on different activities during the day. On weekdays, about how much time do you usually spend doing each of the following activities?

About how much time on a weekday do you ...

Probe: Please tell me if you spend no time at all, spend half an hour or less per weekday, more than half an hour but less than an hour per weekday, 1-2 hours per weekday, or more than 2 hours per weekday?

	NONE	HALF AN HOUR OR LESS PER WEEKDAY	MORE THAN HALF AN HOUR BUT LESS THAN AN HOUR PER WEEKDAY	1 -2 HOURS PER WEEKDAY	MORE THAN 2 HOURS PER WEEKDAY	REF	DK
--	------	----------------------------------	--	------------------------	-------------------------------	-----	----

D1A.	Hang out with friends? Do you spend no time at all, spend half an hour or less per weekday, more than half an hour but less than an hour per weekday, 1-2 hours per weekday, or more than 2 hours per weekday? .....	0	1	2	3	4	-1	-2
D1B.	Hang out with family members?.....	0	1	2	3	4	-1	-2
D1C.	Do household chores or help at home? .....	0	1	2	3	4	-1	-2
D1D.	Spend time on the computer doing school work?.....	0	1	2	3	4	-1	-2
D1E.	Spend time on the computer chatting or instant messaging with friends? .....	0	1	2	3	4	-1	-2
D1F.	Spend time on the computer or TV playing computer games? .....	0	1	2	3	4	-1	-2
D1G.	Spend time watching TV and movies? .....	0	1	2	3	4	-1	-2
D1H.	Attend practice or lessons or an after-school Program?.....	0	1	2	3	4	-1	-2

D2. Right after-school, are you usually...

**CODE ONE**

{With your mom/With your dad/With your mom or dad}, .....	1
With another adult, .....	2
At home with a sister, brother or cousin (or other family member under 18), .....	3
In an organized activity (such as an after school program, lesson or practice), .....	4
With a friend, but no adult present (for example, in the neighborhood, at the mall), or.....	5
Home alone? .....	6
REFUSED.....	-1
DON'T KNOW .....	-2



**SECTION E: SCHOOL**

E1. Now I am going to ask you some questions about your experiences at school. Please tell me how often you felt this way in the past month.

**In the last month**, how often did you...

Probe: Please tell me if you felt this way not once in the past month, 1 to 2 times in the past month, about once a week, several times a week, or every day?

	<b>NOT ONCE IN PAST MONTH</b>	<b>1-2 TIMES IN PAST MONTH</b>	<b>ONCE A WEEK</b>	<b>SEVERAL TIMES PER WEEK</b>	<b>EVERY DAY</b>	<b>REF</b>	<b>DK</b>
E1A. Feel like you were part of your school? Would you say that you felt this way not once in the past month, 1 to 2 times in the past month, about once a week, several times a week, or every day? .....	0	1	2	3	4	-1	-2
E1B. Feel close to people at your school? .....	0	1	2	3	4	-1	-2
E1C. Feel happy to be at your school? .....	0	1	2	3	4	-1	-2
E1D. Feel safe at your school? .....	0	1	2	3	4	-1	-2

E2. Next, I'm going to ask some questions about your experiences with kids at school and in your neighborhood.

**In the last month**, how often have kids in your school or neighborhood....

Probe: Would you say that this happened – Not once in the past month, 1 to 2 times in the past month, about once a week, several times a week, every day?

		NOT ONCE IN PAST MONTH	1-2 TIMES IN PAST MONTH	ONCE A WEEK	SEVERAL TIMES PER WEEK	EVERY DAY	REF	DK
E2A.	Picked on you or said mean things to you? Would you say that this happened – Not once in the past month, 1 to 2 times in the past month, about once a week, several times a week, or every day?.....	0	1	2	3	4	-1	-2
E2B.	Hit you? .....	0	1	2	3	4	-1	-2
E2C.	Taken your things, like your money or lunch, without asking? .....	0	1	2	3	4	-1	-2
E2D.	Purposely left you out of activities?.....	0	1	2	3	4	-1	-2

**SECTION F: EARLY DELINQUENCY**

F1. The next questions are about things you might have done either at school or somewhere else. For each activity I read, please tell me “Yes” or “No”.

Have you ever...

		YES	NO	REF	DK
F1A.	Purposely damaged or destroyed property that wasn't yours? .....	1	2	-1	-2
F1B.	Taken or stolen something that didn't belong to you from another person or from a store? .....	1	2	-1	-2
F1C.	Taken some money at home that did not belong to you, like from your mothers' purse or from your parents' dresser? .....	1	2	-1	-2
F1D.	Cheated on a school test? .....	1	2	-1	-2
F1E.	Had a fist fight with another person? .....	1	2	-1	-2
F1F.	Hurt an animal on purpose? .....	1	2	-1	-2
F1G.	Gone into somebody's garden, backyard, house or garage when you were not supposed to be there? .....	1	2	-1	-2
F1H.	Run away from home?.....	1	2	-1	-2
F1I.	Skipped school without an excuse?.....	1	2	-1	-2
F1J.	Secretly taken a sip of wine, beer, or liquor? .....	1	2	-1	-2
F1K.	Smoked marijuana, grass, pot, weed? .....	1	2	-1	-2
F1L.	Smoked a cigarette or used tobacco? .....	1	2	-1	-2
F1M.	Been suspended or expelled from school? .....	1	2	-1	-2
F1N.	Written things or sprayed paint on walls or sidewalks or cars?.....	1	2	-1	-2
F1O.	Purposely set fire to a building, a car, or other property or tried to do so? .....	1	2	-1	-2
F1P.	Avoided paying for things such as movies, bus or subway rides, or food? .....	1	2	-1	-2
F1Q.	Thrown rocks or bottles at people or cars? .....	1	2	-1	-2

**SECTION G: TASK COMPLETION AND BEHAVIOR**

Now I am going to ask you some questions about how you do things.

G1. Can you tell me how often you do the following things? Would you say never, rarely, sometimes or always?

		<b>NEVER</b>	<b>RARELY</b>	<b>SOMETIMES</b>	<b>ALWAYS</b>	<b>REF</b>	<b>DK</b>
G1A.	I stay with a task until I solve it. Would you say you never do this, rarely do this, sometimes do this or always do this? .....	0	1	2	3	-1	-2
G1B.	Even when a task is difficult, I want to solve it anyway .....	0	1	2	3	-1	-2
G1C.	I keep my things orderly .....	0	1	2	3	-1	-2
G1D.	I try to do my best on all my work.....	0	1	2	3	-1	-2
G1E.	When I start something, I follow it through to the end. ....	0	1	2	3	-1	-2

G2. I would also like to ask you some questions about how you get along with other children and how you feel at school.

Can you tell me how true the following statements are about yourself?

Probe: Is this not at all true, a little bit true, mostly true, or very true?

		NOT AT ALL TRUE	A LITTLE BIT TRUE	MOSTLY TRUE	VERY TRUE	REF	DK
G2A.	I feel angry when I have trouble learning something. Is this not at all true, a little bit true, mostly true, or very true? .....	0	1	2	3	-1	-2
G2B.	I often argue with other kids.....	0	1	2	3	-1	-2
G2C.	I worry about taking tests .....	0	1	2	3	-1	-2
G2D.	It's hard for me to pay attention .....	0	1	2	3	-1	-2
G2E.	I often feel lonely .....	0	1	2	3	-1	-2
G2F.	I get distracted easily .....	0	1	2	3	-1	-2
G2G.	I feel sad a lot of the time .....	0	1	2	3	-1	-2
G2H.	It's hard for me to finish my schoolwork.....	0	1	2	3	-1	-2
G2I.	I worry about doing well in school.....	0	1	2	3	-1	-2
G2J.	I worry about finishing my work.....	0	1	2	3	-1	-2
G2K.	I worry about having someone to play with.....	0	1	2	3	-1	-2
G2L.	I feel ashamed when I make mistakes at school .....	0	1	2	3	-1	-2
G2M.	I get in trouble for talking and disturbing others....	0	1	2	3	-1	-2
G2N.	I get in trouble for fighting with other kids .....	0	1	2	3	-1	-2

**SECTION H: HEALTH AND SAFETY**

Now, I have a couple of additional questions about your health and safety.

H1. In general, how is your health? Would you say it is ...

Excellent, .....	1
Very good, .....	2
Good, .....	3
Fair, or, .....	4
Poor? .....	5
REFUSED .....	-1
DON'T KNOW .....	-2

H2. How often do you wear a seatbelt when you are riding in a car? Would you say...

Never, .....	1
Rarely, .....	2
Sometimes, or, .....	3
Always? .....	4
REFUSED .....	-1
DON'T KNOW .....	-2

## SECTION I: CLOSING

11. Those are all the questions I have. We're all done. Thank you for sitting here with me so patiently.