

FRAGILE FAMILIES

SCALES DOCUMENTATION AND QUESTION SOURCES FOR ONE-YEAR QUESTIONNAIRES

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I. INTRODUCTION

This document provides the sources of questions in the Fragile Families one-year survey instruments that were derived from other surveys. We describe any established scales that were used, any modifications to them, and suggested scoring. We also describe measures we gathered from different sources that are not established scales, but measure similar concepts.

NOTE:

We included the essential items from the Composite International Diagnostic Interview (CIDI) - Short Form (CIDI-SF) to obtain a scores for Major Depression and Generalized Anxiety Disorders, but the Fragile Families one-year questionnaire does not include the CIDI-SF Alcohol and Drug Dependence Scale. Instead, less specific questions were used to obtain a general sense of the respondent's smoking, drinking, and drug habits (J5-J11).

The full CIDI-SF scale for Alcohol and Drug Dependence, along with Major Depression and Generalized Anxiety Disorder, will be administered in the three-year and the five-year follow-up interviews.

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II. ABBREVIATIONS

The following is a list of abbreviations used throughout this documentation:

Abbreviation	Survey
CCTI	Colorado Childhood Temperament Inventory
CDS[-P]	Child Development Supplement [- Parent Survey]
CIDI[-SF]	Composite International Diagnostic Interview [- Short Form]
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4 th Edition
EAS	Emotionality, Activity, and Sociability Inventory
EHS[-P]	Early Head Start [Parent Interview]
EMLN	Arthur Emlen's Work Flexibility Scale
FF	Fragile Families
FFin	Family Finances
GAD	Generalized Anxiety Disorder
HOME	Home Observation for Measurement of the Environment
JOBS	Job Opportunities and Basic Skills Training Program
LLOYD	Susan Lloyd's Effects of Violence on Work and Family project
MD	Major Depression
MDE	Major Depressive Episode
MDSS	Multidimensional support scale [MDSS] ¹
MFIP	Minnesota Family Investment Program Child Outcome Study
NCCS	National Child Care Survey 1990
NEWWS	National Evaluation of Welfare-to-Work Strategies
NHI	National Health Interview
NHIS-CS	National Health Interview Survey – Child Supplement
NLSY	National Longitudinal Survey of Youth
NMIHS	National Maternal and Infant Health Survey
NSFH	National Survey of Families and Households
NYLS	New York Longitudinal Study
PSID	Panel Study of Income Dynamics
SIPP	Survey on Income and Program Participation
SIS	New York City Social Indicators Survey
WHO	World Health Organization

¹ Winefield, H.R., Winefield, A.H., & Tiggemann, M. IN: Corcoran K & Fischer J (2000). *Measures for clinical practice: A sourcebook*. 3rd Ed. (2 vols.) New York: Free Pr. v.2, pp. 507-511.

III. DESCRIPTION OF SCALES/CONCEPTS

CONCEPT

Mental Health Scale for Depression

WAVE – ONE-YEAR

18 CITIES

Mother questions: J12, J13, J13A, J13B, J14, J14A, J14B, J15A, J15B, J15B1, J15C, J15C1, J15D, J15E, J15F (15 items)

Father questions: J12, J13, J13A, J13B, J14, J14A, J14B, J15A, J15B, J15B1, J15C, J15C1, J15D, J15E, J15F (15 items)

2 CITIES

Mother questions: J12, J13, J13A, J14, J14B, J15A, MX2J15C, J15C, J15D, J15E, J15F (11 items)

Father questions: J12, J13, J13A, J14, J14B, J15A, FX2J15C, J15C, J15D, J15E, J15F (11 items)

NOTE: The scoring procedures described below rely primarily on memos issued by Kessler and Mroczek in 1994 and 1997². In 2002, Walters et al. issued “Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form” which recommends scoring procedures that differ in two respects. In the following, we note where the procedures used to identify major depression in the Fragile Families respondents deviate from the 2002 version. The deviations results in identification of a larger number of MD cases. When procedures are consistent, language is taken directly from the 2002 scoring guide.

The Major Depressive Episode (MDE) one-year questions are derived from the Composite International Diagnostic Interview - Short Form (CIDI-SF), Section A (Kessler et al. 1998). The short form of the CIDI interview takes a portion of the full set of CIDI questions and generates from the responses the probability that the respondent would be a “case,” (i.e., a positively diagnosed respondent), if given a full CIDI interview.

The CIDI questions are consistent with the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV; APA, 1994). The CIDI is a standardized instrument for assessment of mental disorders intended for use in epidemiological, cross-cultural, and other research studies.

Respondents are asked whether they have had feelings of dysphoria (depression) or anhedonia (inability to enjoy what is usually pleasurable) in the past year that lasted for two weeks or more, and if so, whether the symptoms lasted most of the day and occurred every day of the two week period. If so, they were asked more specific questions about: 1) losing interest, 2) feeling tired, 3) change in weight, 4) trouble sleeping, 5) trouble

² Personal communications from Ron Kessler and Dan Mroczek, “Scoring the UM-CIDI Short Forms,” revised 2/22/94, and “UM-CIDI Short Form 03.20/97, Kessler and Mroczek – DSM-IV Version.”

concentrating, 6) feeling worthless, and 7) thinking about death.

MODIFICATIONS

All of the essential CIDI-SF questions to score a MDE are included in the one-year survey. A few questions are omitted.³ These omitted questions deal with persistence, recency, and impairments associated with major depression and the subject's contact with a health care provider or other professional. The omitted questions play no part in generating predicted probabilities for the presence of disorders.⁴

SCORING INFORMATION

Note: In a number of cases, questions asked in the first two cities differ from those asked in the later 18 cities. The procedures described in this section refer to the 18 cities. The modifications and cautions necessary for the first two cities are described in the next section.

Section A of the CIDI-SF is used to classify respondents according to the criteria for a DSM-IV major depressive episode. No distinction is made between respondents with major depressive disorder, major depressive episodes that occur as part of a bipolar disorder, or major depressive episodes that occur in the course of psychotic disorders.

There are two ways to meet the diagnostic stem requirement for MD: either to endorse all questions about having two weeks of dysphoric mood (J12-J13-J13A) or to endorse all questions about having two weeks of anhedonia (J14-J14A-J14B). Consistent with procedures described by Kessler and Mroczek in 1994 and 1997, each series requires the respondent to report two weeks of symptoms lasting at least “about half of the day” (J13, J14A) and “almost every day” (J13A, J14B). Either denying the existence of the symptom or denying persistence leads to a skip-out, and the respondent receives a probability of caseness equal to zero. If respondents endorse the dysphoric stem, they are not asked the anhedonia stem questions. Note that the scoring instructions issued by Walters et al. (2002) creates more stringent conditions for endorsing the stem; respondents must report the two weeks of symptoms last at least “most of the day” in questions J13 and J14A. As a consequence, the approach used here results in more respondents endorsing the stem than would endorse if the 2002 revisions were employed.

If the respondent endorses the diagnostic stem series, an additional seven symptom questions are asked: losing interest (J13B=1, only if the stem involves dysphoria; the anhedonia stem question J14=1 should be counted when the anhedonia stem is endorsed), feeling tired (J15A=1), change in weight greater than or equal to 10 pounds (J15B=1, 2, or 3 and J15B1>=10), trouble with sleep (J15C=1 and J15C1=1 or 2), trouble concentrating (J15D=1), feeling down (J15E=1), and thoughts about death (J15F=1). The respondent's MD score (range 0-8) is then calculated as the sum of positive responses to each of these seven symptom questions and the first dysphoric stem question (J12). Note that the scoring scheme proposed by Walters et al. (2002) excludes J12 from the symptom count, leading to an MD score range of 0-7.

³ See appendix.

⁴ See Walters et al. (2002).

Table 1 shows the cross-classification of MD short-form scores with the probability of being a CIDI case.⁵ This cross-classification reflects the probability that a respondent with a particular response profile will meet full diagnostic criteria when given the complete CIDI interview.⁶ As shown in the table, the probability of being a CIDI case is related to the MD score with the probability of being a case being greater than 0.5 among respondents who endorsed three or more symptoms.

There are two scoring alternatives for the CIDI-SF MD section. The first is to create a dichotomous score, classifying respondents as either probable cases or probable non-cases based on whether or not they have a MD score of three or more. The second is to assign respondents the probability of caseness score. Note that respondents who denied the MD stem questions or otherwise skipped out of the section prior to assessing the symptoms in the MD score receive a probability of caseness equal to zero.

A Memo Edit issued by Kessler in December 2002 indicates that subjects who volunteer they are taking medication for depression (J12 or J14=-11) should be counted as depressed. While those on medication receive a positive score for caseness, they are not asked any of the symptom questions.

SUGGESTED SCORING MODIFICATIONS

There are five items (J13B, J14A, J15B, J15B1, and J15C1) that were not asked in the first two cities (m2city=1 or 2). Consequently, there are a few modifications in the scoring procedure to compensate for these missing data. The distributions in Tables 1 and 2 reflect these modifications.

- If a respondent from the 18 cities endorses sadness for two weeks or more, he/she is asked J13B, whether he/she lost interest in things during a two-week period. Though the same symptom is addressed in J14 (a question asked in all 20 cities), respondents only answer that question if they do not endorse the dysphoria stem; J14 is part of the anhedonia stem. Therefore, respondents from the first two cities who endorse the dysphoric stem can only have 7 of the 8 possible symptoms. This may result in a potential underestimation of MD in the first two cities.
- There is no two-cities equivalent of J14A (how much of the day the respondent lost interest in things). We recommend estimating the MD score based on the two available anhedonia stem questions (J14, J14B), resulting in a potential overestimation of MD in the first two cities.
- Though J15B (whether any weight was gained or lost in the two-week period), and J15B1 (the amount of weight gained or lost) were not asked in the first two cities, users can substitute MX2J15C/FX2J15c (during the two-week period, did

⁵ For the distributions in Tables 1 and 2, respondents who did not know or refused to answer the initial dysphoria or anhedonia screening questions (J12 and J14= -1 or -2) are considered missing. Respondents who answered the initial screening questions but did not report how much or how often they experienced the state are scored as not meeting the stem.

⁶ Please note: Kessler urges caution when interpreting the probability of caseness. The probabilities are derived from a single sample and have not been validated.

the respondent gain or lose ten pounds without trying?) as a replacement for these two questions.

- Though J15C1 (how often the respondent had trouble falling asleep at night) was not asked in the first two cities, the symptom can be estimated with J15C (did you have more trouble falling asleep than you usually do during those two weeks) for the two-city cases only. This potentially overestimates the presence of this symptom in the first two cities.

TABLES

One-Year Results for Fragile Families Data

Table 1: Major Depression

Short form MD Score	Probability of CIDI Caseness	One-Year FF Mothers	One-Year FF Fathers
0	0.0001	3,628	2,980
1	0.0568	36	16
2	0.2351	28	24
3	0.5542	51	29
4	0.8125	79	55
5	0.8895	157	86
6	0.8895	191	88
7	0.9083	135	59
8	0.9083	58	27
Totals		4,363	3,364

Table 2: Major Depression Caseness

MD Caseness	One-Year FF Mothers	One-Year FF Fathers
Yes (1)	676	348
No (0)	3,687	3,016
Totals	4,363	3,364

REFERENCES

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders*, Fourth Edition. Washington, DC: American Psychiatric Association.

Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7,171-185.

Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

Mental Health Scale for Generalized Anxiety Disorder

WAVE – ONE-YEAR

2 CITIES

Mother questions: **J16-J20G** (20 items)

Father questions: **J16-J20G** (20 items)

18 CITIES

Mother questions: **J16-J20G, J18D, J19A, J20D, J20F** (24 items)

Father questions: **J16-J20G, J18D, J19A, J20D, J20F** (24 items)

*NOTE: The information below is taken directly from the “Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form.”*⁷

The Generalized Anxiety Disorder (GAD) one-year questions are derived from the Composite International Diagnostic Interview - Short Form (CIDI-SF) (Kessler et. Al. 1998). The short form of the CIDI interview asks a portion of questions from the full CIDI and generates from the responses the probability that the respondent would be a “case,” or positively diagnosed respondent if given a full CIDI interview.

The CIDI GAD questions are based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The CIDI is a standardized instrument for assessment of mental disorders intended for use in epidemiological, cross-cultural, and other research studies.

GAD is indicated by a period of six months or more when an individual feels excessively worried or anxious about more than one thing, more days than not, and has difficulty controlling their worries. Other symptoms include: 1) being keyed up or on edge, 2) irritability, 3) restlessness, 4) having trouble falling asleep, 5) tiring easily, 6) difficulty concentrating, and 7) tense or aching muscles.

MODIFICATIONS

The essential CIDI-SF questions to score GAD are included in the Fragile Families one-year instrument. A few questions are omitted.⁸ These omitted questions deal with types of worry reported by subject and the subject's contact with a health care provider or other professional. These omitted questions are not needed to score the CIDI-SF and play no part in generating predicted probabilities for the presence of disorders.⁹

⁷ Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*.

⁸ See appendix for the complete GAD scale of the CIDI-SF.

⁹ Questions B11 and B13-B17 from the CIDI-SF are omitted in the Fragile Families Study. The types of worries are listed at the end of the B11 question series, so that exclusions as listed in DSM-IV criterion D could be evaluated (e.g. panic disorder, social phobia, obsessive-compulsive disorder and anorexia nervosa). Also, in the CIDI-SF 12 month DSM-IV version, B13 is similar to A7 and A15 in the MD

SCORING INFORMATION

Section B of the CIDI-SF is designed to classify respondents according to the criteria of DSM-IV generalized anxiety disorder. If the diagnostic requirements are fulfilled, the respondent receives a probability of caseness equal to one.

The diagnostic stem requirement of GAD is met when the respondent reports a period of feeling worried, tense, or anxious (J16 or J16A=1) that lasted at least six months (J17=1 (J16B1 \geq 6 months or J16B2 \geq 6 months)). Respondents who do not report an anxious period lasting at least six months are skipped out of the section and receive a probability of caseness equal to zero.

If an anxious period of sufficient duration is endorsed (J17=1), further qualifiers are asked to determine whether the worry was excessive (J18A=1), lasted more days than not (J18B=1), and involved worrying about more than one thing (J18C=1 or J18E=1), all of which are necessary qualifiers for DSM-IV GAD criterion A. Lack of control over these worries (criterion B) is then assessed in a series of three questions (J18D=1 or J19=1 or J19A=1). The types of physiological symptoms that characterize the worried, tense, or anxious period (criterion C) are then assessed in questions J20a-g.

As outlined in table 3, if respondents endorse an anxious period that lasted at least 6 months (J17=1), the above mentioned qualifiers are satisfied (J18A=1 and J18B=1 and either J18C=2 or J18E=1), lack of control over this anxious period was endorsed (J18D=2 or J19=1 or J19A=1) and at least three of the physiological symptoms are endorsed (J20a-g=1), a probability of caseness equal to one is assigned.

SUGGESTED (NECESSARY) SCORING MODIFICATIONS/CAUTIONS

Four items (J18D, J19A, J20D, and J20F) are found in the 18-cities questionnaire but not in the two-cities sample. Because of that there are a few modifications in the scoring procedure to compensate for these missing data.

- There is not a two-cities equivalent of J18D, which asks whether the respondent finds it difficult to stop worrying. The estimated GAD score can still be determined, but it will not be as precise for the two-cities cases.
- Instead of using J19A in the scoring for GAD, J19 should be used for two-cities cases only. J19A (how often respondent finds it difficult to control his/her worry) allows less stringent criteria for the two-cities data which are missing and will prevent cases that otherwise qualify from becoming missing data.
- There are no equivalents for J20D (difficulty keeping mind on what respondent is doing when anxious or worried) and J20F (tense, sore, or aching muscles when anxious or worried), so this will decrease the sensitivity for the two-city sample.

section and the considerations in deciding whether or not to administer this section are similar. These questions evaluate contact with a health care provider or other professional (B14-15), use of medication, drugs or alcohol (B16), and interference with daily functioning (B17).

TABLES

One-Year Results for Fragile Families Data

Table 1: Generalized Anxiety Disorder Caseness

Probable GAD Caseness	One-Year FF Mothers	One-Year FF Fathers
Yes (1)	137	83
No(0)	4221	3279
Totals	4358	3362

REFERENCES

- Kendler, K.S., Davis, C.G., Kessler, R.C. (1997). The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: A family history study. *British Journal of Psychiatry*, 170, 541-548.
- Kendler, K.S., Neale, M.C., Kessler, R.C., et. al. (1992). Generalized anxiety disorder in women: a population based twin study. *Archives of General Psychiatry*, 49, 267-272.
- Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.
- Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

Impulsivity Scale

The impulsivity questions included in the Fragile Families one-year father's survey are an abbreviated form of Dickman's (1990) impulsivity scale.

WAVE – ONE-YEAR

*Father questions - J21-J26 (6 items) -- available for 18-cities only*¹⁰

Dickman designed a scale to identify two types of impulsivity: functional and dysfunctional. The Fragile Families Survey includes questions pertaining only to dysfunctional impulsivity, the tendency to deliberate less than most people of equal ability before taking action when this is not optimal. The measure of dysfunctional impulsivity provides a useful summary measure of the capacity for self-control.

With cognitive ability, impulsivity is a major individual predictor of violent offending (Farrington 1998)¹¹. This finding from psychological research is consistent with sociological theory that shows that capacity for self-control is a key determinant of crime (Gottfredson and Hirschi 1990).¹² Impulsivity can be dysfunctional when an individual is unable to use a slower, more methodical approach to information processing. The dysfunctional impulsivity scale correlates highly with alternative scales of impulsiveness.¹³

MODIFICATIONS

The full impulsivity scale developed by Scott J. Dickman consists of 23 items.¹⁴ Twelve items loaded primarily for dysfunctional impulsivity and these items are listed in the table below. The twelve items had an alpha of .86. The Fragile Families study asked six of these items (the items with positive weights), as indicated in the table. The alpha for these items using the Fragile Families father sample is .84.

SCORING INFORMATION

The items are coded on a 4-category Likert scale (1=strongly agree and 4=strongly disagree). Dickman scored by calculating a weighted sum, weighting responses by the factor loadings.

Given that Fragile Families did not implement the full scale, we suggest summing the items and dividing by the total number of items.

¹⁰ Mother's impulsivity is obtained at the three-year follow-up.

¹¹ Farrington, D.P. (1998). Predictors, Causes, and Correlates of Male Youth Violence. *Crime and Justice*, 24, 421-475.

¹² Gottfredson, M.R., & Hirschi, T. (1990). *A General Theory of Crime*. Stanford, CA: Stanford University Press.

¹³ Dickman, S.J. (1990) Functional and Dysfunctional Impulsivity: Personality and Cognitive Correlates. *Journal of Personality and Social Psychology*, 58, 95-102.

¹⁴ *ibid*

TABLES

Table 2: Dickman's Factor Loadings and Corresponding FF Items¹⁵

Items in FF?	Source Items
F: J21	I will often say whatever comes into my head without thinking first.
	I enjoy working out problems slowly and carefully.
	I frequently make appointments without thinking about whether I will be able to keep them.
	I frequently buy things without thinking about whether or not I can really afford them.
F: J26	I often make up my mind without taking the time to consider the situation from all angles.
F: J22	Often, I don't spend enough time thinking over a situation before I act.
F: J24	I often get into trouble because I don't think before I act.
F: J25	Many times the plans I make don't work out because I haven't gone over them carefully enough in advance.
	I rarely get involved in projects without first considering the potential problems.
	Before making any important decisions, I carefully weight the pros and cons.
	I am good at careful reasoning.
F: J23	I often say and do things without considering the consequences.

REFERENCES

- Dickman, S.J. (1990) Functional and Dysfunctional Impulsivity: Personality and Cognitive Correlates. *Journal of Personality and Social Psychology*, 58, 95-102.
- Farrington, D.P. (1998). Predictors, Causes, and Correlates of Male Youth Violence. *Crime and Justice*, 24, 421-475.
- Gottfredson, M.R., & Hirschi, T. (1990). *A General Theory of Crime*. Stanford, CA: Stanford University Press.

¹⁵ *ibid*

CONCEPT

Child's Emotionality and Shyness

The Fragile Families Survey questions are taken from the Emotionality and Shyness sections of the EAS (Emotionality, Activity, and Sociability) Temperament Survey for Children (Mathieson & Tambs, 1999).

WAVE – ONE-YEAR

2 CITIES¹⁶

Mother questions: **B17A, B17B, B17C, B17D, B17E, B17F**

Father questions: **B16A, B16B, B16C, B16D, B16E, B16F**

18 CITIES

Mother questions: **B17A, B17B, B17C, B17D, B17E, B17F, B43A, B43B, B43C, B43D, B43E, B43F**

Father questions: **B16A, B16B, B16C, B16D, B16E, B16F, B37A, B37B, B37C, B37D, B37E, B37F**

EAS Temperament Survey for Children: Parental Ratings (Buss & Plomin, 1984) is used to measure temperament in 1 to 9 year-old children. Buss and Plomin define the four types of temperaments measured in the EAS as:

- (1) Emotionality – the tendency to become aroused easily and intensely – a global pattern of distress in the very young infant which becomes differentiated into fear and anger tendencies in the older child.
- (2) Activity – preferred levels of activity and speed of action.
- (3) Sociability – the tendency to prefer the presence of others to being alone – in general children value interaction with others over the benefits of privacy.
- (4) Shyness – the tendency to be inhibited and awkward in new social situations.¹⁷

Only the Emotionality and Shyness scales are available in the Fragile Families Survey. In behavioral genetics studies, these two traits have been shown to be heritable personality traits (Buss & Plomin, 1984; Plomin, Pedersen, McClearn, Nesselroade, & Bergeman, 1988). Also, higher shyness scores have been related to fear and anxiety disorders that occur later on in life (Stevenson-Hinde & Simpson, 1982).¹⁸

¹⁶ Note: Mothers in 2 CITIES were not asked these questions if they did not live with the child at least some of the time (N=7). Father in 2 CITIES were ONLY asked if they had sole custody of the child (not residing with partner). Therefore, only a small number (N=12) of fathers in the 2 CITIES sample were asked these questions.

¹⁷ Mathieson, K.S., Tambs, K. (1999). The EAS temperament questionnaire – Factor structure, age trends, reliability, and stability in a Norwegian sample. *Journal of Child Psychology and Psychiatry*, 40, 431-439.

¹⁸ Boer, F., & Westenberg, P.M. (1994). The factor structure of the Buss and Plomin EAS Temperament Survey (Parental Ratings) in a Dutch sample of elementary school children. *Journal of Personality Assessment*, 62, 537-551.

MODIFICATIONS

The full EAS contains five questions in each of the four categories (Emotionality, Activity, Sociability, and Shyness). The Fragile Families Survey asks three questions from the Shyness category and three questions from the Emotionality category (see table below).

The scoring categories are slightly different between the original and the FF implementation. Where 1=“not characteristic or typical of your child” and 5=“very characteristic or typical of your child” in the original EAS, 1=“not at all like my child” and 5=“very much like my child” in the Fragile Families Survey. There was also one deviation in wording -- instead of “reacts intensely when upset,” the Fragile Families Survey reworded to “reacts strongly when upset.”

SHYNESS	Item in FF?	Source Item
	M, 2&18: B17A F, 2&18: B16A M, 18: B43A F, 18: B37A	Tends to be shy
		Makes friends easily (R)
	M, 2&18: B17C F, 2&18: B16C M, 18: B43C F, 18: B37C	Is very sociable (R)
		Takes a long time to warm up to strangers
	M, 2&18: B17F F, 2&18: B16F M, 18: B43F F, 18: B37F	Is very friendly with strangers (R)
EMOTIONALITY	Item in FF?	Source Item
		Cries easily
		Tends to be somewhat emotional
	M, 2&18: B17B F, 2&18: B16B M, 18: B43B F, 18: B37B	Often fusses and cries
	M, 2&18: B17D F, 2&18: B16D M, 18: B43D F, 18: B37D	Gets upset easily
	M, 2&18: B17E F, 2&18: B16E M, 18: B43E F, 18: B37E	Reacts intensely when upset

PSYCHOMETRICS:

Below is a table of internal consistencies (Cronbach alphas) for Emotionality and Shyness (the two temperament scales used in the Fragile Families Survey). These alphas are taken from Mathiesen and Tamb (1999), whose study was similar to Rowe and Plomin's (1977). The internal consistencies are reported at three different ages in their study (18 months, 30 months and 50 months), and include all questions from the scale. The reliability of the Shyness scale is higher than the Emotionality scale. Both scales also show an increase of reliability as age increases.¹⁹ Children in the Fragile Families sample are generally between twelve and eighteen months at the one-year follow-up interview.

Analyses of the Fragile Families Survey produce the following Cronbach alphas: child's shyness as reported by the mother (0.45), child's shyness as reported by the father (0.41), child's emotionality as reported by the mother (0.60), and child's emotionality as reported by the father (0.61). Please note: the alphas for shyness are lower than those obtained in the original study and therefore researchers should use the shyness scale with caution.

The correlations found between the Shyness scale and the Emotionality scale using the mother reports data resemble that of Mathiesen and Tamb's (1999) study of Norwegian children for 18-month olds. The correlation for the father reports in Fragile Families is comparable to the mother correlation (see table).

TABLES

**Table 3: EAS Internal Consistency: FULL Scale
Taken from Mathiesen & Tambs**

	Internal consistency (Cronbach's alpha)		
	t ₁	t ₂	t ₃
Emotionality	.61	.64	.67
Shyness	.71	.73	.79

NOTE: t₁ (18 months, N=921), t₂ (30 Months, N=784), and t₃ (50 Months, N=737)²⁰

**Table 4: EAS Scale Correlations: FULL Scale
Taken from Mathiesen & Tambs**

Scale	Emotionality	Shyness
Emotionality		.18

NOTE: EAS ratings by mothers; for 18 months old children (t₁).

¹⁹ Mathiesen, K.S., Tambs, K. (1999). The EAS temperament questionnaire – Factor structure, age trends, reliability, and stability in a Norwegian sample. *Journal of Child Psychology and Psychiatry*, 40, 431-439.

²⁰ *ibid*

**Table 5: Shyness and Emotionality Correlations
Taken from the Fragile Families Study
Among those with both mother and father interviews at one-year follow-up**

	Mother Shyness	Mother Emotionality	Father Shyness	Father Emotionality
Mother Shyness	1.0000			
Mother Emotionality	0.1343	1.0000		
Father Shyness	0.2341	0.0574	1.0000	
Father Emotionality	0.0784	0.1771	0.1038	1.0000

Using FF one-year Follow-up data

SCORING INFORMATION

The original EAS scales implemented questions using a 5-point rating scale. Some questions also require reverse-coding of responses. These items are marked with an “R” in the table below. The scores for each category were obtained by calculating a weighted sum, weighting responses by the factor loadings.²¹

Given that Fragile Families did not implement the full scale, we suggest reverse coding as appropriate, summing the items, and dividing by the total number of items.

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²¹ Mathieson, K.S., Tambs, K. (1999). The EAS temperament questionnaire – Factor structure, age trends, reliability, and stability in a Norwegian sample. *Journal of Child Psychology and Psychiatry*, 40, 431-439.

CONCEPT

Aggravation in Parenting

These items are taken from the JOBS²² (Job Opportunities and Basic Skills Training Program) Child Outcomes Study, and also are found in the Child Development Supplement of the Panel Study of Income Dynamics (*Primary Caregiver of Target Child Household Questionnaire for the Child Development Supplement to the Family Economics Study*, 1997).

WAVE – ONE-YEAR

2 CITIES²³

Mother questions: **MX2B20A-MX2B20C** (3 items)

Father questions: **FX2B20A-FX2B20C** (3 items)

18 CITIES

Mother questions: **B20A-B20D/B44A-B44D** (4 items)

Father questions: **B18A-B18D/B38A-B38D** (4 items)

The aggravation in parenting questions are derived from the Child Development Supplement of the Panel Study of Income Dynamics (PSID). The scale measures the amount of parenting stress brought on by changes in employment, income or other factors in the parent's life. It was developed for the JOBS child outcome survey by Child Trends, Inc. and several items come from the Parent Stress Inventory (Abidin 1995). Q1B11a-e are from the primary caregiver/child questionnaire in the PSID-CDS, and Q2A29a-d are from the primary caregiver/household questionnaire. The items used in the JOBS study are marked with an asterisk in the table below. Their 5-question scale had an alpha of 0.69. Research has shown that high levels of aggravation in parenting are related to mothers' employment status and to child behavior problems.²⁴

MODIFICATIONS

The Fragile Families study does not use all 9 of these items mentioned above. Instead, in the 2-cities questionnaire, three of the five items from Q1B11a-e are used, whereas in the 18-cities questionnaire, the four questions from Q2A29a-d are used (see table below for complete listings). The FF questions are also scored on a 4-point scale, where 1 = "strongly agree," 2 = "somewhat agree," 3 = "somewhat

²² Now known as the National Evaluation of Welfare-to-Work Strategies (NEWWS).

²³ Note: Mothers in 2 CITIES were not asked if they did not live with the child at least some of the time (N=7). Father in 2 CITIES were ONLY asked if they had sole custody of the child (not residing with partner). Therefore, only a small number (N=12) of fathers in the 2 CITIES sample were asked these questions.

²⁴ Hofferth, S., Davis-Kean, P.E., Davis, J., & Finkelstein, J. *The Child Development Supplement to the Panel Study of Income Dynamics: 1997 User Guide*. Survey Research Center, The University of Michigan Institute for Social Research. Retrieved March 27, 2003, from <http://www.isr.umich.edu/src/child-development/usergd.html>

disagree,” and 4 = “strongly disagree,” whereas the original questions used a 5-point Likert scale that ranged from “not at all true” to “completely true.”

In the 2-cities sample, the alpha for the three items for mothers is .47 and for fathers is .50. In the 18-cities sample, the alpha for the 4-items for mothers is .61 and for fathers is .58.

SCORING INFORMATION

Given that Fragile Families did not implement the full scale, we suggest summing the items and dividing by the total number of items.

TABLES

Table 6: Aggravation in Parenting FF Items

PSID-CDS	Items in FF?	Source Items
Q1B11a	M, 2: MX2B20A F, 2: FX2B20A	(CHILD) seems to be harder to care for than most children.
Q1B11b*		There are some things that (he/she) does that really bother me a lot.
Q1B11c*		I find myself giving up more of my life to meet (CHILD)’s needs than I ever expected.
Q1B11d*	M, 2: MX2B20B F, 2: FX2B20B	I often feel angry with (CHILD).
Q1B11e	M, 2: MX2B20C F, 2: FX2B20C	I would be doing better in my life without (CHILD).
Q2A29a*	M, 18: B20A, B44A F, 18: B18A, B38A	Being a parent is harder than I thought it would be
Q2A29b*	M, 18: B20B, B44B F, 18: B18B, B38B	I feel trapped by my responsibilities as a parent
Q2A29c	M, 18: B20C, B44C F, 18: B18C, B38C	I find that taking care of my child(ren) is much more work than pleasure
Q2A29d	M, 18: B20D, B44D F, 18: B18D, B38D	I often feel tired, worn out, or exhausted from raising a family

* = Items from the JOBS study.

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Primary Caregiver of Target Child Household Questionnaire for the Child Development Supplement to the Family Economics Study, 1997. (1997). Retrieved March 27, 2003, from <ftp://ftp.isr.umich.edu/pub/src/psid/questionnaires/97child/PCGhhld.pdf>

CONCEPT

Economic Hardship

These items are taken from the “Basic Needs – Ability to Meet Expenses” section of the Survey on Income and Program Participation (SIPP) 1996 Panel Wave 8 Adult Well-Being Topical Module Questionnaire (*Survey on Income and Program Participation*, 1998) and the 1997 & 1999 New York City Social Indicators Survey (SIS) (Social Indicators Survey Center, 1997 & 1999).

WAVE – ONE-YEAR

Mother questions: **H19A-H19L** (12 items)

Father questions: **H17A-H17L** (12 items)

The Fragile Families Survey uses several material hardship measures that are taken from the Survey of Income and Program Participation (1991 and 1992).²⁵ These questions are also similar to Mayer and Jencks (1989)’s Chicago study of hardship and poverty.²⁶

Some of the hardship questions are also derived from the 1997 and 1999 Social Indicators Survey (SIS). This study looks at families and individuals in New York City and monitors their changes over time. Some of the material hardship questions found in the SIS are similar to those found in the SIPP, such as items referring to not paying bills on time and loss of utilities. Other questions include those concerning the respondent or his/her child going hungry, access to free food, and places he/she has lived, all in the past 12 months and all due to financial difficulties.²⁷

MODIFICATIONS

These “yes-no” questions are exact replicas of the original questions taken from other surveys, with only one exception. In the SIPP, respondents are asked whether “you/anyone in your household” had encountered the specified hardship, and in the SIS the questions refer to “you [or your partner].” In W164 of the 1997 SIS, the question is asked of “you [or your spouse/partner] [or your child] [or your children].” The corresponding Fragile Families Survey questions only refer to the respondent, not to his/her partner or children.

²⁵ Bauman, K. (1998). Direct measures of poverty as indicators of economic need: Evidence from the survey income and program participation. *U.S. Census Bureau Poverty Measurement Papers*. Retrieved March 27, 2003, from

<http://www.census.gov/population/www/documentation/twps0030/twps0030.html>

²⁶ Bauman, K. J. 1999. "Shifting family definitions: The effect of cohabitation and other nonfamily household relationships on measures of poverty." *Demography* 36(3):315-325.

²⁷ Social Indicators Survey Center, Columbia University School of Social Work. (1999). *1999 New York City Social Indicators Survey: Documentation and Codebook, Revised Version*. Retrieved March 27, 2003, from <http://www.siscenter.org/>

We did not use all of the items in the Fragile Families Study that were used in SIPP or SIS. The table (below) lists the exact measures from SIPP and SIS. Those used in the Fragile Families Survey are indicated by an “X.”

SCORING

The economic hardship questions are not a “scale” per se. There is no established consensus on the validity of a constructed measure.

TABLES

Table 7: Economic Hardships Source and FF Item Numbers

SIPP	1997 SIS	1999 SIS	Item in FF?	Source item
AW35_NEED1			M: H19D F: H17D	Was there any time in the past 12 months when (YOU/YOUR HOUSEHOLD) did not pay the full amount of the rent or mortgage?
AW38_NEED2			M: H19E F: H17E	In the past 12 months (WERE/WAS) (YOU/ANYONE IN YOUR HOUSEHOLD) evicted from your home or apartment for not paying the rent or mortgage?
AW41_NEED3			M: H19F F: H17F	How about not paying the full amount of the gas, oil, or electricity bills?
AW44_NEED4			M: H19G F: H17G	In the past 12 months did the gas or electric company turn off service, or the oil company not deliver oil?
AW44_NEED5			M: H19H F: H17H	How about the telephone company disconnecting service because payments were not made?
AW50_NEED6			M: H19L F: H17L	In the past 12 months was there a time (YOU/ANYONE IN YOUR HOUSEHOLD) needed to see a doctor or go to the hospital but did not go?
AW53_NEED7				In the past 12 months was there a time (YOU/ANYONE IN YOUR HOUSEHOLD) needed to see a dentist but did not go?
	W164		M: H19A F: H17A	In the past 12 months, have you [or your spouse/partner] [or your child] [or your children] received free food or meals because there wasn't enough money?
	W164A1			As far as you know, was that from [READ and code all that apply]
	W165			[Does your child] [Do any of your children] receive free or reduced lunch at school, if attending school?
	W166		M: H19B F: H17B	In the past 12 months, was there a time when your [child][children] went hungry because there wasn't enough money to buy food?
	W167		M: H19C F: H17C	Was there ever a time when [you] [you or your spouse/partner] went hungry in the past 12 months because there wasn't enough money for food?
		HAR01		In the past 12 months, was there ever a time that you ran short of money to buy food?
		HAR02		In the past 12 months, have you [or your partner] received free food or meals from a food pantry or food bank or meal program?
		HAR03		In how many months, did you get free food or meals from a program like this?
		HAR04		In the past 12 months, have you [or your partner] received free food or meals from family or friends because you didn't have enough money to buy food?
		HAR05		In how many months, did you get free food or meals from family or friends?
		HAR06	M: H19B F: H17B	In the past 12 months, was there a time when your [child/children] went hungry because there wasn't enough money to buy food?
		HAR07	M: H19C F: H17C	Was there ever a time when you [or your partner] went hungry in the past 12 months because there wasn't enough money for food?
		HAR08	M: H19F F: H17F	During the past 12 months was there ever a time when you [or your partner] missed a payment or were late with the gas or electricity bill because you didn't have enough money?
		HAR09	M: H19G F: H17G	During the last 12 months, was either the gas or electricity ever turned off because the bill was not paid?
		HAR10	M: H19J F: H17J	In the past 12 months, did you ever move in with other people even for a little while because of financial problems?
		HAR11		For how many months did you stay with someone because of financial problems?
		HAR12	M: H19K F: H17K	In the past 12 months, did you ever stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night because you didn't have enough money for a place to live?

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IV. QUESTION SOURCES

*NOTE: (Parentheses) = 18-cities question only, [Brackets] = 2-cities question only
M=Mother Questionnaire, F=Father Questionnaire*

Name of Concept	Item #'s in Fragile Families Survey	Source
Mental Health Scale for Depression*	M&F: J12, J13, J13A, (J13B), J13C1, J13C2, J13C3, J14, (J14A), J14B, J15A, (J15B), (J15B1), J15C, [MX2J15C], (J15C1), J15D, J15E, J15F	CIDI-SF=ALL ^I
Mental Health Scale for Generalized Anxiety Disorder*	M&F: J16, J16A, J16B, J16B1, J16B2, J17, J18A, J18B, J18C, (J18D), J18E, J19, (J19A), J20A, J20B, J20C, (J20D), J20E, (J20F), J20G	CIDI-SF=ALL ^I
Impulsivity Scale*	12 F: (J21, J22, J23, J24, J25, J26)	Dickman's study of functional and dysfunctional impulsivity ^{II}
Parenting	M: B2, B15, B15A, B16, B18A, B18B, B18C, (B18D), (B18E), (B18F), (B18G), (B18H), B19, B19A, (B20B), (B21A), B23, B25B, B28, B28A, (C3A), (C3B), C3C, (C3D), C3E, (C3F), (C3G), C3H, (C3I), (C3J), [MX2C2C], C8A, [MX2C9]/(C10), [MX2C9A]/(C10A), [MX2C11]/(C12), C23A, C23B, C23C, C23D, C23E, C23F F: B2, B14, B14A, B15, B17A, B17B, B17C, (B17D), (B17E), (B17F), (B17G), (B17H), B17I, B17I1, (B18B), (B19A), B20, B21B, B24, B24A, (C3A), (C3B), C3C, (C3D), C3E, (C3F), (C3G), C3H, (C3I), (C3J), [FX2C2C], C6, [C9]/(C9), [C9A]/(C9A), [C11]/(C11), C18A, C18B, C18C, C18E, C18F	EHS-P ^{III} ; MFIP ^{IV}
Aggravation in Parenting*	M: [MX2B20A, MX2B20B, MX2B20C]; (B20A, B20B, B20C, B20D; B44A, B44B, B44C, B44D) F: [FX2B20A, FX2B20B, FX2B20C]; (B18A, B18B, B18C, B18D; B38A, B38B, B38C, B38D)	JOBS/PSID-CDS-P=ALL ^{VI}
Economic Hardships*	M: H19A, H19B, H19C, H19D, H19E, H19F, H19G, H19H, H19I, H19J, H19K, H19L F: H17A, H17B, H17C, H17D, H17E, H17F, H17G, H17H, H17I, H17J, H17K, H17L	SIPP ^{VII} ; 1997 SIS ^{VIII} ; 1999 SIS ^{IX}
Child's Emotionality and Shyness*	M: B17A, B17B, B17C, B17D, B17E, B17F; (B43A, B43B, B43C, B43D, B43E, B43F) F: B16A, B16B, B16C, B16D, B16E, B16F; (B37A, B37B, B37C, B37D, B37E, B37F)	EAS=ALL ^X
Smoking, Alcohol, and Drug Abuse	M&F: J5, J5A, J6, J6A, J7, J7A, J8, J8A, J9, J10, J11	
Activities done with child and quality of the home environment	M: B18, B42, C3, E4 F: B17, B36, C3, E3	EHS-P ^{III} ; MFIP ^{IV}
Age child began current child care arrangement	M: B27 F: B23	EHS (NLSY, NCCS, Interactions and Developmental Processes study, JOBS Program) ^V

Amount paid out-of-pocket for child care	M: B32 F: B28	EHS ^{XI}
Child's health status	M: B2, B3, B4, B5, B5C, B6, [MX2B7], (B7), (B7A), B8, B8A; (B11), (B11A), (B11B), B12, B13, B14; (B37), (B38), (B38A), (B39), (B40), (B40A) F: B2, B3, B4, B5A, B5B, B6, [FX2B7], (B7), (B7A), B8, B8A; (B11), (B11A), (B11B), B12, B12A, B13; B32, B33, B33A, (B33B), B34, B34A	EHS; NHI; NMIHS; NHIS-CS; MFIP ^{XI}
Child's hospitalizations for accidents, injuries, jaundice, dehydration, and pneumonia	M: B9, B10, B10A, (B10B) F: B9, B10, B10A, (B10B)	EHS; EHS-P ^{XI}
Conflict/violence (current partner)	M: E9, E9A, E9A1, E9A2, E9A3, E9B, E9C, E10	NSFH ^{XI}
Conflict/violence (parent)	M: (D4); (D4A); D9, D9A1, D9A2, D9A3, D9B, D9C F: (D3, D3A)	PSID-CDS (EHS, NSFH) ^{VI} ; NSF ^{XI}
Contact between child and father	M: C2, C2A, C2B, C2C, C2D, (C2E), (C2F); C5, (C5A), [MX2C3A], C5B, (C6A), (C6B), (C6C), (C6D) F: C2, C2A, C2B, C2C, C2D, (C2E), (C2F); C4	EHS ^V
Current partner's behavior towards mother	M: (E6A), (E6B), (E6C), (E6D), (E7A), (E7B), (E7C), (E7D), (E7E), (E7F), (E7G), E8A, E8B, E8C, E8D, E8E, E8F, E8G, E8H, E8I, E8J, (E8K), (E8L)	FFin, MDSS & LLOYD ^{XI}
Had to quit job, school, or training activity because no child care	M: B35B F: B30B	MFIP ^{XI}
Moving	M: H1, H1A F: H1, H1A	EHS ^{XI}
Nonresident biological father's support for child	M: (C9, C10, C10A, C10B, C11, C11A, C12, C13, C14, C15, C15A, C15A1, C16, C16A, C16A1, C17, C18, C18A, C19, C19A, C20, C20A, C20B, C20B1), C21, C21A, C21A1, (C22), C23A, C23B, C23C, C23D, C23E, C23F F: C7, C8, C9, C9A, C9B, C10, C10A, C11, C11A, C12, C13, C13A, C13B, C13C, C13C(1), C13C(2), C13C(3), (C13D), (C13E), [FX2C14], C14, C14A, C15, C15A, C15FB, C15B1, C16, C16A, C16A1, (C17), C18A, C18B, C18C, C18D, C18E, C18F, C19, C19A, C19B, C19C1, C19C2, C19C3, C19C4, C19C5, C19C6	EHS (PSID, NSFH) ^V ; EHS; NSFH; PSID; MFIP; EHS-P ^{XI}
Parental discipline	M: B19, B19A; B42I, B42II; C4, C4A; E5, E5A F: B17I, B17II; B36I, B36II; C3K, C3K1; E4, E4A	EHS-P ^{III} ; MFIP ^{IV}
Parent interaction	M: A7; (A10); [MX2D1], (D2A, D2B, D2C, D2D, D2E, D2F), (D3), (D3A); D6A, D6B, D6C, D6D, D6E, D6F, D6G, D6H, D6I, D6J, (D6K), (D6L); D8A, D8B, D8C, D8D, D8E, D8F, D8G, D8H, D8I, D8J, (D8K), (D8L) F: A6; A10; [FX2D1], (D2A, D2B, D2C, D2D, D2E); (D3), (D3A); D5A, D5B, D5C, D5D, D5E, D5F, D5G, (D5H), (D5I); D7A, D7B,	PSID (NSFH, JOBS, NSC) ^{VI} ; FFin, MDSS, LLOYD ^{XI}

	D7C, D7D, D7E, D7F, D7G, (D7H), (D7I)	
Parent's education	M: K1,K2, K3, K3A, K4 F: (K1A), K2, K3, K5, K5A, K6	EHS ^V
Parent's health status	M: J1, J2 F: J1, J2	EHS ^V
Parent's thinking he/she is eligible for welfare	M: H16 F: H14	SIS ^{XI}
Religion	M: G4C F: G6C	PSID-CDS (NLSY, SAF, DAS) ^{VI}
Stability (number of different child care arrangements currently used or used in the past)	M: B23; (B28B) F: B20; B24B	EHS (NLSY, NCCS, Interactions and Developmental Processes study, JOBS Program) ^V ; EHS & MFIP ^{XI}
Type of child care currently used	M: B25A, B25B, B26 F: B21A, B21B, B22	EHS (NLSY, NCCS, Interactions and Developmental Processes study, JOBS Program) ^V ; EHS; MFIP ^{XI}
Work and raising child	M: K13A, K13B, K13C F: K18A, K18B, K18C	EMLN ^{XI}

*See table of contents for reference to this concept's documentation.

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- ^{IV} *Minnesota Family Investment Program Child Outcomes Survey - Final Wave 2 Version*. Last edit: April 4, 2003.
- ^V *List of measures used in the 14-month child and family assessments – Early head start national evaluation*. Table 1. Retrieved July 13, 2004, from <http://www.mathematica-mpr.com/PDFs/14month.pdf>
- ^{VI} *List of instrument sources for the child development supplement to the panel study of income dynamics*. Retrieved March 31, 2003, from <ftp://ftp.isr.umich.edu/pub/src/psid/questionnaires/97child/sourcesnew.pdf>.
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- ^X Mathieson, K.S., Tambs, K. (1999). The EAS temperament questionnaire – Factor structure, age trends, reliability, and stability in a Norwegian sample. *Journal of Child Psychology and Psychiatry*, 40, 431-439.
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