The Fragile Families and Child Wellbeing Study

(Survey of Parents)

Fifteen-Year Follow-Up
In-Home Observations

Public Use Version

Last updated:
January 2018
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**SECTION A: OBSERVATION CHECKLIST**

**INTERVIEWER:** PLEASE COMPLETE THESE QUESTIONS OUTSIDE OF THE HOME IMMEDIATELY AFTER YOU LEAVE THE HOME. ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE PRIMARY CAREGIVER/YOUTH INTERACTIONS (IF PRIMARY CAREGIVER WAS PRESENT) AT THE TIME OF YOUR VISIT.

**NOTE:** THESE QUESTIONS SHOULD BE ANSWERED AFTER THE FIRST VISIT TO THE HOME PROVIDED THAT THE YOUTH WAS PRESENT AND WAS ADMINISTERED THE YOUTH ASSESSMENT. IF, AT THE FIRST VISIT, THE YOUTH WAS NOT HOME OR NO ASSESSMENTS WERE DONE, THE INTERVIEWER SHOULD FILL THEM IN AFTER THE NEXT VISIT.

**A1.** IS THERE GARBAGE, LITTER, OR BROKEN GLASS IN THE STREET OR ROAD, ON THE SIDEWALKS, OR IN YARDS?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMOST NONE</td>
<td>1</td>
</tr>
<tr>
<td>YES, BUT NOT A LOT</td>
<td>2</td>
</tr>
<tr>
<td>YES, QUITE A BIT</td>
<td>3</td>
</tr>
<tr>
<td>YES, ALMOST EVERYWHERE</td>
<td>4</td>
</tr>
<tr>
<td>MISSING/NOT OBSERVED</td>
<td>-3</td>
</tr>
</tbody>
</table>

**A2.** HOW WOULD YOU RATE THE GENERAL CONDITION OF MOST OF THE BUILDINGS ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT’S HOUSE?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELL KEPT WITH EXTERIOR SURFACE IN GOOD REPAIR</td>
<td>1</td>
</tr>
<tr>
<td>FAIR CONDITION</td>
<td>2</td>
</tr>
<tr>
<td>POOR CONDITION WITH PEELING PAINT AND NEED OF REPAIR</td>
<td>3</td>
</tr>
<tr>
<td>BADLY DETERIORATED</td>
<td>4</td>
</tr>
<tr>
<td>MISSING/NOT OBSERVED</td>
<td>-3</td>
</tr>
</tbody>
</table>

**A3.** IS THERE GRAFFITI ON THE BUILDINGS OR WALLS OF THE BUILDINGS ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT’S HOME?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>1</td>
</tr>
<tr>
<td>YES, BUT NOT A LOT</td>
<td>2</td>
</tr>
<tr>
<td>YES, QUITE A BIT</td>
<td>3</td>
</tr>
<tr>
<td>YES, ALMOST EVERYWHERE</td>
<td>4</td>
</tr>
<tr>
<td>MISSING/NOT OBSERVED</td>
<td>-3</td>
</tr>
</tbody>
</table>
A4. ARE THERE VACANT, ABANDONED, OR BOARDED-UP BUILDINGS, ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT’S HOME?

NO .................................................................................................................. 1

YES, ONE BUILDING FITS THIS DESCRIPTION ............................................... 2

YES, 2-3 BUILDINGS FIT THIS DESCRIPTION .............................................. 3

YES, 4 OR MORE BUILDINGS FIT THIS DESCRIPTION ................................ 4

MISSING/NOT OBSERVED ..............................................................................-3

A5. ARE THERE ABANDONED VEHICLES ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT’S HOME?

NO .................................................................................................................. 1

ONLY ONE ..................................................................................................... 2

2-3 .................................................................................................................... 3

4 OR MORE ..................................................................................................... 4

MISSING/NOT OBSERVED ..............................................................................-3

A6. DOES THE ENVIRONMENT IMMEDIATELY OUTSIDE THE 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>MISSING/NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6A. UNLIT ENTRANCE OR STAIRWAY</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>A6B. BROKEN STEPS</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>A6C. BROKEN GLASS OR BROKEN TOYS</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>A6D. LARGE DITCHES</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>A6E. ALCOHOL OR DRUG PARAPHERNALIA</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>A6F. STREWN GARBAGE/LITTER</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
</tbody>
</table>

A7. 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></th>
<th>YES</th>
<th>NO</th>
<th>MISSING/NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7A. PEELING PAINT, NEEDS PAINT JOB</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---</td>
<td>---</td>
<td>----</td>
</tr>
<tr>
<td>A7B. CRUMBLING OR DAMAGED WALLS</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>A7C. BROKEN OR CRACKED WINDOWS</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
</tbody>
</table>
A8. HOW WOULD YOU BEST DESCRIBE THE HOME OR BUILDING?

AN APARTMENT BUILDING...........................................1 → GO TO A9
ONE FAMILY (DETACHED) HOME..................................2 → GO TO A9
TWO FAMILY HOME, DUPLEX.......................................3 → GO TO A9
MOBILE HOME, TRAILER..........................................4 → GO TO A9
ROW HOUSE, TOWN HOUSE.......................................5 → GO TO A9
THREE OR MORE UNIT APARTMENT
COMPLEXES WITH NO COMMON AREAS..........................6 → GO TO A9
OTHER (SPECIFY).....................................................91

MISSING/NOT OBSERVED .............................................-3

OTHER TYPE OF HOME..............................................101
OTHER – VISIT NOT COMPLETED AT HOME..............102

A9. HOW WOULD YOU RATE THE CONDITION OF THE STREET IN FRONT OF THE RESPONDENT’S HOME?

VERY GOOD—RECENT RESURFACING, SMOOTH.....1
MODERATE—EVIDENCE STREET KEPT IN GOOD REPAIR ...............................................2
FAIR—MINOR REPAIRS NEEDED, BUT NOT ROUGH SURFACE...............................3
POOR—POTHOLES AND OTHER EVIDENCE OF NEGLECT..................................4
MISSING/NOT OBSERVED .............................................-3

BOX A10

IF A8 = 2, 3, 4, 5, 6 (NOT AN APARTMENT BUILDING), GO TO C1. ELSE, GO TO SECTION B.
SECTION B: COMMON AREAS

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

B1. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

   YES .............................................................................. 1
   NO ............................................................................... 2
   MISSING/NOT OBSERVED .............................................. -3

B2. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN HOLES IN FLOOR?

   YES .............................................................................. 1
   NO ............................................................................... 2
   MISSING/NOT OBSERVED .............................................. -3

B3. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT?

   YES .............................................................................. 1
   NO ............................................................................... 2
   MISSING/NOT OBSERVED .............................................. -3

B4. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN EXPOSED WIRES?

   YES .............................................................................. 1
   NO ............................................................................... 2
   MISSING/NOT OBSERVED .............................................. -3
SECTION C: INTERIOR OF HOUSE OR APARTMENT

FOR THESE ITEMS, CONSIDER THE INTERIOR OF THE HOUSE OR APARTMENT.

C1. WERE THERE ANY BROKEN WINDOWS OR CRACKED WINDOWPANES?

   YES ................................................................. 1
   NO ................................................................. 2
   MISSING/NOT OBSERVED ..................................... 3

C2. WAS THE WIRING IN THE APARTMENT OR HOUSE EXPOSED?

   YES ................................................................. 1
   NO ................................................................. 2
   NO ELECTRICAL WIRING ..................................... 3
   MISSING/NOT OBSERVED ..................................... 3

C3. DID THE HOUSING UNIT CONTAIN OPEN CRACKS OR HOLES IN THE WALLS OR CEILING?

   YES ................................................................. 1
   NO ................................................................. 2
   MISSING/NOT OBSERVED ..................................... 3

C4. DID THE HOUSING UNIT CONTAIN HOLES IN THE FLOOR?

   YES ................................................................. 1
   NO ................................................................. 2
   MISSING/NOT OBSERVED ..................................... 3

C5. DID THE HOUSING UNIT CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT OR MORE?

   YES ................................................................. 1
   NO ................................................................. 2
   MISSING/NOT OBSERVED ..................................... 3
C6. WAS THE INSIDE OF THE HOME DARK? (EXAMPLES: CLOSED DRAPES IN DAYTIME; POOR LIGHTING)

YES ................................................................. 1
NO ................................................................. 2
MISSING/NOT OBSERVED ....................................-3

C7. WAS THE INSIDE OF THE 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 ................................................................. 1
NO ................................................................. 2
MISSING/NOT OBSERVED ....................................-3

C8. WERE ALL VISIBLE ROOMS OF THE HOUSE/APARTMENT NOTICEABLY CLUTTERED? (EXAMPLES: VISIBLE ROOMS ARE MESSY OR ARE CLUTTERED WITH CLOTHES, VACUUM CLEANER, CHILDREN’S SCHOOLWORK, SHOES AND SOCKS, OTHER OBJECTS)

ALMOST NONE ...................................................... 1
YES, BUT NOT A LOT ............................................ 2
YES, QUITE A BIT .................................................. 3
YES, ALMOST EVERYWHERE .................................. 4
MISSING/NOT OBSERVED ....................................-3

C9. WERE 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)

ALMOST NONE ...................................................... 1
YES, BUT NOT A LOT ............................................ 2
YES, QUITE A BIT .................................................. 3
YES, ALMOST EVERYWHERE .................................. 4
MISSING/NOT OBSERVED ....................................-3
C10. WAS THE ENVIRONMENT INSIDE THE HOME UNSAFE FOR YOUNG CHILDREN?

INTERVIEWER INSTRUCTION: ANSWER “YES” IF ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS ARE WITHIN REACH OF YOUNG CHILDREN. (EXAMPLES: FRAYED ELECTRICAL WIRES, MICE OR RATS, BROKEN GLASS, POISONS, FALLING PLASTER, BROKEN STAIRS, PEELING PAINT, CLEANING MATERIALS LEFT OUT, FLAMES AND HEAT).

YES ..................................................................................... 1
NO ...................................................................................... 2 → GO TO C11
MISSING/NOT OBSERVED ......................................................-3 → GO TO C11

C10A. PLEASE CHECK ALL HAZARDOUS CONDITIONS YOU OBSERVED:

CODE ALL THAT APPLY

FRAYED ELECTRICAL WIRES................................. 1
MICE OR RATS ................................................................. 2
BROKEN GLASS ............................................................... 3
POISONOUS SUBSTANCES WITHIN REACH
OF CHILDREN ................................................................. 4
FALLING PLASTER ............................................................ 5
BROKEN STAIRS ............................................................. 6
PEELING PAINT ............................................................... 7
CLEANING MATERIALS LEFT OUT ......................... 8
FLAMES AND HEAT WITHIN REACH OF
YOUNG CHILDREN ......................................................... 9
WEAPONS (GUNS OR KNIVES)
WITHIN REACH OF CHILDREN ............................... 10
OTHER (SPECIFY) .......................................................... 91

MISSING/NOT OBSERVED ....................................................-3

C11. DID YOU OBSERVE ANY YOUTH’S ARTWORK OR PHOTOGRAPHS OF HOUSEHOLD CHILDREN ON DISPLAY IN THE HOME (EXAMPLES: ARTWORK OR PHOTOS ON REFRIGERATOR OR ON WALLS)

YES ..................................................................................... 1
NO ...................................................................................... 2
MISSING/NOT OBSERVED ......................................................-3
C12. WAS THE HOUSE OR APARTMENT OVERLY NOISY — FROM NOISE IN THE HOUSE?  
*(EXAMPLES: TELEVISION, SHOUTS OF CHILDREN, RADIO)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Missing/Not Observed</td>
<td>3</td>
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</table>

C13. WAS THE HOUSE OR APARTMENT OVERLY NOISY—FROM NOISE OUTSIDE THE HOUSE?  
*(EXAMPLES: TRAIN, CARS, PEOPLE, MUSIC)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Missing/Not Observed</td>
<td>3</td>
</tr>
</tbody>
</table>

C14. WERE THERE OBVIOUS SIGNS OF RECENT ALCOHOL OR NON-PRESCRIPTION DRUG CONSUMPTION INSIDE THE HOME?  
*(EXAMPLES: DRUG PARAPHERNALIA, BEER CANS, LIQUOR BOTTLES)*

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Missing/Not Observed</td>
<td>3</td>
</tr>
</tbody>
</table>
SECTION D: YOUTH’S APPEARANCE

D1. HOW WOULD YOU BEST DESCRIBE THE YOUTH’S CLOTHING?

**CODE ALL THAT APPLY**

DIRTY—UNKEMPT ................................................................. 1
DIRTY DUE TO EATING/OTHER STAINS ............................... 2
CLOTHING WAS WORN, BUT MENDED OR NOT RIPPED OR TORN ..................................................... 3
CLOTHING WAS WORN, BUT NOT MENDED, OBVIOUS RIPS OR TEARS ........................................ 4
CLOTHING WAS TOO TIGHT FOR COMFORTABLE FIT .......................... 5
CLOTHING WAS TOO LARGE .................................................... 6
CLOTHING WAS TOO LIGHT WEIGHT FOR INDOOR TEMPERATURE (UNDERDRESSED) ........ 7
CLOTHING WAS TOO WARM FOR INDOOR TEMPERATURE (OVERDRESSED) .................... 8
OTHER NEGATIVE CONDITIONS NOT COVERED (SPECIFY) .................................................. 91

________________________________________________________

NONE OF THE ABOVE APPLY ............................................ 10

D2-D5. HOW WOULD YOU BEST DESCRIBE THE OVERALL HYGIENE OF THE YOUTH?

D2. YOUTH HAD WASHED/BATHED.

WASHED OR RECENTLY BATHED ........................................ 1
RECENTLY BATHED BUT OUTWARDLY DIRTY .......................... 2
DIRTY AND NOT BATHED FOR SEVERAL DAYS ....................... 3
APPEARED NOT TO HAVE BEEN BATHED FOR AT LEAST A WEEK ............................................... 4

D3. YOUTH’S HAIR.

COMBED AND CLEAN .......................................................... 1
UNCOMBED BUT CLEAN ..................................................... 2
VISIBLY DIRTY ...................................................................... 3
D4. YOUTH’S ODOR.

EMITTED NO BODY AND/OR MOUTH ODOR .......... 1
EMITTED SOME BODY AND/OR MOUTH ODOR ....... 2
EMITTED STRONG BODY AND/OR MOUTH ODOR .... 3

D5. WAS THERE ANYTHING ELSE ABOUT THE YOUTH’S CLOTHING OR HYGIENE THAT WAS PROBLEMATIC?

YES ............................................................... 1 → GO TO D5OS
NO ..................................................................... 2 → GO TO SECTION E

D5OS. DESCRIBE WHAT ELSE WAS PROBLEMATIC ABOUT THE YOUTH'S CLOTHING OR HYGIENE

________________________________________________________________________
SECTION E: HOME SCALE

E0. WAS THE PRIMARY CAREGIVER PRESENT DURING YOUTH ASSESSMENT?
   YES .............................................................................................................1
   NO ...............................................................................................................2

BOX E0
IF PRIMARY CAREGIVER PRESENT DURING YOUTH ASSESSMENT, GO TO E1. ELSE, GO TO E12B.

E1. (PARENT/PRIMARY CAREGIVER) TALKED TWICE TO THE YOUTH DURING VISIT (BEYOND CORRECTION AND INTRODUCTION).
   (PARENT/PRIMARY CAREGIVER) TALKED TWICE TO YOUTH.1
   (PARENT/PRIMARY CAREGIVER) DID NOT TALK TWICE TO YOUTH..........................2

E2. (PARENT/PRIMARY CAREGIVER) VERBALLY ANSWERED THE YOUTH’S QUESTIONS OR REQUESTS.
   (PARENT/PRIMARY CAREGIVER) ANSWERED QUESTIONS ....1
   (PARENT/PRIMARY CAREGIVER) DID NOT ANSWER QUESTIONS............................2

E3. (PARENT/PRIMARY CAREGIVER) ENCOURAGED THE YOUTH TO CONTRIBUTE TO CONVERSATION DURING VISIT.
   (PARENT/PRIMARY CAREGIVER) ENCOURAGED CONTRIBUTION.........1
   (PARENT/PRIMARY CAREGIVER) DID NOT ENCOURAGE CONTRIBUTION.....................2

E4. (PARENT/PRIMARY CAREGIVER) HELPED THE YOUTH DEMONSTRATE SOME ACHIEVEMENT OR MENTIONED A PARTICULAR SKILL, STRENGTH, OR ACHIEVEMENT DURING VISIT.
   (PARENT/PRIMARY CAREGIVER) HELPED OR MENTIONED..1
   (PARENT/PRIMARY CAREGIVER) DID NOT HELP OR MENTION..............................................................2
E5. (PARENT/PRIMARY CAREGIVER) USED SOME TERM OF ENDEARMENT OR SOME DIMINUTIVE FOR THE YOUTH’S NAME WHEN TALKING ABOUT OR TO HIM/HER AT LEAST TWICE DURING VISIT.

(PARENT/PRIMARY CAREGIVER) USED ENDEARMENT TWICE OR MORE ..................................................................................................................1
(PARENT/PRIMARY CAREGIVER) DID NOT USE ENDEARMENT TWICE...2

E6. (PARENT/PRIMARY CAREGIVER)’S VOICE CONVEYED POSITIVE FEELINGS WHEN SPEAKING OF OR TO THE YOUTH.

(PARENT/PRIMARY CAREGIVER) CONVEYED POSITIVE FEELINGS ........1
(PARENT/PRIMARY CAREGIVER) DID NOT CONVEY POSITIVE FEELINGS ..................................................................................................................2

E7. (PARENT/PRIMARY CAREGIVER) CARESSED, KISSED, OR CUDDLED THE YOUTH ONCE DURING VISIT.

(PARENT/PRIMARY CAREGIVER) CARESSED, ETC. ..........1
(PARENT/PRIMARY CAREGIVER) DID NOT CARESS, ETC. ....2

E8. (PARENT/PRIMARY CAREGIVER) SHOUTED AT THE YOUTH DURING VISIT.

(PARENT/PRIMARY CAREGIVER) SHOUTED.................................1
(PARENT/PRIMARY CAREGIVER) DID NOT SHOUT.................2

E9. (PARENT/PRIMARY CAREGIVER) EXPRESSED OVERT ANNOYANCE WITH OR HOSTILITY TOWARD THE YOUTH (EXAMPLE: COMPLAINED, DESCRIBED HIM/HER AS “BAD”, SAID HE WON’T LISTEN, ETC.)

(PARENT/PRIMARY CAREGIVER) EXPRESSED ANNOYANCE ..........1
(PARENT/PRIMARY CAREGIVER) DID NOT EXPRESS ANNOYANCE ....2

E10. (PARENT/PRIMARY CAREGIVER) HIT OR SLAPPED THE YOUTH DURING VISIT.

(PARENT/PRIMARY CAREGIVER) HIT OR SLAPPED ..............1
(PARENT/PRIMARY CAREGIVER) DID NOT HIT OR SLAP ......2

E11. (PARENT/PRIMARY CAREGIVER) SCOLDED, DEROGATED OR CRITICIZED THE YOUTH MORE THAN ONCE DURING VISIT.

(PARENT/PRIMARY CAREGIVER) SCOLDED MORE THAN ONCE.........1
(PARENT/PRIMARY CAREGIVER) DID NOT SCOLD MORE THAN ONCE...2
E12A. (PARENT/PRIMARY CAREGIVER) APPEARED TO BE CALM

(PARENT/PRIMARY CAREGIVER) APPEARED TO BE CALM... 1
(PARENT/PRIMARY CAREGIVER) DID NOT APPEAR TO BE CALM .......................................................... 2

E12B. (YOUTH) APPEARED TO BE CALM

(YOUTH) APPEARED TO BE CALM................................. 1
(YOUTH) DID NOT APPEAR TO BE CALM ..................... 2

E13. (YOUTH)'S SPEECH WAS DISTINCT, CLEAR, AND AUDIBLE TO INTERVIEWER.

(YOUTH)'S SPEECH WAS DISTINCT ................................ 1
(YOUTH)'S SPEECH WAS NOT DISTINCT .......................... 2

E14. (YOUTH) INITIATED VERBAL EXCHANGES WITH VISITOR, ASKED QUESTIONS, MADE SPONTANEOUS COMMENTS.

(YOUTH) INITIATED EXCHANGES.................................. 1
(YOUTH) DID NOT INITIATE EXCHANGES ........................ 2

E15. (YOUTH) EXPRESSED IDEAS FREELY AND EASILY AND USED STATEMENTS OF APPROPRIATE LENGTH.

(YOUTH) EXPRESSED IDEAS FREELY ..................................... 1
(YOUTH) DID NOT EXPRESS IDEAS FREELY .......................... 2

E16. (YOUTH) APPEARED TO READILY UNDERSTAND THE INTERVIEWER'S QUESTIONS.

(YOUTH) APPEARED TO UNDERSTAND QUESTIONS ......... 1
(YOUTH) DID NOT APPEAR TO UNDERSTAND QUESTIONS ...... 2

E17. AT LEAST 10 BOOKS WERE PRESENT AND VISIBLE IN THE HOUSEHOLD.

AT LEAST 10 BOOKS WERE VISIBLE .................................. 1
FEWER THAN 10 BOOKS WERE VISIBLE ........................... 2
MISSING/NOT OBSERVED .............................................. 3
E18. WAS YOUR VISIT INTERRUPTED BY THE FOLLOWING?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>MISSING/NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PHONE RINGING MORE THAN ONE</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>B. PARENT/PRIMARY CAREGIVER OR YOUTH ANSWERING A PHONE AT LEAST ONE</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>C. PEOPLE COMING IN</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>D. PEOPLE GOING OUT</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>E. CHILDREN SCREAMING OR YELLING</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>F. PARENT/PRIMARY CAREGIVER SHOUTING AT SOMEONE OTHER THAN THE YOUTH (OTHER CHILDREN, ADULTS OR ANIMALS)</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>G. OTHER CHILDREN IN THE HOUSEHOLD INTERRUPTING THE PARENT/PRIMARY CAREGIVER</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>H. OTHER ADULTS IN THE HOUSEHOLD INTERRUPTING THE PARENT/PRIMARY CAREGIVER</td>
<td>1</td>
<td>2</td>
<td>-3</td>
</tr>
<tr>
<td>I. SOMEONE IN THE HOUSEHOLD TURNING ON THE TV OR LOUD MUSIC</td>
<td>1</td>
<td>2</td>
<td>-3</td>
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</table>
SECTION F: YOUTH EMOTION AND COOPERATION

F1. DID THE YOUTH DISPLAY POSITIVE EMOTIONS DURING THE VISIT? (POSITIVE EMOTION IS WHEN THE YOUTH SEEMS HAPPY, SMILES OR LAUGHS.)

   NO POSITIVE EMOTION DISPLAYED ......................................... 1

   ONE OR TWO BRIEF DISPLAYS OF
   POSITIVE EMOTION .................................................................. 2

   THREE OR MORE BRIEF DISPLAYS OF
   POSITIVE EMOTION .................................................................. 3

   ONE OR TWO INTENSE, HEIGHTENED OR
   PROLONGED DISPLAYS OF POSITIVE
   EMOTION .................................................................................. 4

   THREE OR MORE INTENSE, HEIGHTENED,
   OR PROLONGED DISPLAYS OF POSITIVE
   EMOTION .................................................................................. 5

F2. DID THE YOUTH DISPLAY NEGATIVE EMOTIONS DURING THE VISIT? (NEGATIVE EMOTION IS WHEN THE YOUTH SEEMS UNHAPPY, CRIES, OR GETS ANGRY WITH THE PARENT OR INTERVIEWER.)

   THREE OR MORE INTENSE, HEIGHTENED, OR
   PROLONGED DISPLAYS OF NEGATIVE
   EMOTION .................................................................................. 1

   ONE OR TWO INTENSE, HEIGHTENED, OR
   PROLONGED DISPLAYS OF NEGATIVE
   EMOTION .................................................................................. 2

   THREE OR MORE BRIEF DISPLAYS OF
   NEGATIVE EMOTION .................................................................. 3

   ONE OR TWO BRIEF DISPLAYS OF
   NEGATIVE EMOTION .................................................................. 4

   NO NEGATIVE EMOTION DISPLAYS .......................................... 5
F3. HOW ATTENTIVE WAS THE YOUTH WHEN COMPLETING THE INTERVIEW? (ATTENTION MEANS THAT THE YOUTH DID NOT LOSE INTEREST PARTWAY THROUGH THE TASK.)

CONSISTENTLY LACKED ATTENTION................................. 1
TYPICALLY NOT ATTENTIVE; ONE OR TWO INSTANCES OF ATTENTION........................................ 2
LACKED ATTENTION HALF THE TIME ................................ 3
TYPICALLY ATTENTIVE; LACKED ATTENTION IN ONE OR TWO INSTANCES................................. 4
CONSISTENTLY ATTENTIVE........................................... 5

F4. HOW COOPERATIVE WAS THE YOUTH DURING THE INTERVIEW?

CONSISTENTLY RESISTED SUGGESTIONS OR REQUESTS................................................................... 1
TYPICALLY RESISTED SUGGESTIONS OR REQUESTS; ONE OR TWO INSTANCES OF COOPERATION................................. 2
RESISTED SUGGESTIONS OR REQUESTS HALF THE TIME; COOPERATED HALF THE TIME................................. 3
TYPICALLY COOPERATED; ONE OR TWO INSTANCES OF RESISTANCE ........................................... 4
CONSISTENTLY COOPERATED........................................ 5

F5. HOW COOPERATIVE WAS THE YOUTH WHILE BEING MEASURED?

CONSISTENTLY RESISTED SUGGESTIONS OR REQUESTS................................................................... 1
TYPICALLY RESISTED SUGGESTIONS OR REQUESTS; ONE OR TWO INSTANCES OF COOPERATION................................. 2
RESISTED SUGGESTIONS OR REQUESTS HALF THE TIME; COOPERATED HALF THE TIME................................. 3
TYPICALLY COOPERATED; ONE OR TWO INSTANCES OF RESISTANCE ........................................... 4
CONSISTENTLY COOPERATED........................................ 5
YOUTH NOT MEASURED ............................................... -3
SECTION G: ENDING

COMPLETE THIS SECTION ABOUT THE YOUTH INTERVIEW/HOME VISIT.

G1. YOUTH’S ATTENTION TO INTERVIEWER WAS:

POOR ................................................................. 1
ACCEPTABLE ...................................................... 2
GOOD ............................................................. 3
EXCELLENT ....................................................... 4

G2. YOUTH’S UNDERSTANDING OF THE QUESTIONS WAS:

POOR ................................................................. 1
ACCEPTABLE ...................................................... 2
GOOD ............................................................. 3
EXCELLENT ....................................................... 4

G3. YOUTH’S ABILITY TO ARTICULATE ANSWERS WAS:

POOR ................................................................. 1
ACCEPTABLE ...................................................... 2
GOOD ............................................................. 3
EXCELLENT ....................................................... 4

G4. YOUTH’S COOPERATION THROUGHOUT MOST OF THE INTERVIEW WAS:

VERY UNCOOPERATIVE ......................................... 1
SOMewhat UNCOOPERATIVE ................................. 2
SOMewhat COOPERATIVE ............................... 3
VERY COOPERATIVE ........................................ 4
G5. DID YOUTH APPEAR:

<table>
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<tr>
<th></th>
<th>NO</th>
<th>SOMEWHAT</th>
<th>VERY</th>
<th>CAN'T TELL</th>
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</thead>
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<tr>
<td>G5A. SUSPICIOUS?</td>
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<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>G5B. UNCOMMUNICATIVE?</td>
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<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>G5C. ANXIOUS/NERVOUS?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>G5D. HOSTILE?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td>G5E. TO BE ON DRUGS?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
</tbody>
</table>

G6. WAS ANYONE ELSE PRESENT DURING THE INTERVIEW?

   YES.........................................................................................1
   NO.........................................................................................2

G7. WHO ELSE WAS PRESENT?

   CODE ALL THAT APPLY

   G7_1 MOTHER .............................................................................1
   G7_2 FATHER .............................................................................2
   G7_3 NON-PARENTAL CAREGIVER .............................................3
   G7_4 OTHER FAMILY MEMBERS ..............................................4
   G7_5 FRIENDS ...........................................................................5