IN HOME
LONGITUDINAL STUDY OF
PRE-SCHOOL AGED CHILDREN

(AFFILIATED WITH THE SURVEY OF PARENTS)

PARENT QUESTIONNAIRE

MPR ID #: |   |   |   |   |   | 5 |
DATA COLLECTOR ID #: |   |   |   |   |   |
DATE: |   |   | / |   |   | / |   |   |   |   |
MONTH       DAY               YEAR

INTERVIEW CONDUCTED:
BY TELEPHONE……………………………………01
IN-PERSON………………………………………02
ENGLISH VERSION………………………………01

SITES: OAKLAND…………………………………………01
AUSTIN…………………………………………02
BALTIMORE……………………………………03
DETROIT…………………………………………04
NEWARK…………………………………………05
PHILADELPHIA…………………………………06
RICHMOND……………………………………07
CORPUS CHRISTI………………………………08
INDIANAPOLIS…………………………………09
MILWAUKEE……………………………………10
NEW YORK……………………………………11

TIME START: |   |   |:|   |   | AM……..01
PM……..02
TIME END: |   |   |:|   |   | AM……..01
PM……..02

Does mother require PPVT/TVIP?  1 Θ Yes  0 Θ No
If yes:
PPVT/TVIP WITH MOTHER (ACTIVITY G)…………Θ 9

SECTIONS COMPLETED—CHECK WHEN EACH
PART IS DONE:

QUESTIONNAIRE (A-N)…………………………Θ 1
WEIGHT/HEIGHT (ACTIVITY A)…………………Θ 3
PPVT WITH CHILD (ACTIVITY B)………………Θ 4
W-J LETTER-WORD WITH CHILD (ACTIVITY C)…………Θ 5
ATTENTION SUSTAINED TASK (ACTIVITY D)……Θ 6
CHILD CARE EMPLOYMENT HISTORY
CALENDAR (ACTIVITY E)…………………………Θ 7
FIVE MINUTE SPEECH SAMPLE (ACTIVITY F)…Θ 8

Conducted by:
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for Princeton University

VERSION 03
INTRODUCTION

NOTE: IF CORE SURVEY OF PARENTS NEEDS TO BE ADMINISTERED, READ BOLD TEXT TO PARENTS.

Hello. Thank you for agreeing to talk with us again. As I mentioned (on the phone/when we made the appointment), the entire visit will take about 1½ (2½ for parents, 2 for caregiver) hours. The visit has three (four) parts. (First, I need to ask you the survey questions we weren’t able to complete on the telephone.) I will do a short word task with you and (CHILD) and measure your’s and (CHILD’s) height and weight. Also, I will ask you some questions about (CHILD), your family routines, and how you are managing.

While you, (CHILD) and I are working together, it would be best if we were not interrupted. As we go along, I will be telling you what we need you to do. Please, if you have any questions, feel free to ask! If at any time you need to take a break to take care of (CHILD) (or your other children), please let me know.

All the information you give me is confidential. Neither your name nor (CHILD’s) will be attached to any of the information you give us. If there is anything you are not comfortable talking about or doing, please let me know and we will skip those questions. You will get $50 for your time, and we have a book for (CHILD).

Before we start, I need you to read and sign this consent form agreeing to be part of the In-Home Study. Please let me know if you have any questions as you read the form.

HAND FORM TO RESPONDENT. CHECK FOR SIGNATURE. WRITE CASE ID # ON THE FORM.

Is this a good time for (CHILD)? We can start with some activities or with the interview if you think (he/she) isn’t at (his/her) best right now.

0.1 IS THIS A GOOD TIME FOR CHILD?

YES ...................................................................................................................... 01 → GO TO ACTIVITY BOOK

NO ................................................................................................................... 00 → GO TO QUESTION 0.2

0.2 WAS THE CORE SURVEY OF PARENTS QUESTIONNAIRE COMPLETED?

YES, BY PHONE CENTER ......................................................... 01 → GO TO QUESTION 0.5

YES, BY FIELD INTERVIEWER .............................................. 02 → ADMINISTER CORE NOW, THEN RETURN TO QUESTION 0.3

NO ................................................................................................................... 00
0.3  [CORE COMPLETED] HAVE YOU COMPLETED THE ACTIVITIES WITH RESPONDENT AND CHILD?

YES ................................................................................................. 01 → GO TO QUESTION 0.5
NO ................................................................................................. 00 → GO TO QUESTION 0.4

0.4  IS THIS A GOOD TIME FOR CHILD?

YES ................................................................................................. 01 → GO TO ACTIVITIES BOOK
NO ................................................................................................. 00 → GO TO QUESTION 0.5

0.5  WHAT IS THE RELATIONSHIP OF THE RESPONDENT TO THE CHILD?

BIOLOGICAL MOTHER ................................................................. 01
BIOLOGICAL FATHER ................................................................. 02
MATERNAL GRANDMOTHER ..................................................... 03
MATERNAL GRANDFATHER ....................................................... 07
PATERNAL GRANDMOTHER ....................................................... 04
PATERNAL GRANDFATHER ....................................................... 08
OTHER RELATIVE (SPECIFY) ..................................................... 05
OTHER NONRELATIVE (SPECIFY) ............................................. 06

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

YES ................................................................................................. 01
NO ................................................................................................. 00 → COMPLETE RESPONDENT PPVT/TVIP

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

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

START INTERVIEW, SECTION A

IF ACTIVITIES ARE NOT YET COMPLETED, COMPLETE ACTIVITY BOOKLET WHEN CHILD IS READY.
A. HEALTH AND ACCIDENTS

Our first questions are about (CHILD’s) health and development and how he/she is doing.

A1. In general, would you say (CHILD’s) health is . . .

   Excellent................................................................... 01
   Very good................................................................... 02
   Good,......................................................................... 03
   Fair, or .................................................................... 04
   Poor?........................................................................ 05
   DON’T KNOW ...................................................... d
   REFUSED .................................................................. r

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attention Deficit Disorder (ADD) or Attention</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>Deficit Hyperactivity Disorder (ADHD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Mental retardation or developmental delay</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>c. Down’s Syndrome</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>d. Cerebral Palsy</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>e. Sickle Cell Anemia</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>f. Autism</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>g. Congenital Heart Disease or Other Heart Condition</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>h. Asthma</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>i. Total blindness</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>j. Partial blindness</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>k. Total deafness</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>l. Partial deafness</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>m. Speech or language problem</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>n. Problems with limbs (SPECIFY)</td>
<td>01</td>
<td>00</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
A3. In the past 12 months, has (CHILD) had any of the following health problems?

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

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

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

GO TO A6

A5. What were the results?

NORMAL .............................................................. 01
BORDERLINE—DIDN’T REQUIRE TREATMENT ...................... 02
TOO HIGH—REQUIRED TREATMENT ................................ 03
DON'T KNOW ......................................................... d
REFUSED ............................................................... r
A6. In the last 12 months, approximately how many times has (CHILD) been seen by a doctor, nurse, or other health care professional for a regular check-up or “well-child visit?” Would you say . . .

PROBE: This is a visit to the doctor when (he/she) is not sick, but to get checked out or to get vaccinations.

Never........................................................................ 01
1-3 times, or ............................................................. 02
4 or more times? ...................................................... 03
DON’T KNOW .......................................................... d
REFUSED ................................................................. r

A7. Does (CHILD) have a usual place for routine health care, such as regular check-ups?

PROBE: Do not include the emergency room.

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

A8. Where does (CHILD) usually go for health care?

PROBE: Does (he/she) see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital or emergency room, a walk-in or emergency care center; or does (he/she) go somewhere else for health care?

CIRCLE ONE ONLY

HOME....................................................................... 01
DOCTOR’S OFFICE/PRIVATE CLINIC/HMO .......... 02
HOSPITAL OUTPATIENT CLINIC ....................... 03
OTHER CLINIC ..................................................... 04
HOSPITAL EMERGENCY ROOM ....................... 05
WALK-IN/EMERGENCY CARE CENTER ............. 06
OTHER PLACE (SPECIFY) ................................. 07

DON’T KNOW .......................................................... d
REFUSED ................................................................. r

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

**PROBE:** Do not include the emergency room.

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

GO TO A11

A10. Where do you usually go for health care?

**PROBE:** Do you see a doctor in a private office; a doctor in a clinic or HMO facility; another type of health care provider in a clinic, hospital or emergency room, a walk-in or emergency care center; or do you go somewhere else for health care?

CIRCLE ONE ONLY

HOME .............................................................. 01
DOCTOR’S OFFICE/PRIVATE CLINIC/HMO ........ 02
HOSPITAL OUTPATIENT CLINIC ....................... 03
OTHER CLINIC ................................................. 04
HOSPITAL EMERGENCY ROOM ...................... 05
WALK-IN/EMERGENCY CARE CENTER ............. 06
OTHER PLACE (SPECIFY) ............................... 07

DON’T KNOW .................................................. d
REFUSED ......................................................... r

A11. How long has it been since your last routine check-up by a doctor or other health care professional? Please do not include any visits related to a pregnancy. Was it . . .

6 months ago or less, ............................................. 01
More than 6 months ago but not more than 1 year ago, ......................................................... 02
More than 1 year, but not more than 2 years ago, or .............................................................. 03
More than 2 years ago? ........................................ 04
DON’T KNOW .................................................. d
REFUSED ......................................................... r
A12. In the last 12 months, how many times has (CHILD) been seen by a doctor, nurse, or other health care professional because of an illness, accident, or injury? Do not count visits to the emergency room.

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

GO TO A14

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

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

GO TO A16

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

<table>
<thead>
<tr>
<th>TIMES FOR ACCIDENT/INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>
A16. In the last 12 months, has (CHILD) stayed overnight in a hospital?

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

GO TO A20

A17. In the last 12 months, how many times has (CHILD) stayed overnight in a hospital?

PROBE: Count each stay, even if it lasted a few nights, as one stay.

|___|___| TIMES

NONE ....................................................................... 00
DON'T KNOW .......................................................... d
REFUSED ................................................................ r

GO TO A20

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

|___|___| TIMES FOR ACCIDENT/INJURY

NONE ....................................................................... 00
DON'T KNOW .......................................................... d
REFUSED ................................................................ r

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

|___|___|___| DAYS

DON'T KNOW .......................................................... d
REFUSED ................................................................ r

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

YES, AT LEAST ONE VISIT FOR ACCIDENT OR INJURY .................. 01

NO VISITS FOR AN ACCIDENT OR INJURY ........... 00 → GO TO A22
A21. Children often have accidents or get hurt. We'd like to ask you a few questions about (the time/the most recent times) when (CHILD) had an accident or was injured. Please just tell me about accidents or injuries that required medical care.

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

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

YES ................................................................. 01

NO ................................................................. 00 → **GO TO A24**

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

|___|___| PEOPLE

DON'T KNOW ...................................................... d

REFUSED .............................................................. r

A24. On average, how many hours a day does (CHILD) spend in the same room with someone who is smoking? Please include the time (he/she) spends with a babysitter or family member, or anyone else, who is smoking.

|___|___| HOURS

DON'T KNOW ...................................................... d

REFUSED .............................................................. r

A25. Now, on a different topic, how frequently does the (CHILD) ride in a car, van, or other vehicle? Is it . . .

Rarely or never, ...................................................... 01 → **GO TO A27**

Once or twice month, .............................................. 02

Once or twice a week, or ....................................... 03

Everyday or almost every day? .............................. 04

DON'T KNOW ...................................................... d

REFUSED .............................................................. r

A26. How often does (CHILD) sit in a car seat, booster or wear a seat belt when riding in a car? Is it . . .

Never, ................................................................. 01

Once in a while, ................................................... 02

Some of the time, or .............................................. 03

All or most of time? ............................................. 04

DON'T KNOW ...................................................... d

REFUSED .............................................................. r
A27. When was the last time (CHILD) saw a dentist for a regular check-up? Was it...

- 6 months ago or less .......................................... 01
- More than 6 months ago but not more than 1 year ago, .................................................. 02
- More than 1 year, but not more than 2 years ago, or .................................................... 03
- More than 2 years, or ........................................ 04
- Never? ................................................................ 05
- DON'T KNOW ................................................... d
- REFUSED ......................................................... r

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

|___|___| FILLINGS

- DON'T KNOW ................................................... d
- REFUSED ......................................................... r

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

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

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

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

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

**GO TO SECTION B**
B. FAMILY ROUTINES

Now, I have some questions about (CHILD’s) routines and other activities.

B1. Think for a moment about a typical weekday for your family, including daytime and evening hours. How much time would you say (CHILD) spends watching television or watching videos on TV, either in your home or somewhere else?

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

<table>
<thead>
<tr>
<th>___</th>
<th>___</th>
<th>HOURS PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 1 HOUR PER WEEKDAY ............... 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ........................................... d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ............................................... r</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>___</th>
<th>___</th>
<th>HOURS PER WEEKEND DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 1 HOUR PER WEEKEND DAY .......... 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ........................................... d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ............................................... r</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>___</th>
<th>___</th>
<th>HOURS PER WEEKDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 1 HOUR PER WEEKDAY ............... 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ........................................... d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ............................................... r</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B4. Now, think for a moment about a typical weekend day (Saturday or Sunday) for your family, including daytime and evening hours. How much time would you say (CHILD) spends playing computer or video games, either in your home or somewhere else?

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

|___|___| HOURS PER WEEKEND DAY

LESS THAN 1 HOUR PER WEEKEND DAY .......... 00
DON’T KNOW ............................................... d
REFUSED ....................................................... r

B5. Think a moment about a typical weekday for your family. How much time would you say (CHILD) spends playing outdoors, either at your home or somewhere else?

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

|___|___| HOURS PER WEEKDAY

LESS THAN 1 HOUR PER WEEKDAY ............ 00
DON’T KNOW ............................................... d
REFUSED ....................................................... r

B6. Now, think for a moment about a typical weekend day (Saturday or Sunday) for your family. How much time would you say (CHILD) spends playing outdoors, either at your home or somewhere else?

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

|___|___| HOURS PER WEEKEND DAY

LESS THAN 1 HOUR PER WEEKEND DAY .......... 00
DON’T KNOW ............................................... d
REFUSED ....................................................... r

B7. Do you have a television?

YES ............................................................. 01
NO ............................................................. 00 → **GO TO B9**
B8. About how many hours is a television on in your home during a typical day?

PROBE: Include time when a television is on even if no one is watching it. Include time someone is using the TV to play video games. Your best estimate will be fine.

|___|___| NUMBER OF HOURS

LESS THAN 1 HOUR PER DAY ......................... 00
DON’T KNOW .............................................. d
REFUSED ...................................................... r

B9. Do you have a computer in your home?

YES ........................................................................ 01
NO ........................................................................ 00 → GO TO B11

B10. Do you use the computer yourself?

YES ........................................................................ 01
NO ........................................................................ 00

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

YES ........................................................................ 01
NO ........................................................................ 00
DON’T KNOW .............................................. d
REFUSED ...................................................... r → GO TO B14

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

|___|___|:|___|___| AM........ 01
PM........ 02

DON’T KNOW .............................................. d
REFUSED ...................................................... r
B13. How many times in the last week, Monday through Friday, was (he/she) put to bed at that time?

CIRCLE ONE ONLY

01 02 03 04 05 NIGHTS

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

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

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

CHILD’S MOTHER ........................................................... 01
CHILD’S FATHER ........................................................... 02
RESPONDENT’S PARTNER/BOYFRIEND ................... 03
BOTH PARENTS ............................................................. 04
CHILD’S GRANDPARENT(S) ....................................... 05
OTHER FAMILY MEMBER (SPECIFY) ...................... 06

______________________________________________________

SOMEONE ELSE? (SPECIFY) ......................................... 07

______________________________________________________

B15. Some families have a routine of things they do when it is time to put a child to sleep. (Do you/Does the person who puts [CHILD] to bed) have a regular routine of things (you/they) do with (him/her) when (CHILD) is put to sleep?

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

GO TO B17

B16. How many times in the last week, Monday through Friday, (were you/was the person who puts [CHILD] to sleep) able to follow this type of routine?

CIRCLE ONE ONLY

01 02 03 04 05 TIMES
B17. Does (CHILD) usually sleep in this home or at someone else’s home?

IN THIS HOME...........................................................01
SOMEONE ELSE’S HOME........................................02
DON’T KNOW ..........................................................d
REFUSED .................................................................r

B18. Does (CHILD) have one regular place where (he/she) is usually put to bed at night?

PROBE: By “regular place” we mean where (he/she) sleeps most nights.

YES .................................................................01
NO .................................................................00
DON’T KNOW .......................................................d
REFUSED ...........................................................r [GO TO B23]

B19. How many times in the last week, Monday through Friday, did (CHILD) go to sleep in this place?

CIRCLE ONE ONLY

01 02 03 04 05 TIMES

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

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

BEDROOM.................................................................01
OTHER ROOM...........................................................02
DON’T KNOW ..........................................................d
REFUSED .................................................................r [GO TO B23]

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

CIRCLE ALL THAT APPLY

NO ONE—CHILD SLEEPS ALONE.................................01 [GO TO B23]
OTHER CHILD/CHILDREN ........................................02
PARENT(S)..............................................................03
OTHER ADULT(S) ....................................................04
DON’T KNOW ..........................................................d
REFUSED .................................................................r
B22. Does (CHILD) sleep alone in his own bed or does he share a bed with another child or adult?

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

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

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

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

- |___|___| NUMBER OF HOURS
- DON'T KNOW ......................................................... d
- REFUSED ................................................................ r
C. HOME TOY AND ACTIVITY ITEMS

Now I have some questions about the kinds of toys that (CHILD) has and how (he/she) likes to play.

INTERVIEWER NOTE: IN QS. C1-C6 INCLUDE IN THE COUNT IF THE TOY OR OBJECT BELONGS TO CHILD, OR BELONGS TO OTHER CHILD BUT FOCUS CHILD CAN USE.

INCLUDE IN THE COUNT IF THE CHILD HAS TOY BUT DOESN'T PLAY WITH TOY.

DO NOT COUNT IF IT IS LOST, BROKEN, STOLEN OR THE CHILD IS NOT ALLOWED TO PLAY WITH TOY.

C1. About how many toys, books or games does (CHILD) have that are helping or have helped (him/her) to learn about . . .

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1-2</th>
<th>3-4</th>
<th>5 or more</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Colors?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>b</td>
<td>Sizes?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>c</td>
<td>Shapes?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>d</td>
<td>Animal names or behaviors?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>e</td>
<td>Numbers?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>f</td>
<td>Spatial relationships, like (up/down), (big/little), or (in/out)?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>g</td>
<td>Nursery rhymes or songs?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
<tr>
<td>h</td>
<td>The alphabet?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>d</td>
</tr>
</tbody>
</table>
C2. Are there any real or toy musical instruments, like a piano, drum, or guitar that (CHILD) can use?

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

C3. Does (CHILD) have any puzzles?

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

GO TO C5

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

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

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

- YES ..................................................................... 01
- NO ..................................................................... 00
- DON'T KNOW .................................................. d
- REFUSED ......................................................... r
C6. Does (CHILD) have access to toys or games requiring refined hand movements, such as coloring books, crayons, or beads and string?

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

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

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

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

PROBE: Include books for adults as well as children.

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

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

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

YES .......................................................................... 01
NO ............................................................................ 00
DON'T KNOW .......................................................... d
REFUSED ................................................................. r → GO TO C13
C10.  About how many are books for (CHILD)'s age?

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

GO TO C13

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

YES .......................................................................... 01
NO ............................................................................ 00  → GO TO C13

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

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

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

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

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

YES .......................................................................... 01
NO ............................................................................ 00
DON'T KNOW .......................................................... d
REFUSED ...................................................................... r
C15. Now, thinking again about the past month, about how often have you encouraged (CHILD) to read?

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

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

<table>
<thead>
<tr>
<th>LESS THAN ONCE A MONTH</th>
<th>ABOUT ONCE A MONTH</th>
<th>A FEW TIMES A MONTH</th>
<th>AT LEAST A FEW TIMES A WEEK</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>C16A. Done some outdoor activity with (CHILD)? ....... 01 02 03 04 d r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C16B. Taken (CHILD) places? .... 01 02 03 04 d r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C16C. Included (CHILD) in hobbies or activities? ....... 01 02 03 04 d r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NEVER</th>
<th>ONCE</th>
<th>2-3 TIMES LAST YEAR</th>
<th>MORE THAN 3 TIMES LAST YEAR</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>C17A. Go to a place like a museum or zoo? ...................... 01 02 03 04 d r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C17B. Take trip on a plane, bus or train, not including local trips on the bus or subway? .......... 01 02 03 04 d r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C17C. Take a trip more than 50 miles from home? .............. 01 02 03 04 d r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. NUTRITION

Next I’ll be asking questions about the amount of food you have in your house and how much you spend on food.

D1. First I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometimes, or never true in the last 12 months, since (INTERVIEW MONTH) of last year.

**PROBE:** Include all members of your household.

(First) (READ ITEM). Was that often, sometimes, or never true in the last 12 months?

<table>
<thead>
<tr>
<th></th>
<th>OFTEN TRUE</th>
<th>SOMETIMES TRUE</th>
<th>NEVER TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>B.</td>
<td>The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>C.</td>
<td>(I/We) couldn't afford to eat balanced meals</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>D.</td>
<td>(We/I) relied on only a few kinds of low-cost food to feed ([CHILD]/the children) because (we were/I was) running out of money to buy food</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>E.</td>
<td>(I/We) couldn't feed ([CHILD]/the children) a balanced meal, because (I/we) couldn't afford that</td>
<td>01</td>
<td>02</td>
</tr>
</tbody>
</table>

D2. **CHECK D1A TO D1E. WERE ANY OF THESE CODED “OFTEN TRUE (01)” OR “SOMETIMES TRUE (02)”?**

AT LEAST ONE CODED OFTEN TRUE OR SOMETIMES TRUE ................................................. 01

ALL CODED NEVER TRUE .................................................. 00 → **GO TO D14**

D3. ([CHILD] was/The children were) not eating enough because (I/we) just couldn't afford enough food. (Was this often, sometimes or never true in the past 12 months?)

<table>
<thead>
<tr>
<th></th>
<th>OFTEN TRUE</th>
<th>SOMETIMES TRUE</th>
<th>NEVER TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>..................................................</td>
<td>01</td>
<td>02</td>
</tr>
</tbody>
</table>
D4. In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES ................................................................. 01
NO ................................................................. 00 \(\rightarrow\) GO TO D5

D4A. How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH .................................. 01
SOME MONTHS BUT NOT EVERY MONTH .......... 02
ONLY 1 OR 2 MONTHS .................................. 03

D5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES ................................................................. 01
NO ................................................................. 00

D6. In the last 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?

YES ................................................................. 01
NO ................................................................. 00

D7. Sometimes people lose weight because they don't have enough to eat. In the last 12 months, did you lose weight because there wasn't enough food?

YES ................................................................. 01
NO ................................................................. 00

D8. CHECK D3 TO D7. WERE ANY OF THESE CODED “OFTEN TRUE” OR “SOMETIMES TRUE” OR “YES”?

AT LEAST ONE CODED TRUE OR YES ............... 01
NONE CODED TRUE OR YES .......................... 00 \(\rightarrow\) GO TO D10
D9. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn’t enough money for food?

YES .................................................................01
NO .................................................................00 → GO TO D10

D9A. How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH ...............................01
SOME MONTHS BUT NOT EVERY MONTH ....02
ONLY 1 OR 2 MONTHS .................................03

D10. The next questions are about ([CHILD]/all the children living in your household who are under 18 years old).

In the last 12 months, since (INTERVIEW MONTH) of last year, did you ever cut the size of ([CHILD’s]/any of the children’s) meals because there wasn't enough money for food?

YES .................................................................01
NO .................................................................00

D11. In the last 12 months, did ([CHILD]/any of these children) ever skip a meal because there wasn't enough money for food?

YES .................................................................01
NO .................................................................00 → GO TO D12

D11A. How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?

ALMOST EVERY MONTH ...............................01
SOME MONTHS BUT NOT EVERY MONTH ....02
ONLY 1 OR 2 MONTHS .................................03
D12. In the last 12 months, (was [CHILD]/were the children) ever hungry, but you just couldn’t afford more food?

YES .......................................................................... 01
NO ............................................................................ 00 → GO TO D14

D13. In the last 12 months, did ([CHILD]/any of the children) ever not eat for a whole day because there wasn’t enough money for food?

YES .......................................................................... 01
NO ............................................................................ 00

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

VERY PICKY EATER............................................... 01
SOMewhat PICKY EATER ....................................... 02
NOT A PICKY EATER .............................................. 03
DON’T KNOW .......................................................... d
REFUSED .................................................................. r

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

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 or more</th>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Milk</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>B. Other dairy products (eggs, cheese, yogurt)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>C. Fruit juice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>D. Soda (e.g., Coke, Pepsi)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>E. Fresh fruit or vegetables</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>F. Candy or sweets</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>G. Frozen or canned vegetables</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>H. Snack foods or chips</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
<tr>
<td>I. Starches like bread, cereal or spaghetti</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>d</td>
<td>r</td>
</tr>
</tbody>
</table>
D16. About how many times a week does (CHILD) eat a meal from a “fast food” restaurant (e.g., McDonald’s, KFC, etc.)?

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

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

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

GO TO SECTION E
## E. HOUSING/BUILDING CHARACTERISTICS

**E1. WHAT FLOOR IS THE APARTMENT ON?**

**INTERVIEWER:** IF BASEMENT APARTMENT, CODE 00.

<table>
<thead>
<tr>
<th>FLOOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT APPLICABLE, SINGLE FAMILY DWELLING ................................................. n → GO TO E3</td>
</tr>
</tbody>
</table>

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

- YES .......................................................................... 01
- NO ............................................................................ 00 → GO TO E3

**E1B. IS THERE AN ELEVATOR?**

- YES .......................................................................... 01
- NO ............................................................................ 00 → GO TO E3

**E1C. IS IT OPERATIONAL?**

- YES .......................................................................... 01
- NO ............................................................................ 00

**E2. How often does the elevator in your building break down?**

- A few times a week .................................................. 01
- A few times a month ................................................. 02
- Less often than that/Never ....................................... 03 → GO TO E3

**E2A. How quickly is it fixed?**

- Same day ................................................................. 01
- Same week .................................................................. 02
- Longer than that ....................................................... 03
E3. How many rooms, not counting bathrooms, are in this (apartment/house)?

|   |   | NUMBER OF ROOMS

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

|   |   | NUMBER OF BEDROOMS

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

|   |   | NUMBER OF PEOPLE
F. PARENTAL STRESS AND MASTERY

F1. Having a child can sometimes be stressful. This section is about how stressful having (CHILD) has been for you and the ways in which you have had to adjust your life. I will read you a series of statements. For each statement, please tell me if you strongly agree with it, agree, disagree, strongly disagree or you are not sure.

(READ STATEMENT). Do you strongly agree, agree, disagree, strongly disagree or you are not sure?

SHOW CARD #4

<table>
<thead>
<tr>
<th>CODE ONLY ONE RESPONSE FOR EACH STATEMENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> You often have the feeling that you cannot handle things very well ..................</td>
</tr>
<tr>
<td><strong>B.</strong> You find yourself giving up more of your life to meet your child(ren)'s needs than you ever expected ................................</td>
</tr>
<tr>
<td><strong>C.</strong> You feel trapped by your responsibilities as a parent .........................</td>
</tr>
<tr>
<td><strong>D.</strong> Since having (CHILD) you have been unable to do new and different things ......</td>
</tr>
<tr>
<td><strong>E.</strong> Since having (CHILD) you feel that you are almost never able to do things that you like to do ................................</td>
</tr>
<tr>
<td><strong>F.</strong> There are quite a few things that bother you about your life........................</td>
</tr>
<tr>
<td><strong>G.</strong> Having (CHILD) has caused more problems than you expected in your relationship with men ..........................</td>
</tr>
<tr>
<td><strong>H.</strong> You feel alone and without friends .............</td>
</tr>
<tr>
<td><strong>I.</strong> When you go to a party, you usually expect to have a bad time ..................</td>
</tr>
<tr>
<td><strong>J.</strong> You are less interested in people than you used to be..................................</td>
</tr>
<tr>
<td><strong>K.</strong> You enjoy things less than you used to....</td>
</tr>
<tr>
<td><strong>L.</strong> You are unhappy with the last purchase of clothing you made for yourself ..........</td>
</tr>
</tbody>
</table>
F2. If (CHILD) has a tantrum in a public place, such as a supermarket or bus stop, and words do not work, what do you do?

**PROBE FOR “NEVER HAPPENS”:** What would you do?

**PROBE FOR SECOND RESPONSE:** If that doesn’t work, then what?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code First Mentioned</th>
<th>Code Second Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignore (HIM/HER); Not talk to (HIM/HER)</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Spank or physically punish (HIM/HER)</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>Pick up child and leave the place</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>Leave and expect child to follow</td>
<td>04</td>
<td>04</td>
</tr>
<tr>
<td>Punish (HIM/HER) verbally</td>
<td>05</td>
<td>05</td>
</tr>
<tr>
<td>Shake (HIM/HER)</td>
<td>06</td>
<td>06</td>
</tr>
<tr>
<td>Shout at (child)</td>
<td>07</td>
<td>07</td>
</tr>
<tr>
<td>Tell (child) you will punish (HIM/HER) at home</td>
<td>08</td>
<td>08</td>
</tr>
<tr>
<td>Threaten to take away treats</td>
<td>09</td>
<td>09</td>
</tr>
<tr>
<td>Threaten “time out” when you get home</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Give child food</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Hold child</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Distract/give child something to play with</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Hasn’t happened</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Talk to child</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Let child have/do what he/she wants</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Nothing else (use this code if only one option is given)</td>
<td>-4</td>
<td></td>
</tr>
</tbody>
</table>
F3. For each of the following statements, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

(READ ITEM) Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this?

<table>
<thead>
<tr>
<th>SHOW CARD #5</th>
<th>STRONGLY AGREE</th>
<th>SOMewhat AGREE</th>
<th>SOMewhat DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have little control over the things that happen to me ............................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>B. There is really no way I can solve some of the problems I have ................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>C. There is little I can do to change many of the important things in my life ................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>D. I often feel helpless in dealing with problems ..........................................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>E. Sometimes I feel that I’m being pushed around ...............................................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
</tbody>
</table>

GO TO SECTION G
G. DISCIPLINE

Children often do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when (CHILD) did something wrong or made you upset or angry.

I am going to read a list of things you might have done in the past year and I would like you to tell me how often you have done each thing in the past year. If you haven’t done it in the past year but have done it before this, I would like to know this, too.

(First), how many times in the past year did you (READ ITEM)? Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened but not in the past year, or has this never happened?

<table>
<thead>
<tr>
<th>SHOW CARD #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1. Explain to (CHILD) why something (he/she) did was wrong ...........................</td>
</tr>
<tr>
<td>G2. Put (CHILD) in “time out” (or sent (CHILD) to (his/her) room).........................</td>
</tr>
<tr>
<td>G3. Shook (CHILD)..................................................</td>
</tr>
<tr>
<td>G4. Hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object .................</td>
</tr>
<tr>
<td>G5. Gave (him/her) something else to do instead of what (he/she) was doing............</td>
</tr>
<tr>
<td>G6. Shouted, yelled, or screamed at (CHILD)......................................................</td>
</tr>
<tr>
<td>G7. Spanked (him/her) on the bottom with your bare hand .................................</td>
</tr>
<tr>
<td>G8. Swore or cursed at (him/her) .........................................................</td>
</tr>
<tr>
<td>G9. Said you would send (him/her) away or would kick (him/her) out of the house......</td>
</tr>
<tr>
<td>G10. Threatened to spank or hit (him/her) but did not actually do it....................</td>
</tr>
<tr>
<td>G11. Slapped (him/her) on the hand, arm, or leg ............................................</td>
</tr>
<tr>
<td>G12. Took away privileges from (him/her)..........................................................</td>
</tr>
<tr>
<td>G13. Pinched (him/her).................................</td>
</tr>
<tr>
<td>G14. Called (him/her) dumb or lazy or some other name like that..........................</td>
</tr>
</tbody>
</table>
Sometimes things can get in the way of caring for your child the way you would like to: for example, money problems, personal problems, or having a lot to do. Please tell me how many times in the last year this has happened to you in trying to care for your child.

Please tell me how many times in the past year you (READ ITEM). Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened, but not in the past year, or has this never happened?

<table>
<thead>
<tr>
<th>SHOW CARD #6</th>
<th>ONCE</th>
<th>TWICE</th>
<th>3-5 TIMES</th>
<th>6-10 TIMES</th>
<th>11-20 TIMES</th>
<th>MORE THAN 20 TIMES</th>
<th>YES BUT NOT IN THE PAST YEAR</th>
<th>THIS HAS NEVER HAPPENED</th>
</tr>
</thead>
<tbody>
<tr>
<td>G15. Had to leave your child home alone, even when you thought some adult should be with (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>G16. Were so caught up with your own problems that you were not able to show or tell your child that you loved (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>G17. Were not able to make sure (CHILD) got the food (he/she) needed</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>G18. Were not able to make sure your child got to a doctor or hospital when (he/she) needed it</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
<tr>
<td>G19. Were so drunk or high that you had a problem taking care of your child</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
</tr>
</tbody>
</table>

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

YES.........................................................................................01 → GO TO G23
NO.........................................................................................00 → GO TO G21
G21. **IF “NO” TO G20:** Is there another adult, besides you, who lives in the household and spends time caring for (CHILD)?

YES .............................................................................................. 01 → **GO TO G22**
NO .............................................................................................. 00 → **GO TO SECTION H**

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

RESPONDENT’S SPOUSE/BOYFRIEND/GIRLFRIEND....................01
CHILD’S GRANDMOTHER..........................................................02
CHILD’S GRANDFATHER..........................................................03
OTHER RELATIVE (SPECIFY).....................................................04

OTHER NON-RELATIVE (SPECIFY)..............................................05
G23. **NOTE TO INTERVIEWER:** THE FOLLOWING QUESTION REFERENCES TO DISCIPLINE CONDUCTED BY THE CHILD’S FATHER, IF HE LIVES IN THE HOUSE, OR BY THE ADULT IDENTIFIED IN G22. IN THE FOLLOWING QUESTION, REFER TO THIS PERSON (DENOTED “SECONDARY CAREGIVER”) BY THE APPROPRIATE TITLE (FOR EXAMPLE, FATHER, GRANDMOTHER, ETC.)

How many times in the past year did (SECONDARY CAREGIVER) (READ ITEM)? Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened but not in the past year, or has this never happened?

<table>
<thead>
<tr>
<th>SHOW CARD #6</th>
<th></th>
<th>ONCE</th>
<th>TWICE</th>
<th>3-5 TIMES</th>
<th>6-10 TIMES</th>
<th>11-20 TIMES</th>
<th>MORE THAN 20 TIMES</th>
<th>YES BUT NOT IN PAST YEAR</th>
<th>THIS HAS NEVER HAPPENED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>G23A. Explain to (CHILD) why something (he/she) did was wrong</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23B. Put (CHILD) in “time out” (or sent to (CHILD) to (his/her) room)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23C. Shook (CHILD)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23D. Hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23E. Gave (him/her) something else to do instead of what (he/she) was doing</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23F. Shouted, yelled, or screamed at (CHILD)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23G. Spanked (him/her) on the bottom with their bare hand</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23H. Swore or cursed at (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23I. Said he or she would send (CHILD) away or would kick (him/her) out of the house</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23J. Threatened to spank or hit (him/her) but did not actually do it</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23K. Slapped (him/her) on the hand, arm, or leg</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23L. Took away privileges from (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23M. Pinched (him/her)</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>G23N. Called (him/her) dumb or lazy or some other name like that</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
<td>05</td>
<td>06</td>
<td>07</td>
<td>00</td>
<td>d</td>
<td></td>
</tr>
</tbody>
</table>
G24. **NOTE TO INTERVIEWER:** THE FOLLOWING QUESTION REFERS TO BEHAVIOR CONDUCTED BY THE CHILD’S FATHER, IF HE LIVES IN THE HOUSE, OR BY THE ADULT IDENTIFIED IN G22. IN THE FOLLOWING QUESTION, REFER TO THIS PERSON (DENOTED “SECONDARY CAREGIVER”) BY THE APPROPRIATE TITLE (FOR EXAMPLE, FATHER, GRANDMOTHER, ETC.)

Please tell me how many times in the past year (SECONDARY CAREGIVER) (READ ITEM). Was it once in the past year, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times in the past year, it happened, but not in the past year, or has this never happened?

| SHOW CARD #6 |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|               | ONCE          | TWICE         | 3-5 TIMES     | 6-10 TIMES    | 11-20 TIMES   | MORE THAN 20 TIMES | YES BUT NOT IN THE PAST YEAR | THIS HAS NEVER HAPPENED | DON’T KNOW |
| G24A. Had to leave (CHILD) home alone, even though some adult should have been with (him/her).......................... | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 00 | d |
| G24B. Was so caught up with (his/her) own problems that (he/she) was not able to show or tell (CHILD) that (he/she) loved (CHILD) .................. | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 00 | d |
| G24C. Was not able to make sure (CHILD) got the food (he/she) needed ....... | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 00 | d |
| G24D. Was not able to make sure (CHILD) got to a doctor or hospital when (he/she) needed it ............ | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 00 | d |
| G24E. Was so drunk or high that (he/she) had a problem taking care of (CHILD)................................. | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 00 | d |
**H. EXPOSURE TO VIOLENCE**

The next set of questions are about violent things that may have happened to you or that you may have seen in the last year.

For these questions, we do not want to know about violence carried out by your circle of family or loved ones. Rather, we are interested in learning only about violence carried out by people outside of your circle of family or loved ones, no matter who the victim might have been. We also do not want to know about violence you saw on TV or in movies.

(READ ITEM). Was it never, once, 2-3 times, 4-10 times, or more than 10 times?

**PROBE:** Remember we do not want to know about things done by members of your family or people you know well.

<table>
<thead>
<tr>
<th>SHOW CARD #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. In the past year, about how many times did you see someone else get hit, slapped, punched, or beaten up by someone? .................................................... 00 01 02 03 04</td>
</tr>
<tr>
<td>H2. (In the past year, about how many times) were you hit, slapped, punched, or beaten up by someone? .................................................... 00 01 02 03 04</td>
</tr>
<tr>
<td>H3. (In the past year, about how many times) did you see someone else get attacked by someone with a weapon, like a knife or bat? .................................................... 00 01 02 03 04</td>
</tr>
<tr>
<td>H4. (In the past year, about how many times) were you attacked by someone with a weapon? .................................................... 00 01 02 03 04</td>
</tr>
<tr>
<td>H5. (In the past year, about how many times) did you see someone else get shot at by someone? .................................................... 00 01 02 03 04</td>
</tr>
<tr>
<td>H6. (In the past year, about how many times) were you shot at by someone? ................. 00 01 02 03 04</td>
</tr>
<tr>
<td>H7. (In the past year, about how many times) did you see someone get killed because of violence by someone? .................................................... 00 01 02 03 04</td>
</tr>
</tbody>
</table>

**GO TO SECTION J.**

**NO SECTION I IN THIS SURVEY.**
J. CPS CONTACT

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

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

GO TO SECTION K

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

|___|___|  NUMBER OF TIMES

DON'T KNOW ...................................................... d
REFUSED .......................................................... r

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

|___|___| / |___|___|___|___|
MONTH            YEAR

DON'T KNOW ................................................................ d
REFUSED ................................................................ r

J3A. INTERVIEWER: DID RESPONDENT ANSWER “REFUSED” TO EITHER J2 OR J3?

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

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

INTERVIEWER: CAN YOU PROCEED?

YES ...................................................................... 01 → GO TO J4
NO ...................................................................... r → GO TO SECTION K
J4. Were you told why Child Protective Services was contacting you?

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

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

SHOW CARD #8

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

CIRCLE ALL THAT APPLY

A. Physical abuse ................................................... 01
B. Sexual abuse ...................................................... 02
C. Neglect ............................................................... 03
D. Other ................................................................. 04 → GO TO J5A

REFUSED ............................................................. r → GO TO J6

RESPONDENT WANTED TO
SKIP TO NEXT SECTION............................................ s → GO TO SECTION K

J5A. Can you tell me what this concern was?

YES (SPECIFY) ................................................................. 01

----------------------------------------------------------------------------
NO ................................................................. 00
REFUSED ............................................................. r
J6. Did (this contact/the most recent contact) concern (CHILD) or another child in this household, or both (CHILD) and other child or children in this household?

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

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

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

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

CIRCLE ALL THAT APPLY

Self ................................................................. 01
Someone else living in the household .................. 02
Someone outside of the household ...................... 03
DON'T KNOW .........................................................d
REFUSED ..............................................................................r
RESPONDENT WANTED TO SKIP TO NEXT SECTION.......................s → GO TO SECTION K
J8. Did a Child Protective Services worker monitor your case because of these concerns?

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

YES, CASE MONITORED ........................................ 01
NO, CASE NOT MONITORED .................................... 00
DON’T KNOW ....................................................... d

REFUSED ............................................................... r
RESPONDENT WANTED TO SKIP TO NEXT SECTION ......................... s → GO TO SECTION K

J9. Was there court involvement because of these concerns?

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

YES, COURT INVOLVEMENT ........................................ 01
NO, NO COURT INVOLVEMENT ................................... 00
DON’T KNOW ....................................................... d

REFUSED ............................................................... r
RESPONDENT WANTED TO SKIP TO NEXT SECTION ......................... s → GO TO SECTION K

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

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

YES, CHILD/CHILDREN PLACED OUT OF HOME ................................. 01
NO, CHILD/CHILDREN NOT PLACED OUT OF HOME ....................... 00
DON’T KNOW ....................................................... d

REFUSED ............................................................... r
RESPONDENT WANTED TO SKIP TO NEXT SECTION ......................... s → GO TO SECTION K
J11. Where did the child(ren) go to live for the most amount of time while they were out of your home?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATIVE’S/KIN’S HOME</td>
<td>01</td>
</tr>
<tr>
<td>FOSTER FAMILY HOME</td>
<td>02</td>
</tr>
<tr>
<td>RESIDENTIAL INSTITUTION</td>
<td>03</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>04</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>d</td>
</tr>
<tr>
<td>REFUSED</td>
<td>r</td>
</tr>
</tbody>
</table>
K. FOOD EXPENDITURES

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

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

- YES ................................................................. 01
- NO ................................................................. 00
- NOT IN CHILD CARE ........................................ n
- DON’T KNOW .................................................. d

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

- YES ................................................................. 01
- NO ................................................................. 00 → **GO TO K1**
- DON’T KNOW .................................................. d

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

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

- YES ................................................................. 01
- NO ................................................................. 00
- DON’T KNOW .................................................. d

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

- YES ................................................................. 01
- NO ................................................................. 00
- DON’T KNOW .................................................. d
- REFUSED .......................................................... r → **GO TO K2**
K1A1. About how much did (you/you or anyone else in your family living with you) receive in food stamps last month?

$ |____|____|____|____|____|____| DON'T KNOW .......................................................... d
REFUSED .................................................................. r

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

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

GO TO K3

K2. How much did your family spend on food that you used at home during the last month? (You can tell me about how much you spent per week if that's easiest.)

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

PROBE: Your best estimate is fine.

$ |____|____|____|____|____|____| COST OF FOOD USED AT HOME
DON'T KNOW .......................................................... d
REFUSED .................................................................. r

PER
DAY .......................................................................... 01
WEEK ....................................................................... 02
TWO WEEKS ........................................................... 03
MONTH ..................................................................... 04
OTHER (SPECIFY) .................................................. 05

GO TO K2A

GO TO K3
K2A. Can you give me a range? Is it . . .

Less than $25 a week, ............................................... 01
$26 to $50, ............................................................... 02
$51 to $75, ............................................................... 03
$76 to $100, ............................................................. 04
$100 to $150, or ....................................................... 05
More than $150 a week? .......................................... 06
DON'T KNOW ......................................................... d
REFUSED ....................................................................... r

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

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

K4. How much did you spend on take out food or food that was delivered during the last month? (You can tell me about how much you spent per week if that's easiest.)

PROBE: Your best estimate is fine.

$ |___|___|___|___|___| COST OF FOOD DELIVERED

DON'T KNOW ......................................................... d
REFUSED ................................................................. r

PER

DAY .......................................................... 01
WEEK .......................................................... 02
TWO WEEKS .................................................. 03
MONTH .......................................................... 04
OTHER (SPECIFY) .................................................. 05

GO TO K5
K4A. Can you give me a range? Is it . . .

- Less than $25 a week, ............................................. 01
- $26 to $50, ............................................................... 02
- $51 to $75, ............................................................... 03
- $76 to $100, ............................................................. 04
- $100 to $150, or ....................................................... 05
- More than $150 a week? .......................................... 06
- DON'T KNOW .......................................................... d
- REFUSED ................................................................ r

K5. About how much did (you and everyone else in your family/you) spend eating out in the last month? (You can tell me about how much you spent per week if that's easiest.)

PROBE: Your best estimate is fine.

$ |___|___|,|___|___|___| COST OF EATING OUT

- DON'T KNOW .......................................................... d
- REFUSED ................................................................ r

PER
- DAY .............................................................................. 01
- WEEK ....................................................................... 02
- TWO WEEKS ........................................................... 03
- MONTH ...................................................................... 04
- OTHER (SPECIFY) .................................................. 05

GO TO K5A

K5A. Can you give me a range? Is it . . .

- Less than $25 a week, ............................................. 01
- $26 to $50, ............................................................... 02
- $51 to $75, ............................................................... 03
- $76 to $100, ............................................................. 04
- $100 to $150, or ....................................................... 05
- More than $150 a week? .......................................... 06
- DON'T KNOW .......................................................... d
- REFUSED ................................................................ r
K6. How do you usually get to the grocery store where you do most of your shopping? Do you . . .

CIRCLE ONE

Drive a car, ............................................................... 01
Take a taxi, ............................................................... 02
Get a ride from a friend, ........................................... 03
Take public transportation (bus, subway, etc.), or .............................................. 04
Walk? ....................................................................... 05
OTHER (SPECIFY) .................................................. 06

K7. How long does it take you to get there?

15 minutes or less .................................................... 01
Around ½ hour .......................................................... 02
Close to 1 hour or longer .......................................... 03
DON’T KNOW .......................................................... d
REFUSED ................................................................ r

K8. Do you do most of your shopping at a big supermarket, or at a smaller store, like a corner market or convenience store (or bodega)?

CIRCLE ONE

Supermarket ............................................................. 01
Smaller store ............................................................ 02
OTHER (SPECIFY) ................................................. 03
K9. We would like to know about help you may have received from the Women, Infants, and Children (W.I.C.) program during your pregnancy with (CHILD) or since (CHILD) was born. Have you received any help from WIC during this period?

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

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

GO TO SECTION L

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

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

GO TO K11

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

**INTERVIEWER:** READ CATEGORIES.

CIRCLE ALL THAT APPLY

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

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

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

GO TO K12
K11A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

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

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

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

GO TO K13

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

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

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

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

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

GO TO K14
K13A. What kind of help did you receive during this period? Was it . . .

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

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

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

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

GO TO SECTION L

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

INTERVIEWER: READ CATEGORIES.

CIRCLE ALL THAT APPLY

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

L. CHILD’S BEHAVIOR

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

(READ ITEM). Is this not true (so far as you know), somewhat or sometimes true, very true or often true for (CHILD)?

<table>
<thead>
<tr>
<th></th>
<th>NOT TRUE</th>
<th>SOMEWHAT OR SOMETIMES TRUE</th>
<th>VERY TRUE OR OFTEN TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1.</td>
<td>(He/She) argues a lot</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L2.</td>
<td>(He/She) brags or boasts</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L3.</td>
<td>(He/She) understands others’ feelings, like when they are happy, sad or mad</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L4.</td>
<td>(He/She) overeats</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L5.</td>
<td>(He/She) complains of loneliness</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L6.</td>
<td>(He/She) is confused or seems to be in a fog</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L7.</td>
<td>(He/She) is cruel, bullies and shows meanness to others</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L8.</td>
<td>(He/She) day-dreams or gets lost in thoughts</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L9.</td>
<td>(He/She) destroys (his/her) own things</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L10.</td>
<td>(He/She) destroys things belonging to family or others</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L11.</td>
<td>(He/She) is sympathetic toward other children’s distress, tries to comfort others when they are upset</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L12.</td>
<td>(He/She) is disobedient at home</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L13.</td>
<td>(He/She) is disobedient at school or in childcare</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L14.</td>
<td>(He/She) gets hurt a lot or is accident-prone</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L15.</td>
<td>(He/She) is open and direct about what (he/she) wants</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L16.</td>
<td>(He/She) is easily jealous</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L17.</td>
<td>(He/She) fears that (he/she) might think or do something bad</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L18.</td>
<td>(He/She) feels (he/she) has to be perfect</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L19.</td>
<td>(He/She) feels or complains that no one loves (him/her)</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L20.</td>
<td>(He/She) feels others are out to get (him/her)</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L21. (He/She) gets in many fights</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>L22. (He/She) gets teased a lot</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L23. (He/She) hangs around with others who get in trouble</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L24. (He/She) is impulsive or acts without thinking</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L25. (He/She) would rather be alone than with others</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L26. (He/She) lies or cheats</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L27. (He/She) has nervous movements or twitches</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L28. (He/She) is not liked by other kids</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L29. (He/She) feels too guilty</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L30. (He/She) will join a group of children playing</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L31. (He/She) is overweight</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L32. In social activities, (he/she) tends to just watch others</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L33. (He/She) physically attacks people</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L34. (He/She) does poor school work</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L35. (He/She) is poorly coordinated or clumsy</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L36. (He/She) prefers being with older kids</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L37. (He/She) prefers being with younger kids</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L38. (He/She) refuses to talk</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L39. (He/She) runs away from home</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L40. (He/She) screams a lot</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L41. (He/She) can easily get other children to pay attention to (him/her)</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L42. (He/She) is secretive, keeps things to self</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L43. (He/She) is self-conscious or easily embarrassed</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L44. (He/She) sets fires</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L45. (He/She) shows off or clowns around</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>L46.</td>
<td>(He/She) is shy or timid ...........................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L47.</td>
<td>(He/She) stares blankly ...........................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L48.</td>
<td>(He/She) says “please” and “thank you” when reminded ..........</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L49.</td>
<td>(He/She) steals at home ...........................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L50.</td>
<td>(He/She) steals outside the home ................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L51.</td>
<td>(He/She) asks or wants to go play with other children .........</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L52.</td>
<td>(He/She) sulks a lot ...............................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L53.</td>
<td>(He/She) is suspicious ............................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L54.</td>
<td>(He/She) swears or uses obscene language .......................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L55.</td>
<td>(He/She) plays games and talks with other children ............</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L56.</td>
<td>(He/She) talks too much ..........................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L57.</td>
<td>(He/She) teases a lot ...............................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L58.</td>
<td>(He/She) is confident with other people ..........................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L59.</td>
<td>(He/She) threatens people .........................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L60.</td>
<td>(He/She) tends to be proud of things (he/she) does ............</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L61.</td>
<td>(He/She) is underactive, slow moving, or lacks energy ..........</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L62.</td>
<td>(He/She) is unusually loud ........................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L63.</td>
<td>(He/She) is interested in many and different things ............</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L64.</td>
<td>(He/She) vandalizes ...............................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L65.</td>
<td>(He/She) worries ....................................................</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>L66.</td>
<td>(He/She) enjoys talking to you ....................................</td>
<td>00</td>
<td>01</td>
</tr>
</tbody>
</table>

---

**NO SECTION M.**

**GO TO SECTION N.**

---

**N.**

**SHOW CARD 9**

1. **HAVE YOU DONE ACTIVITIES YET WITH MOTHER AND CHILD?**
   - YES ................................................................. 01 → GO TO N1D
   - NO ................................................................. 00 → GO TO N1A

2. **IS THIS A GOOD TIME FOR CHILD?**
   - YES ................................................................. 01 → GO TO ACTIVITY BOOKLET
   - NO ................................................................. 00 → SET UP TIME TO RETURN TO COMPLETE ACTIVITIES, GO TO N1E

3. **NO N1B AND N1C THIS VERSION**

4. **DID YOU CODE ACTIVITY BOOKLET QUESTION A8 (MOTHER RESPONDED POSITIVELY TO PRAISE OF CHILD)?**
   - YES ................................................................. 01 → GO TO N2
   - NO ................................................................. 00 → GO BACK AND CODE IT NOW, THEN GO TO N2

5. **IS THIS PERSON A PARENT OF THE CHILD?**
   - YES ................................................................. 01 → GO TO N2
   - NO ................................................................. 00

6. **DOES THE CHILD LIVE WITH EITHER PARENT?**
   - YES ................................................................. 01 → GO TO N2
   - NO ................................................................. 00 → GO TO “OTHER CAREGIVER” SURVEY

7. **N2.** When we interviewed you by telephone you gave us these names and addresses of people who can help us find you. (GIVE RESPONDENT THE LIST OF CONTACTS). Please take a moment and correct any information that isn’t complete. You can also add other people. We will only use this information if you move between now and the next time we try to contact you.
N3. Thank you so much for your help. We would like to give you $50 for participating in this part of the study (and give (CHILD) this book).

I will need you to sign this receipt for me.

We will be sending you a newsletter in a few months and will be contacting you again when (CHILD) is about eight years old.

NO SECTION O.

DO NOT FORGET TO COMPLETE OBSERVATION ITEMS
### P. OBSERVATION CHECKLIST—COMPLETE THIS OUTSIDE OF HOME IMMEDIATELY AFTER YOU LEAVE THE HOME

**P1.** IS THERE GARBAGE, LITTER, OR BROKEN GLASS IN THE STREET OR ROAD, ON THE SIDEWALKS, OR IN YARDS?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMOST NONE</td>
<td>01</td>
</tr>
<tr>
<td>YES, BUT NOT A LOT</td>
<td>02</td>
</tr>
<tr>
<td>YES, QUITE A BIT</td>
<td>03</td>
</tr>
<tr>
<td>YES, ALMOST EVERYWHERE</td>
<td>04</td>
</tr>
<tr>
<td>NOT OBSERVED</td>
<td>d</td>
</tr>
</tbody>
</table>

**P2.** HOW WOULD YOU RATE THE GENERAL CONDITION OF MOST OF THE BUILDINGS ON THE BLOCK/OR WITHIN 100 YARDS OF THE RESPONDENT’S HOUSE?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELL KEPT WITH GOOD REPAIR AND EXTERIOR SURFACE</td>
<td>01</td>
</tr>
<tr>
<td>FAIR CONDITION</td>
<td>02</td>
</tr>
<tr>
<td>POOR CONDITION WITH PEELING PAINT AND NEED OF REPAIR</td>
<td>03</td>
</tr>
<tr>
<td>BADLY DETERIORATED</td>
<td>04</td>
</tr>
<tr>
<td>NOT OBSERVED</td>
<td>d</td>
</tr>
</tbody>
</table>

**P3.** 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>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>01</td>
</tr>
<tr>
<td>YES, BUT NOT A LOT</td>
<td>02</td>
</tr>
<tr>
<td>YES, QUITE A BIT</td>
<td>03</td>
</tr>
<tr>
<td>YES, ALMOST EVERYWHERE</td>
<td>04</td>
</tr>
<tr>
<td>NOT OBSERVED</td>
<td>d</td>
</tr>
</tbody>
</table>
P4. ARE THERE VACANT, ABANDONED, OR BOARDED-UP BUILDINGS, ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT'S HOME?

NO ............................................................................ 01

YES, ONE BUILDING FITS THIS DESCRIPTION ......................................................... 02

YES, 2-3 BUILDINGS FIT THIS DESCRIPTION ...... 03

YES, 4 OR MORE BUILDINGS FIT THIS DESCRIPTION ................................................ 04

NOT OBSERVED .......................................................... d

P5. ARE THERE ABANDONED VEHICLES ON THE BLOCK OR WITHIN 100 YARDS OF THE RESPONDENT'S HOME?

NO ............................................................................ 01

ONLY ONE .................................................................... 02

2-3 ............................................................................ 03

4 OR MORE .................................................................... 04

NOT OBSERVED .......................................................... d

P6. DOES THE ENVIRONMENT IMMEDIATELY OUTSIDE HOME (YARD, PATIO, ENTRYWAY OR PORCH AND STAIRS) HAVE ANY OF THE FOLLOWING?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNLIT ENTRANCE OR STAIRWAY .................. 01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>BROKEN STEPS ........................................ 01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>BROKEN GLASS OR BROKEN TOYS ................ 01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>LARGE DITCHES ......................................... 01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>ALCOHOL OR DRUG PARAPHERNALIA ............ 01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>STREWN GARBAGE/LITTER ....................... 01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>
P7. DOES THE EXTERIOR OF THE BUILDING HAVE ANY OF THE FOLLOWING? (CONSIDER CONDITION OF WALLS, PAINT, WINDOWS, LIGHTS, EXTENT OF NEEDED REPAIRS, AND CLEANLINESS.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEELING PAINT, NEEDS PAINT JOB</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>CRUMBLING OR DAMAGED WALLS</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
<tr>
<td>BROKEN OR CRACKED WINDOWS</td>
<td>01</td>
<td>00</td>
<td>d</td>
</tr>
</tbody>
</table>

P8. HOW WOULD YOU BEST DESCRIBE THE HOME OR BUILDING?

- APARTMENT BUILDING ......................................... 01
- ONE FAMILY (DETACHED) HOME ................................. 02
- TWO FAMILY HOME, DUPLEX ................................... 03
- MOBILE HOME, TRAILER ...................................... 04
- ROW HOUSE, TOWN HOUSE ..................................... 05
- THREE OR MORE UNIT APARTMENT COMPLEXES WITH NO COMMON AREAS ................................................................. 06
- OTHER (SPECIFY) .................................................. 07

P9. HOW WOULD YOU RATE THE CONDITION OF THE STREET IN FRONT OF RESPONDENT?

- VERY GOOD—RECENT RESURFACING, SMOOTH ................................................................. 01
- MODERATE—EVIDENCE STREET KEPT IN GOOD REPAIR ................................................... 02
- FAIR—MINOR REPAIRS NEEDED, BUT NOT ROUGH SURFACE .............................................. 03
- POOR—POTHOLES AND OTHER EVIDENCE OF NEGLECT .................................................. 04
- NOT OBSERVED ..................................................... d

P10. INTERVIEWER: CHECK P8. IS CODE 02, 04, 05, OR 06 CIRCLED IN P8?

- YES .......................................................................... 01 → GO TO R1
- NO ............................................................................ 00 → CONTINUE TO SECTION Q
Q. COMMON AREAS

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

Q1. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

   YES ................................................................. 01  
   NO ................................................................. 00  
   NOT OBSERVED .............................................. d

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

   YES ................................................................. 01  
   NO ................................................................. 00  
   NOT OBSERVED .............................................. d

Q3. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT?

   YES ................................................................. 01  
   NO ................................................................. 00  
   NOT OBSERVED .............................................. d

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

   YES ................................................................. 01  
   NO ................................................................. 00  
   NOT OBSERVED .............................................. d
R. INTERIOR OF HOUSE OR APARTMENT

R1. ARE THERE ANY BROKEN WINDOWS OR CRACKED WINDOWPANES?

YES ................................................................. 01
NO ................................................................. 00
NOT OBSERVED ................................................... d

R2. IS THE WIRING IN THE HOUSE CONCEALED?

YES ................................................................. 01
NO ................................................................. 00
NO ELECTRICAL WIRING ..................................... 03
NOT OBSERVED ................................................... d

R3. DOES THE HOUSING UNIT CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

YES ................................................................. 01
NO ................................................................. 00
NOT OBSERVED ................................................... d

R4. DOES THE HOUSING UNIT CONTAIN HOLES IN FLOOR?

YES ................................................................. 01
NO ................................................................. 00
NOT OBSERVED ................................................... d
R5. DOES THE HOUSING UNIT CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT OR MORE?

YES .................................................................01
NO .................................................................00
NOT OBSERVED ...............................................d

R6. IS INSIDE OF HOME DARK? (EXAMPLES: CLOSED DRAPES IN DAYTIME; POOR LIGHTING)

YES .................................................................01
NO .................................................................00
NOT OBSERVED ...............................................d

R7. IS INSIDE OF HOME CROWDED? (EXAMPLES: MANY PEOPLE LIVING IN A VERY SMALL HOUSE OR APARTMENT, DIFFICULT TO FIND A PRIVATE PLACE TO INTERVIEW RESPONDENT, FREQUENT INTERRUPTIONS AND PEOPLE BUMPING INTO EACH OTHER)

YES .................................................................01
NO .................................................................00
NOT OBSERVED ...............................................d

R8. ARE ALL VISIBLE ROOMS OF HOUSE/APARTMENT NOTICEABLY CLUTTERED? (EXAMPLES: VISIBLE ROOMS ARE MESSY OR ARE CLUTTERED WITH CLOTHES, VACUUM CLEANER, CHILDREN’S SCHOOLWORK, SHOES AND SOCKS, OTHER OBJECTS)

YES .................................................................01
NO .................................................................00
NOT OBSERVED ...............................................d
R9. ARE ALL VISIBLE ROOMS OF THE HOUSE/APARTMENT DIRTY OR NOT REASONABLY CLEANED? (EXAMPLES: TRASH STREWN AROUND, DIRTY DISHES IN KITCHEN, FLOOR AND FURNITURE HAVE NOT BEEN CLEANED OR DUSTED FAIRLY RECENTLY)

YES ................................................................. 01
NO .................................................................. 00
NOT OBSERVED .............................................. d

R10. IS ENVIRONMENT INSIDE HOME UNSAFE FOR YOUNG CHILDREN? ANSWER “YES” IF ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS. (EXAMPLES: FRAYED ELECTRICAL WIRES, MICE OR RATS, BROKEN GLASS, POISONS, FALLING PLASTER, BROKEN STAIRS, PEELING PAINT, CLEANING MATERIALS LEFT OUT, FLAMES AND HEAT WITHIN REACH OF YOUNG CHILDREN)

YES ................................................................. 01
NO .................................................................. 00
NOT OBSERVED .............................................. d

R10A. PLEASE CHECK ALL HAZARDOUS CONDITIONS YOU OBSERVED:

FRAYED ELECTRICAL WIRES ....................... 01
MICE OR RATS .................................................. 02
BROKEN GLASS .............................................. 03
POISONOUS SUBSTANCES WITHIN REACH OF CHILDREN ........................................... 04
FALLING PLASTER ........................................... 05
BROKEN STAIRS ............................................. 06
PEELING PAINT .............................................. 07
CLEANING MATERIALS LEFT OUT ............... 08
FLAMES AND HEAT WITHIN REACH OF YOUNG CHILDREN ........................................... 09
WEAPONS (GUNS OR KNIVES) WITHIN REACH OF CHILDREN ................................. 10
OTHER (SPECIFY) ......................................... 11

GO TO R11
R11. DID YOU OBSERVE ANY CHILD’S ARTWORK OR PHOTOGRAPHS OF HOUSEHOLD CHILDREN ON DISPLAY IN THE HOME (EXAMPLES: ARTWORK OR PHOTOS ON REFRIGERATOR OR ON WALLS)

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

R12. IS 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>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>NOT OBSERVED</td>
<td>d</td>
</tr>
</tbody>
</table>

R13. IS 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>01</td>
</tr>
<tr>
<td>NO</td>
<td>00</td>
</tr>
<tr>
<td>NOT OBSERVED</td>
<td>d</td>
</tr>
</tbody>
</table>
S. CHILD’S APPEARANCE

S1. HOW WOULD YOU BEST DESCRIBE THE CHILD’S CLOTHING?

CIRCLE ALL THAT APPLY

DIRTY—UNKEMPET .................................................. 01
DIRTY DUE TO PLAYING/EATING ................................ 02
CLOTHING IS WORN, BUT MENDED OR
NOT RIPPED OR TORN .............................................. 03
CLOTHING IS WORN, BUT NOT MENDED,
OBVIOUS RIPS OR TEARS .......................................... 04
CLOTHING IS TOO TIGHT FOR
COMFORTABLE FIT .................................................. 05
CLOTHING IS TOO LARGE .......................................... 06
CLOTHING IS TOO LIGHT WEIGHT FOR
INDOOR TEMPERATURE (UNDERDRESSED) ..... 07
CLOTHING IS TOO WARM FOR
INDOOR TEMPERATURE (OVERDRESSED) ........ 08
OTHER NEGATIVE CONDITIONS NOT
COVERED (SPECIFY) ................................................. 09

________________________________________

CODE HERE IF NONE OF THE
ABOVE APPLY ....................................................... 10

CODE HERE IF DID NOT OBSERVE CHILD ....... d
HOW WOULD YOU BEST DESCRIBE THE OVERALL HYGIENE OF THE CHILD?

S2. WASHED/BATHED

WASHED OR RECENTLY BATHED..........................01
RECENTLY BATHED BUT OUTWARDLY DIRTY.........................02
DIRTY AND NOT BATHED FOR SEVERAL DAYS..........................03
APPEARS NOT TO HAVE BEEN BATHED FOR AT LEAST A WEEK..............04
CHILD NOT OBSERVED........................................d

S3. HAIR

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

S4. ODOR

EMITS NO BODY AND/OR MOUTH ODOR ..................01
EMITS SOME BODY AND/OR MOUTH ODOR...........02
EMITS STRONG BODY AND/OR MOUTH ODOR ........03
CHILD NOT OBSERVED .........................................d

S5. IS THERE ANYTHING ELSE ABOUT THE CHILD’S CLOTHING OR HYGIENE THAT IS PROBLEMATIC?

YES (SPECIFY) ..............................................................01
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
NO ............................................................................00
T. HOME SCALE

**INTERVIEWER:** PLEASE COMPLETE THIS SECTION AFTER YOU LEAVE THE RESPONDENT’S HOME.

ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE MOTHER/CHILD INTERACTIONS AT THE TIME OF YOUR VISIT.

T1. PARENT TALKS TWICE TO (CHILD) DURING VISIT (BEYOND CORRECTION AND INTRODUCTION).

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

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

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

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

   PARENT ENCOURAGES CONTRIBUTION.............................. 01
   PARENT DOESN’T ENCOURAGE CONTRIBUTION ..................... 00
   CHILD NOT OBSERVED..................................................... d

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

   PARENT HELPS OR MENTIONS......................................... 01
   PARENT DOESN’T HELP OR MENTION............................... 00
   CHILD NOT OBSERVED..................................................... d
T5. PARENT SPONTANEOUSLY PRAISES (CHILD)'S BEHAVIOR OR QUALITIES TWICE DURING VISIT.

PARENT PRAISES TWICE..................................................01
PARENT DOESN’T PRAISE TWICE .................................00
CHILD NOT OBSERVED......................................................d

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

PARENT USES ENDEARMENT TWICE OR MORE .........01
PARENT DOESN’T USE ENDEARMENT TWICE ..........00
CHILD NOT OBSERVED......................................................d

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

PARENT CONVEYS POSITIVE FEELINGS.........................01
PARENT DOESN’T CONVEY POSITIVE FEELINGS........00

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

PARENT CARESSES, ETC................................................01
PARENT DOESN’T CARESS, ETC ..............................00
CHILD NOT OBSERVED......................................................d

T9. PARENT SHOUTS AT (CHILD) DURING VISIT.

PARENT SHOUTS...............................................................01
PARENT DOESN’T SHOUT................................................00
CHILD NOT OBSERVED......................................................d
T11. PARENT EXPRESSES OVERT ANNOYANCE WITH OR HOSTILITY TOWARD (CHILD) [COMPLAINS, DESCRIBES HIM/HER AS “BAD”, SAYS HE WON’T MIND, ETC.]

PARENT EXPRESSES ANNOYANCE ............................................01
PARENT DOESN’T EXPRESS ANNOYANCE ...............................00
CHILD NOT OBSERVED .....................................................d

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

PARENT SLAPS OR SPANKS ..................................................01
PARENT DOESN’T SLAP OR SPANK ..................................00
CHILD NOT OBSERVED .....................................................d

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

PARENT SCOLDS MORE THAN ONCE .................................01
PARENT DOESN’T SCOLD MORE THAN ONCE ......................00
CHILD NOT OBSERVED .....................................................d

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

PARENT’S SPEECH IS DISTINCT ........................................01
PARENT’S SPEECH IS NOT DISTINCT ...............................00

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

PARENT INITIATES EXCHANGES .........................................01
PARENT DOESN’T INITIATE EXCHANGES .............................00

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

PARENT EXPRESSES IDEAS FREELY ....................................01
PARENT DOESN’T EXPRESS IDEAS FREELY .........................00
T17. PARENT APPEARS TO READILY UNDERSTAND THE INTERVIEWER’S QUESTIONS.

PARENT APPEARS TO UNDERSTAND QUESTIONS .......... 01
PARENT DOES NOT APPEAR TO UNDERSTAND QUESTIONS ................................................................. 00

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

AT LEAST 10 BOOKS WERE VISIBLE .......................... 01
LESS THAN 10 BOOKS WERE VISIBLE .......................... 00
NO CHANCE TO OBSERVE ......................................... d
U1. DID THE CHILD DISPLAY POSITIVE EMOTIONS DURING THE VISIT? (POSITIVE EMOTION IS WHEN THE CHILD SEEMS HAPPY, SMILES OR LAUGHS.)

NO POSITIVE EMOTION DISPLAYED .................. 01

ONE OR TWO BRIEF DISPLAYS OF POSITIVE EMOTION ........................................... 02

THREE OR MORE BRIEF DISPLAYS OF POSITIVE EMOTION ........................................ 03

ONE OR TWO INTENSE, HEIGHTENED OR PROLONGED DISPLAYS OF POSITIVE EMOTION ......................................................... 04

THREE OR MORE INTENSE, HEIGHTENED, OR PROLONGED DISPLAYS OF POSITIVE EMOTION ................................................................. 05

CHILD NOT OBSERVED .................................... d

U2. DID THE CHILD DISPLAY NEGATIVE EMOTIONS DURING THE VISIT? (NEGATIVE EMOTION IS WHEN THE CHILD SEEMS UNHAPPY, CRIES, OR HAS A TANTRUM.)

THREE OR MORE INTENSE, HEIGHTENED, OR PROLONGED DISPLAYS OF NEGATIVE EMOTION ................................................................. 01

ONE OR TWO INTENSE, HEIGHTENED, OR PROLONGED DISPLAYS OF NEGATIVE EMOTION ................................................................. 02

THREE OR MORE BRIEF DISPLAYS OF NEGATIVE EMOTION ......................................................... 03

ONE OR TWO BRIEF DISPLAYS OF NEGATIVE EMOTION ......................................................... 04

NO NEGATIVE EMOTION DISPLAYS ................. 05

CHILD NOT OBSERVED .................................... d
U3. HOW PERSISTENT WAS THE CHILD WHEN COMPLETING THE W-J LETTER-WORD TEST? (PERSISTENCE MEANS THAT THE CHILD PAID ATTENTION TO THE TASK, AND DID NOT LOSE INTEREST PARTWAY THROUGH THE TASK.)

CONSISTENTLY LACKS PERSISTENCE ............... 01

TYPICALLY NOT PERSISTENT; ONE OR TWO INSTANCES OF PERSISTENCE ................. 02

LACKS PERSISTENCE HALF THE TIME ............ 03

TYPICALLY PERSISTENT; LACKS PERSISTENCE IN ONE OR TWO INSTANCES ..... 04

CONSISTENTLY PERSISTENT ....................... 05

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

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

CONSISTENTLY RESISTS SUGGESTIONS OR REQUESTS ............................................ 01

TYPICALLY RESISTS SUGGESTIONS OR REQUESTS; ONE OR TWO INSTANCES OF COOPERATION .................................................. 02

RESISTS SUGGESTIONS OR REQUESTS HALF THE TIME; COOPERATES HALF THE TIME ................................................................. 03

TYPICALLY COOPERATES; ONE OR TWO INSTANCES OF RESISTANCE ............................ 04

CONSISTENTLY COOPERATES .............................. 05

CHILD NOT OBSERVED/DID NOT TAKE TEST ..... d
U5. HOW PERSISTENT WAS THE CHILD WHEN COMPLETING THE PPVT?
(PERSISTENCE MEANS THAT THE CHILD PAID ATTENTION TO THE TASK, AND
DID NOT LOSE INTEREST PARTWAY THROUGH THE TASK.)

- CONSISTENTLY LACKS PERSISTENCE ............... 01
- TYPICALLY NOT PERSISTENT; ONE OR TWO INSTANCES OF PERSISTENCE .......... 02
- LACKS PERSISTENCE HALF THE TIME ........ 03
- TYPICALLY PERSISTENT; LACKS PERSISTENCE IN ONE OR TWO INSTANCES ..... 04
- CONSISTENTLY PERSISTENT ......................... 05
- CHILD NOT OBSERVED/DID NOT TAKE TEST ..... d

U6. HOW COOPERATIVE WAS THE CHILD DURING THE PPVT?

- CONSISTENTLY RESISTS SUGGESTIONS OR REQUESTS ........................................... 01
- TYPICALLY RESISTS SUGGESTIONS OR REQUESTS; ONE OR TWO INSTANCES OF COOPERATION ................................................................. 02
- RESISTS SUGGESTIONS OR REQUESTS HALF THE TIME; COOPERATES HALF
  THE TIME ................................................................. 03
- TYPICALLY COOPERATES; ONE OR TWO INSTANCES OF RESISTANCE .......................... 04
- CONSISTENTLY COOPERATES .......................... 05
- CHILD NOT OBSERVED/DID NOT TAKE TEST ..... d
U7. HOW COOPERATIVE WAS THE CHILD WHILE BEING WEIGHED AND MEASURED?

CONSISTENTLY RESISTS SUGGESTIONS OR REQUESTS ....................................................... 01

TYPICALLY RESISTS SUGGESTIONS OR REQUESTS; ONE OR TWO INSTANCES OF COOPERATION ................................................................. 02

RESISTS SUGGESTIONS OR REQUESTS HALF THE TIME; COOPERATES HALF THE TIME ....................................................................................... 03

TYPICALLY COOPERATES; ONE OR TWO Instances OF RESISTANCE ................................. 04

CONSISTENTLY COOPERATES ............................................................... 05

CHILD NOT OBSERVED/NOT WEIGHED OR MEASURED ........................................................................d
SECTION V: ENDING

V1. INTERVIEW WAS CONDUCTED IN:

ENGLISH ............................................................... 01
SPANISH ............................................................. 02

V2. RESPONDENT’S ATTENTION TO INTERVIEWER WAS:

POOR .................................................................... 01
ACCEPTABLE ....................................................... 02
GOOD .................................................................... 03
EXCELLENT .......................................................... 04

V3. RESPONDENT’S UNDERSTANDING OF THE QUESTIONS WAS:

POOR .................................................................... 01
ACCEPTABLE ....................................................... 02
GOOD .................................................................... 03
EXCELLENT .......................................................... 04

V4. RESPONDENT’S ABILITY TO ARTICULATE ANSWERS WAS:

POOR .................................................................... 01
ACCEPTABLE ....................................................... 02
GOOD .................................................................... 03
EXCELLENT .......................................................... 04

V5. RESPONDENT’S COOPERATION THROUGHOUT MOST OF THE INTERVIEW WAS:

VERY UNCOOPERATIVE ........................................ 01
SOMewhat UNCOOPERATIVE .............................. 02
SOMewhat COOPERATIVE ................................. 03
VERY COOPERATIVE ......................................... 04
V6.  **DID RESPONDENT APPEAR:**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>SOMWHAT</th>
<th>VERY</th>
<th>CAN’T TELL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. SUSPICIOUS?</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>C</td>
</tr>
<tr>
<td>B. UNCOMMUNICATIVE?</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>C</td>
</tr>
<tr>
<td>C. ANXIOUS/NERVOUS?</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>C</td>
</tr>
<tr>
<td>D. HOSTILE?</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>C</td>
</tr>
<tr>
<td>E. TO BE ON DRUGS?</td>
<td>00</td>
<td>01</td>
<td>02</td>
<td>C</td>
</tr>
</tbody>
</table>

V7.  **WAS ANYONE ELSE PRESENT DURING THE INTERVIEW?**

- YES ........................................................................ 01
- NO ......................................................................... 00 ➔ **GO TO V9**

V8.  **WHO WAS PRESENT?**

CIRCLE ALL THAT APPLY

- FATHER ................................................................ 01
- OTHER FAMILY MEMBERS ........................................ 02
- FRIENDS .................................................................. 03

V9.  **ADDITIONAL COMMENTS:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I HAVE READ THIS COMPLETED QUESTIONNAIRE AND CERTIFY THAT ALL QUESTIONS REQUIRING ANSWERS HAVE BEEN APPROPRIATELY FILLED IN, AND THAT THIS INTERVIEW HAS BEEN ADMINISTERED TO THE DESIGNATED SAMPLE MEMBER.

________________________________________________________________________

INTERVIEWER SIGNATURE | ID NUMBER

_________________________
DATE