

FRAGILE FAMILIES

SCALES DOCUMENTATION AND QUESTION SOURCES FOR THREE-YEAR QUESTIONNAIRES

DRAFT

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I. INTRODUCTION

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

II. ABBREVIATIONS

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

Abbreviation	
ASP	Antisocial Personality Disorder
AAD	Alcohol Abuse/Dependence
CCTI	Colorado Childhood Temperament Inventory
CDS[-P]	Child Development Supplement [- Parent Survey]
CIDI[-SF]	Composite International Diagnostic Interview [- Short Form]
DAD	Drug Abuse/Dependence
DI	Dysfunctional Impulsivity
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders, 3 rd Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4 th Edition
EAS	Emotionality, Activity, and Sociability Inventory
EHS[-P]	Early Head Start [Parent Interview]
EMLEN	Arthur Emlen's Work Flexibility Scale
FF/FFS	Fragile Families (Survey)
FFin	Family Finances
FI	Functional Impulsivity
GAD	Generalized Anxiety Disorder
HOME	Home Observation for Measurement of the Environment
IOWA	Study of Work, Welfare, & Family Well-Being of Iowa families on FIP
JOBS	Job Opportunities and Basic Skills Training Program
LLOYD	Susan Lloyd's Effects of Violence on Work and Family project
MD	Major Depression
MDE	Major Depressive Episode
MDSS	Multidimensional support scale [MDSS] ¹
MFIP	Minnesota Family Investment Program Child Outcome Study
NCS	National Comorbidity Survey
NCCS	National Child Care Survey 1990
NEWWS	National Evaluation of Welfare-to-Work Strategies
NHI	National Health Interview
NHIS-CS	National Health Interview Survey – Child Supplement
NLSY	National Longitudinal Survey of Youth

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

NMIHS	National Maternal and Infant Health Survey
NSFH	National Survey of Families and Households
NYLS	New York Longitudinal Study
PSID	Panel Study of Income Dynamics
SIPP	Survey on Income and Program Participation
SIS	New York City Social Indicators Survey
WAIS-R	Weschler Adult Intelligence Scale
WHO	World Health Organization

III. DESCRIPTION OF SCALES/CONCEPTS

CONCEPT

MENTAL HEALTH SCALE FOR DEPRESSION

WAVE – THREE-YEAR

20 CITIES

Mother questions: **J5, J6, J7, J8, J9, J10, J11, J12, J13, J13A, J14, J14A, J15, J16, J17** (15 items)

Father questions: **J5, J6, J7, J8, J9, J10, J11, J12, J13, J14, J15, J16, J17, J18, J19** (15 items)

Note: Stata code to create this measure is available upon request by emailing ffdata@princeton.edu.

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

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

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

Respondents are asked whether they have had feelings of dysphoria (depression) or anhedonia (inability to enjoy what is usually pleasurable) in the past year that lasted for two weeks or more, and if so, whether the symptoms lasted most of the day and occurred every day of the two week period. If so, they were asked more specific questions about: 1) losing interest, 2) feeling tired, 3) change in weight, 4) trouble sleeping, 5) trouble concentrating, 6) feeling worthless, and 7) thinking about death.

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

MODIFICATIONS

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

SCORING INFORMATION

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

There are two ways to meet the diagnostic stem requirement for MD: either to endorse all questions about having two weeks of dysphoric mood (J5-J6-J7) or to endorse all questions about having two weeks of anhedonia (J9-J10-J11). Consistent with the procedures described by Kessler and Mroczek in 1994 and 1997, each series requires the respondent to report two weeks of symptoms lasting at least about half of the day (J6, J10) and almost every day (J7, J11). Either denying the existence of the symptom or denying persistence leads to a skip-out, and the respondent receives a probability of caseness equal to zero. If respondents endorsed the dysphoric stem, they were not asked the anhedonia stem questions. Note that the scoring instructions issued by Walters et al. (2002) creates more stringent conditions for endorsing the stem; respondents must report the two weeks of symptoms last at least “most of the day” in questions J6 and J10. As a consequence, the approach used here results in more respondents endorsing the stem than would endorse if the 2002 revisions were employed.

If the respondent endorses the diagnostic stem series, an additional seven symptom questions are asked: losing interest (J8=1, only if the stem involves dysphoria; the anhedonia stem question J9=1 should be counted when the anhedonia stem is endorsed), feeling tired (J12=1), change in weight greater than or equal to 10 pounds (J13=1, 2, or 3 and J13A \geq 10 for mothers; J13=1, 2, or 3 and J14 \geq 10 for fathers), trouble with sleep (J14=1 and J14A=1 or 2 for mothers; J15=1 and J16=1 or 2 for fathers), trouble concentrating (J15=1 for mothers; J17=1 for fathers), feeling down (J16=1 for mothers; J18=1 for fathers), and thoughts about death (J17=1 for mothers; J19=1 for fathers). The respondent's MD score (range 0-8) is then calculated as the sum of positive responses to each of these seven symptom questions and the first dysphoric stem question (J5). Note that the scoring scheme proposed by Walters et al. (2002) excludes J5 from the symptom count, leading to an MD score range of 0-7.

Table 1 shows the cross-classification of MD short-form scores with the probability of being a CIDI case.⁵ This cross-classification reflects the probability that a respondent with a particular

³ See appendix.

⁴ See Walters et al. (2002).

⁵ For the distributions in Tables 1 and 2, respondents who did not know or refused to answer the initial dysphoria or anhedonia screening questions (J5 and J9= -1 or -2) are considered missing. Respondents who answered the initial

response profile will meet full diagnostic criteria when given the complete CIDI interview.⁶ As shown in the table, the probability of being a CIDI case is related to the MD score with the probability of being a case being greater than 0.5 among respondents who endorsed three or more symptoms.

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

A Memo Edit issued by Kessler in December 2002 indicates that subjects who volunteer they are taking medication for depression (J5 or J9--14) should be counted as depressed. Note that while they receive a positive score for caseness, they are not asked any of the seven symptom questions.

TABLES

Three-Year Results for Fragile Families Data

Table 1: Major Depression

Short form MD Score	Probability of CIDI Caseness	Three-Year FF Mothers	Three-Year FF Fathers
0	0.0001	3,331	2,785
1	0.0568	8	13
2	0.2351	16	23
3	0.5542	46	48
4	0.8125	98	69
5	0.8895	189	106
6	0.8895	256	122
7	0.9083	204	85
8	0.9083	73	40
Totals		4,221	3,291

Table 2: Major Depression Caseness

MD Caseness	Three-Year FF Mothers	Three-Year FF Fathers
Yes (1)	868	470
No (0)	3,353	2,821
Totals	4,221	3,291

screening questions but did not report how much or how often they experienced the state are scored as not meeting the stem.

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

REFERENCES

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders, Fourth Edition*. Washington, DC: American Psychiatric Association.
- Kendler, K.S., Davis, C.G., Kessler, R.C. (1997). The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: A family history study. *British Journal of Psychiatry*, 170, 541-548.
- Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.
- Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

MENTAL HEALTH SCALE FOR GENERALIZED ANXIETY DISORDER

WAVE – THREE-YEAR

Mother questions: J18- J27G (20 items)

Father questions: J20- J30G (20 items)

Note: Stata code to create this measure is available upon request by emailing ffdata@princeton.edu.

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

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

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

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

MODIFICATIONS

The Fragile Families Three-year Survey includes all GAD questions essential to scoring the CIDI-SF. A few questions dealing with types of worry reported by the subject and the subject’s contact with a health care provider or other professional are omitted from the FFS. These omitted questions are not needed to score the CIDI and play no part in generating predicted probabilities for the presence of the disorders.

SCORING INFORMATION

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

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

The diagnostic stem requirement of GAD is met when the respondent reports a period of feeling worried, tense, or anxious (J18 or J18A=1) that lasted at least six months (J19=1 (J18C>=6 months or J18D>=6 months)). Respondents who do not report an anxious period lasting at least six months are skipped out of the section and receive a probability of caseness equal to zero.

If an anxious period of sufficient duration is endorsed (J19=1), further qualifiers are asked to determine whether the worry was excessive (J20=1), lasted more days than not (J21=1), and involved worrying about more than one thing (J22=1 or J24=1), all of which are necessary qualifiers for DSM-IV GAD criterion A. Lack of control over these worries (criterion B) is then assessed in a series of three questions (J23=1 or J25=1 or J26=1). The types of physiological symptoms that characterize the worried, tense, or anxious period (criterion C) are then assessed in questions J27a-g.

As outlined in table 3, if respondents endorse an anxious period that lasted at least 6 months (J19=1), the above mentioned qualifiers are satisfied (J20=1 and J21=1 and either J22=2 or J24=1), lack of control over this anxious period was endorsed (J23=2 or J25=1 or J26=1) and at least three of the physiological symptoms are endorsed (J27a-g=1), a probability of caseness equal to one is assigned.

TABLES

Three-Year Results for Fragile Families Data

Table 1: Generalized Anxiety Disorder Caseness

Probable GAD Caseness	Three-Year FF Mothers	Three-Year FF Fathers
Yes (1)	193	109
No(0)	4029	3177
Totals	4222	3286

REFERENCES

- Kendler, K.S., Davis, C.G., Kessler, R.C. (1997). The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: A family history study. *British Journal of Psychiatry*, 170, 541-548.
- Kendler, K.S., Neale, M.C., Kessler, R.C., et. al. (1992). Generalized anxiety disorder in women: a population based twin study. *Archives of General Psychiatry*, 49, 267-272.
- Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The

World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.

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

CONCEPT

ALCOHOL DEPENDENCE

WAVE – THREE-YEAR

ALL CITIES

Mother questions: **J28**(18 cities only), **J28A**, **J29-J35**

Father questions: **J33**(18 cities only), **J34-J43**

Note: Stata code to create this measure is available upon request by emailing ffdata@princeton.edu.

The mental health questions dealing with Alcohol and Drug Dependence are derived from the Composite International Diagnostic Interview - Short Form (CIDI-SF) (Kessler et. al. 1998). The short form of the CIDI interview asks a portion of questions from the full CIDI and generates from the responses the probability that the respondent would be a “case,” or positively diagnosed respondent if given a full CIDI interview.

The Fragile Families One-year and Three-year Surveys are not comparable in their measurements of alcohol and drug dependence. While the Three-Year Survey contains alcohol and drug-related questions from the CIDI-SF, the questions included in the One-year Survey cannot be analyzed using the CIDI scoring instructions. The One-year Survey asks about frequency of alcohol and drug use over the month prior to the interview. The Three-year Survey separates the questions on drinking and drug use into two set and refers to the 12-month period preceding the interview.

NOTE: The information below is taken directly from the “Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form.”⁸

The CIDI alcohol questions are based on criterion A of the DSM-III-R alcohol dependence diagnosis. Alcohol dependence is indicated by an individual having at least four drinks in one day in the last six months and reporting at least three out of the seven following symptoms: 1) role interference as a result of use, 2) use in hazardous situations, 3) emotional or psychological problems as a result of use, 3) a strong desire or urge to drink, 4) a great deal of time using or recovering, 5) drinking more or longer than intended, or 7) drinking more to get the same effect.

MODIFICATIONS

The Fragile Families Three-year Survey includes the full CIDI-SF scale for Alcohol Dependence.

⁸ Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*.

SCORING INFORMATION

If the respondent reports having less than four drinks during every day in the past twelve months (J28=0 or 1), or volunteers that they are a “casual/social drinker” at any point in the questions sequence, then they are skipped out of the section and receive a probability of caseness equal to zero.

If the respondent reports having had at least four drinks during any one day in the past twelve months (J28=2, 3, or 4) and has not volunteered that they are a “casual/social drinker,” then the alcohol dependence score (range 0-7) is equivalent to the number of positive responses to the seven symptom questions. Respondents are classified as either probable cases or probable non-cases based on whether or not have an alcohol dependence score of three or more. Table 4 shows the dichotomous scores, classifying respondents as either probable cases or probable non-cases based on whether or not they had at least 4 drinks in one day in the last 12 months, and they positively answered at least three of the seven symptom questions.

TABLE

Three-Year Results for Fragile Families Data

Table 4: Alcohol Dependence Caseness

Probable Alcohol Dependence Caseness	Three-Year FF Mothers	Three-Year FF Fathers
Yes (1)	12	84
No(0)	4200	3193
Totals	4212	3277

REFERENCES

- Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.
- Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

DRUG DEPENDENCE

WAVE – THREE-YEAR

ALL CITIES

Mother questions: J36A-I, J36J, J37, J37A, J37-J43

Father questions: J44A-J, J45-J51

Note: Stata code to create this measure is available upon request by emailing ffdata@princeton.edu.

NOTE: The information below is taken directly from the “Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form.”⁹

The mental health questions dealing with Drug Dependence are derived from the Composite International Diagnostic Interview - Short Form (CIDI-SF) (Kessler et. Al. 1998). The short form of the CIDI interview asks a portion of questions from the full CIDI and generates from the responses the probability that the respondent would be a “case,” or positively diagnosed respondent if given a full CIDI interview.

The CIDI Drug abuse questions are based on criterion A and B of the DSM-III-R drug dependence criteria. Drug dependence is indicated by usage of at least one of the following nine drugs: sedatives, tranquilizers, amphetamines, analgesics, inhalants, marijuana, cocaine, LSD, and heroin, and the presence of at least three of the following seven symptoms of DSM-III-R dependence: 1) role interference as a result of use, 2) use in hazardous situations, 3) emotional or psychological problems as a result of use, 3) a strong desire or urge to drink, 4) a great deal of time using or recovering, 5) using more or longer than intended, or 7) using more to get the same effect.

MODIFICATIONS

The Fragile Families Three-year Survey includes the full CIDI-SF scale for Drug Dependence.

SCORING INFORMATION

If the respondent reports no drug use in the in the past twelve months (J36A-J36I= 2), then they are skipped out of the section and receive a probability of caseness equal to zero. If the respondent has used one or more of the drugs (J36A-J36I; one response=1), then the drug

⁹ Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*.

dependence score is equivalent to the number of positive responses to the seven symptom questions.

Respondents can be classified as either a probable case or probable non-case based on whether or not they have a drug dependence score of three or more. Table 5 shows the dichotomous scores, classifying respondents as either probable cases or probable non-cases based on whether or not they used at least one of the listed drugs in the last 12 months, and they positively answered at least three of the seven symptom questions.

TABLE

Three-Year Results for Fragile Families Data

Table 5: Drug Dependence Caseness

Probable Drug Dependence Caseness	Three-Year FF Mothers	Three-Year FF Fathers
Yes (1)	34	63
No(0)	4189	3223
Totals	4223	3286

REFERENCES

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

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

CONCEPT

IMPULSIVITY SCALE

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

WAVE – THREE-YEAR

Mother questions - J44A-J44F (6 items) -- available for 18-cities only¹⁰

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

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

A study done by H. Caci et al.¹⁴ translated the Dickman questionnaire into French and asked male and female students to answer the items, to test the scale's validity. They find that males tend to score higher in functional impulsivity than females. However, the study shows that FI and DI scores are independent of gender, probably independent of age, and that the distribution shapes are similar between genders.

MODIFICATIONS

The full impulsivity scale developed by Dickman consists of 23 items.¹⁵ Twelve items loaded primarily for dysfunctional impulsivity and these items are listed in the table below. The twelve items had an alpha of .86. The Fragile Families Three-year survey includes six of these items (the items with positive weights), as indicated in the table. The alpha for these items using the Fragile Families father sample is .84.

¹⁰ Father's impulsivity is obtained at the one-year follow-up.

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

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

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

¹⁴ Caci, H. et al. (2003) Functional and Dysfunctional Impulsivity: contribution to the construct validity. *Acta Psychiatr Scand*, 107, 34-40.

¹⁵ *ibid*

SCORING INFORMATION

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

Given that the Fragile Families Survey did not implement the full scale, we suggest summing the items and dividing by the top value of the Likert-scale.

TABLES

Table 6: Dickman’s Factor Loadings and Corresponding FF Items¹⁶

Items in FF	Source Items
M: J44A	I will often say whatever comes into my head without thinking first.
	I enjoy working out problems slowly and carefully.
	I frequently make appointments without thinking about whether I will be able to keep them.
	I frequently buy things without thinking about whether or not I can really afford them.
M: J44F	I often make up my mind without taking the time to consider the situation from all angles.
M: J44B	Often, I don’t spend enough time thinking over a situation before I act.
M: J44D	I often get into trouble because I don’t think before I act.
M: J44E	Many times, the plans I make don’t work out because I haven’t gone over them carefully enough in advance.
	I rarely get involved in projects without first considering the potential problems.
	Before making any important decisions, I carefully weight the pros and cons.
	I am good at careful reasoning.
M: J44C	I often say and do things without considering the consequences.

REFERENCES

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

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

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

¹⁶ *ibid*

CONCEPT

FAMILY MENTAL HEALTH HISTORY

WAVE – THREE-YEAR

Mother questions: **J45-J54A** (28 items)

Father questions: **J52-J62A** (28 items)

The questions on family mental health history (addressing the mental health of the Fragile Families respondents' mothers and fathers) are derived from the National Comorbidity Survey (NCS).

The NCS is a collaborative epidemiological investigation designed to study the prevalence and correlates of DSM III-R disorders and patterns and correlates of service utilization for these disorders. The NCS was the first survey to administer a structured psychiatric interview to a nationally representative sample.

A two-phase sample design was used in the NCS. The questions in the Fragile Families Survey derive from Part II of the NCS survey.¹⁷ The Part II interview contained a section evaluating the history of five psychiatric disorders in respondents' natural mothers and fathers. The five disorders are: major depression (MD), generalized anxiety disorder (GAD), antisocial personality disorder (ASP), alcohol abuse/dependence (AAD), and drug abuse/dependence (DAD).¹⁸ The Fragile Families survey does not incorporate the questions on ASP. Like the NCS, Fragile Families also addresses attempted suicide.

Aspects of the Family History questions that are part of the NCS have been altered in the Fragile Families Survey. Specifically, the Fragile Families survey asks the preliminary questions regarding the respondent's family history but does not include subsequent questions which evaluate the symptoms and social problems associated with the disorders (X3, X6, X8, X11, X16, X19, X20-25, X29, X32, X34, X37, X42, X45 and X46-51). Those questions which were omitted are critical to the scoring of the NCS, and therefore exclude the possibility of a comparable scoring procedure for the Fragile Families study.¹⁹ One potential approach is to treat responses as symptom counts and simply sum them, however we make no official recommendations on how to score these items.

¹⁷ The NCS survey instrument is available at http://www.hcp.med.harvard.edu/ncs/Baseline_NCS.php. Section X contains family history questions used in Fragile Families.

¹⁸ Kendler, K.S., Davis, C.G., Kessler, R.C. (1997). The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: a family history study. *British Journal of Psychiatry* 170:541-548.

¹⁹ For a description of procedures used to score MD, AAD, ASP and DAD in the NCS, see Endicott J., Andreasen, N. and Spitzer, R. L. (1978) *Family History Research Diagnostic Criteria*. New York: Biometrics Research Department, New York State Psychiatric Institute. For a description of procedures used to score GAD, see Kendler, K.S., Neale, M. C. Kessler, R. C., et. Al. (1992) Generalized anxiety disorder in women: a population based twin study. *Archives of General Psychiatry*, 49, 267-272.

CONCEPT

AGGRAVATION IN PARENTING

These items are taken from the JOBS²⁰ (Job Opportunities and Basic Skills Training Program) Child Outcomes Study, and also are found in the Child Development Supplement of the Panel Study of Income Dynamics (*Primary Caregiver of Target Child Household Questionnaire for the Child Development Supplement to the Family Economics Study*, 1997).

WAVE – THREE-YEAR

Mother questions: **B6A-B6D, B34A-B34D** (8 items)

Father questions: **B6A-B6D, B34A-B34D** (8 items)

The aggravation in parenting questions are derived from the Child Development Supplement of the Panel Study of Income Dynamics (PSID). The scale measures the amount of parenting stress brought on by changes in employment, income or other factors in the parent's life. It was developed for the JOBS child outcome survey by Child Trends, Inc. and several items come from the Parent Stress Inventory (Abidin 1995). Items Q1B11a-e are from the primary caregiver/child questionnaire in the PSID-CDS, and Q2A29a-d are from the primary caregiver/household questionnaire. The items used in the JOBS study are marked with an asterisk in the table below. Their 5-question scale had an alpha of 0.69. Research has shown that high levels of aggravation in parenting are related to mothers' employment status and to child behavior problems.²¹

MODIFICATIONS

The Fragile Families study does not use all 9 of the items mentioned above. Instead, the four questions from Q2A29a-d are used (see table below for complete listings). The FF questions are also scored on a 4-point scale, where 1 = "strongly agree," 2 = "somewhat agree," 3 = "somewhat disagree," and 4 = "strongly disagree," whereas the original questions used a 5-point Likert scale that ranged from "not at all true" to "completely true."

SCORING INFORMATION

Given that Fragile Families did not implement the full scale, we suggest summing the items and dividing by the top value of the Likert-scale.

²⁰ Now known as the National Evaluation of Welfare-to-Work Strategies (NEWWS).

²¹ Hofferth, S., Davis-Kean, P.E., Davis, J., & Finkelstein, J. *The Child Development Supplement to the Panel Study of Income Dynamics: 1997 User Guide*. Survey Research Center, The University of Michigan Institute for Social Research. Retrieved March 27, 2003, from <http://www.isr.umich.edu/src/child-development/usergd.html>

TABLES

Table 7: Aggravation in Parenting FF Items

PSID-CDS	Items in FF?	Source Items
Q1B11a		(CHILD) seems to be harder to care for than most children.
Q1B11b*		There are some things that (he/she) does that really bother me a lot.
Q1B11c*		I find myself giving up more of my life to meet (CHILD)'s needs than I ever expected.
Q1B11d*		I often feel angry with (CHILD).
Q1B11e		I would be doing better in my life without (CHILD).
Q2A29a*	M: B6A, B34A F: B6A, B34A	Being a parent is harder than I thought it would be
Q2A29b*	M: B6B, B34B F: B6B, B34B	I feel trapped by my responsibilities as a parent
Q2A29c	M: B6C, B34C F: B6C, B34C	I find that taking care of my child(ren) is much more work than pleasure
Q2A29d	M: B6D, B34D F: B6D, B34D	I often feel tired, worn out, or exhausted from raising a family

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CONCEPT

ECONOMIC HARDSHIP

These items are taken from the “Basic Needs – Ability to Meet Expenses” section of the Survey on Income and Program Participation (SIPP) 1996 Panel Wave 8 Adult Well-Being Topical Module Questionnaire (*Survey on Income and Program Participation*, 1998), the 1997 & 1999 New York City Social Indicators Survey (SIS) (Social Indicators Survey Center, 1997 & 1999), and the 1999 Study of Work, Welfare, and Family Well-Being of Iowa families on FIP (Iowa’s assistance program) (Mathematica Policy Research).

WAVE – THREE-YEAR

Mother questions: I23A-I23J (10 items) *Note: I and J asked only in 18-cities*

Father questions: I23A-I23J (10 items) *Note: I and J asked only in 18-cities*

The Fragile Families Three-year Survey includes several material hardship measures that are taken from the Survey of Income and Program Participation (SIPP, 1991 and 1992).²² These questions are also similar to Mayer and Jencks (1989) Chicago study of hardship and poverty.²³

Some of the hardship questions are also derived from the 1997 and 1999 Social Indicators Survey (SIS). This study looks at families and individuals in New York City and monitors changes over time. Some of the material hardship questions found in the SIS are similar to those found in the SIPP, such as items referring to not paying bills on time and loss of utilities. Other questions concern the respondent or his/her child going hungry, access to free food, and places he/she has lived, all within the past 12 months and all due to financial difficulties.²⁴

Two additional questions are derived from the Study of Work, Welfare, and Family Well-Being of Iowa families on FIP (IOWA) and ask whether the respondent has cut back on buying clothes, and whether the respondent has worked overtime or taken a second job. These questions were only asked in 18-cities. The IOWA study looks at the well-being and financial status of families who were on FIP assistance in 1999 (and who had at least one parent unemployed for the previous three months and received unsubsidized employment within the following three months).

²² Bauman, K. (1998). Direct measures of poverty as indicators of economic need: Evidence from the survey income and program participation. *U.S. Census Bureau Poverty Measurement Papers*. Retrieved March 27, 2003, from <http://www.census.gov/population/www/documentation/twps0030/twps0030.html>

²³ Bauman, K. J. 1999. "Shifting family definitions: The effect of cohabitation and other nonfamily household relationships on measures of poverty." *Demography* 36(3):315-325.

²⁴ Social Indicators Survey Center, Columbia University School of Social Work. (1999). *1999 New York City Social Indicators Survey: Documentation and Codebook, Revised Version*. Retrieved March 27, 2003, from <http://www.siscenter.org/>

MODIFICATIONS

These “YES/NO” questions are similar to the original questions taken from other surveys, with a few exceptions. In the SIPP, respondents are asked whether “you/anyone in your household” had encountered the specified hardship. In the SIS, questions refer to “you [or your partner].” In W164 of the 1997 SIS, the questions is asked of “you [or your spouse/partner] [or your child] [or your children].” The corresponding Fragile Families Survey questions refer only to the respondent and not to his/her partner or children.

Note: The Fragile Families Three-year Survey includes only a subset of the hardship questions used in the SIPP, SIS and IOWA studies.

SCORING

The economic hardship questions do not exactly constitute a “scale”. There is no established consensus on the validity of a constructed measure.

TABLES

Table 8: Economic Hardships Source and FF Item Numbers

SIPP	SIS 1997	SIS 1999	IOWA	Item in FF?	Source item
AW35_NEED1				M: I23B F: I23B	Was there any time in the past 12 months when (YOU/YOUR HOUSEHOLD) did not pay the full amount of the rent or mortgage?
AW38_NEED2				M: I23C F: I23C	In the past 12 months (WERE/WAS) (YOU/ANYONE IN YOUR HOUSEHOLD) evicted from your home or apartment for not paying the rent or mortgage?
AW41_NEED3				M: I23D F: I23D	How about not paying the full amount of the gas, oil, or electricity bills?
AW50_NEED6				M: I23H F: I23H	In the past 12 months was there a time (YOU/ANYONE IN YOUR HOUSEHOLD) needed to see a doctor or go to the hospital but did not go?
	W164			M: I23A F: I23A	In the past 12 months, have you [or your spouse/partner] [or your child] [or your children] received free food or meals because there wasn't enough money?
		HAR10		M: I23F F: I23F	In the past 12 months, did you ever move in with other people even for a little while because of financial problems?
		HAR12		M: I23G F: I23G	In the past 12 months, did you ever stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night because you didn't have enough money for a place to live?
				M: I23E F: I23E	In the past 12 months, did you borrow money from friends or family to help pay bills?
				M: I23I F: I23I	In the past 12 months have you cut back on buying clothes for yourself? (18 cities only- 2 cities not asked)
				M: I23J F: I23J	In the past 12 months have you worked overtime or taken a second job? (18 cities only- 2 cities not asked)

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CONCEPT

COGNITIVE ABILITY SCALE

These questions are taken from the Similarities subtest of the Wechsler Adult Intelligence Scale – Revised (WAIS-R). The WAIS-R similarities test is one of 6 verbal tests and 5 performance tests designed to measure adult intelligence. The Similarities subtest is expected to measure verbal concept formation and reasoning abilities. Performance on these items may also reflect long-term memory and cultural opportunities. When given in its entirety, the WAIS-R Similarities subtest is reliable ($r=.84$) and is moderately correlated with the WAIS-R Full Scale IQ ($r=.75$). 62% of its variance may be attributed to a general intelligence factor, or g .

WAVE – THREE-YEAR²⁵

Mother variable - cm3cogsc (constructed variable)

Father variable - cf3cogsc (constructed variable)

Responses to the word association questions are scored as two, one, or zero. A score of two indicates that the respondent recognized a conceptual similarity or general classification; a one indicates a specific property or more concrete similarity; and zero indicates the respondent identified no relationship at all or an inaccurate one. For example, when asked, “In what way are an orange and a banana alike?” the respondent who answered “both are fruit” would receive a two, one who said “both are foods” would get a one, and a respondent who said “I don’t know” or “both are round” would receive a score of zero. Sample answers that would receive a score of two, one, or zero are provided by Wechsler. When a respondent gives one of these answers, the corresponding score is assigned. All other responses (that is, those that are not on the list) are scored on an individual basis according to general criteria of pertinence and conceptual quality.

MODIFICATIONS

The similarities test consists of 14 items. The Fragile Families Survey includes a subset of eight items taken from the similarities test (items 1, 2, 5, 8, 9, 12, 13, and 14). The alpha for these items using the Fragile Families mother sample is .60 and the father sample is .59.

The WAIS-R similarities test is normally administered in person by an examiner. Test items are arranged in sequence from easiest to most difficult. Examiners are instructed to discontinue the test after four consecutive failures, where failure means a score of zero. Examiners are instructed to probe respondents who have provided an unclear or ambiguous response. Answers provided in response to probing may either “spoil” or “improve” an original response. Any

²⁵ In 18-cities, fathers were administered at the one-year follow-up. In two cities and in 18-cities where father was a non-respondent at one-year, fathers were administered the WAIS-R at the three-year follow-up. NOTE: For all fathers, the data is stored on the three-year follow-up file and in the variable f3cogind. Researchers can use the two-cities flag (cf3twoc) to determine when fathers were administered the WAIS-R. All mothers were administered the WAIS-R at the three-year follow-up.

spoiled response is scored zero. If a second response is intended to replace an earlier response, the earlier response should be ignored and the second one scored. The eight word association items included in the Fragile Families Survey were asked as part of the Core telephone survey. As in the original WAIS-R test, the items were ordered from easiest to most difficult. However, telephone interviewers on the Fragile Families Study were not trained to score responses or to probe answers, as required in the original WAIS-R. Fragile Families telephone interviewers keyed the verbatim response as it was provided by the respondent.

Scoring of responses was completed by Fragile Families research staff after data had been collected from all survey respondents. Scoring was conducted in two stages. First, responses were scored electronically by programming key words and key phrases for each score. Results of electronic scoring were reviewed and responses that did not fit any of the key words were scored by hand.

To test the validity of modified WAIS-R score in the Fragile Families Survey, we ran correlations between the mother’s education level, the mothers’ Peabody Picture Vocabulary Test (PPVT) score, and the child’s PPVT score at age 3 (PPVT scores are available for a subset of the Fragile Families sample). The correlations are presented below.

**Table X: Modified WAIS-R, education and PPVT score correlations
Taken from the Fragile Families Study**

	Mother’s Education	Mother’s PPVT	Child’s PPVT
Mother’s WAIS-R summed score	0.3649	.4114	0.2048

Using mother’s education at baseline. PPVT samples are English-speakers only. PPVT scores are standardized.

SCORING INFORMATION

We provide the sum of the raw scores, ranging from zero to sixteen, to provide a rough estimate of cognitive ability. This index may serve as a dependent or independent variable using statistical methods appropriate for truncated discrete variables.

Given the departures from standard WAIS-R administration procedures (e.g., using only 8 items, not probing, not scoring while testing, and not stopping after four consecutive failures), it is not possible to use WAIS-R norms to evaluate these scores (e.g., by providing percentiles or cut-scores).

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IV. QUESTION SOURCES

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