This Survey is Authorized by Title 29 USC 2
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EXPIRES: 12/31/02

NATIONAL LONGITUDINAL SURVEY OF YOUTH/1979 COHORT

MOTHER SUPPLEMENT

FOR NLSY79 FEMALE RESPONDENT'S OWN CHILDREN LIVING IN HOUSEHOLD

FOR

Ages 0 – 14 by December 31, 2002

2002

ROUND TWENTY

NLSY79 2002 Survey

Paper version of the NLSY79 2002 Mother Supplement that was administered as a CAPI instrument in the field.

October 2003

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2002 NLSY79 Survey

Mother Supplement

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Preliminaries

MS-Q-START

NATIONAL LONGITUDINAL SURVEY OF YOUTH
MOTHER SUPPLEMENT
ENGLISH
VERSION: R20MS2002.06.04

Default Next: MS-CONF-CASE

MS-CONF-CASE

INTERVIEWER: THIS INSTRUMENT IS DATE SENSITIVE -- PLEASE DO NOT PROCEED BEYOND THIS POINT UNLESS YOU ARE READY TO CONDUCT THE INTERVIEW.
YOU HAVE OPENED THE CASE SHOWN BELOW. IF THIS IS THE DESIRED CASE, AND YOU ARE READY TO COMPLETE THE INSTRUMENT, PRESS <ENTER> TO PROCEED.
UPDATES TO DATE OF BIRTH MAY BE MADE LATER IN THE INSTRUMENT IF NECESSARY.
CASE ID: [CHILD ID] NAME: [Child Full Name]
DATE OF BIRTH: [CHILD DOB]

Default Next: MS-CONF-SYSDATE
Lead-In: MS-Q-START [Default]

MS-CONF-SYSDATE

INTERVIEWER: THE LAPTOP SYSTEM DATE IS SET TO:[SYSTEM DATE STAMP], [SYSTEM TIME STAMP]ARE THE DATE AND TIME SHOWN CORRECT?

1 YES ...(Go To MS-PRELIM)
0 NO

Default Next: MS-SYSDATE-RESET
Lead-In: MS-CONF-CASE [Default]

MS-SYSDATE-RESET

INTERVIEWER: YOU INDICATED THE COMPUTER DATE INFORMATION IS INCORRECT.
PLEASE EXIT THE INSTRUMENT, RESET THE SYSTEM DATE AND TIME, AND RESTART THE CASE.

Default Next: MS-PRELIM
Lead-In: MS-CONF-SYSDATE [Default]

MS-PRELIM

**** PRELIMINARIES ****

Default Next: MS-CKNAME
Lead-In: MS-CONF-SYSDATE [1:1], MS-SYSDATE-RESET [Default]

MS-CKNAME

EMPTY([Child First Name])

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-ENTERNAME

Default Next: MS-CKDOB1A
Lead-In: MS-PRELIM [Default]

MS-ENTERNAME

INTERVIEWER: ENTER CHILD'S FIRST NAME:

Enter Answer: [ ]

Default Next: MS-CKDOB1A
Lead-In: MS-CKNAME [1:1]

MS-CKDOB1A

ISCOMPLETE ([CHILD DOB])
COMMENT: Check birthdate to see if it has don't know or refusal

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-INTRO-AGECK

Default Next: MS-ENTR-DOB
Lead-In: MS-CKNAME [Default], MS-ENTERNAME [Default]

MS-INTRO-AGECK

([CHILD AGE (YEARS)] < 3) OR (([CHILD AGE (YEARS)] = 3) AND ([MONTHS] < 11)) OR (([CHILD AGE (YEARS)] = 3) AND ([MONTHS] = 11) AND ([DAYS REMAINDER OF AGE] < 16))

COMMENT: CHECK CHILD AGE

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-INTRO-1A

Default Next: MS-INTRO-2A
Lead-In: MS-CKDOB1A [1:1]

MS-INTRO-1A

In the past years, NLS has gathered information about the work, education, and family life of your generation. Since you have children of your own, and because they are your children, they are important people to us. The purpose of this study is to better understand how children learn and develop.

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Default Next: MS-INTRO-1B
Lead-In: MS-INTRO-AGECK [1:1]

MS-INTRO-1B

We would like to ask you some questions about [Child Full Name].

Default Next: MS-AGE-VRFY1
Lead-In: MS-INTRO-1A [Default]

MS-INTRO-2A

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Default Next: MS-INTRO-2B
Lead-In: MS-INTRO-AGECK [Default]

MS-INTRO-2B

We would like to ask you some questions about [Child Full Name].

Default Next: MS-AGE-VRFY1
Lead-In: MS-INTRO-2A [Default]

MS-AGE-VRFY1

(VERIFY CHILD'S AGE WITH MOTHER:) [Child First Name] is [CHILD AGE (YEARS)] years and [MONTHS] months. Is that correct?

1 Yes ...(Go To MS-INT-MODE)
0 No

Default Next: MS-ENTR-DOB
Lead-In: MS-INTRO-1B [Default], MS-INTRO-2B [Default]

MS-ENTR-DOB

INTERVIEWER: ENTER CORRECT BIRTH DATE FOR [Child First Name].

Enter Date: [ ] [ ] [ ]
Month Day Year

Default Next: MS-CKDOB2
Lead-In: MS-CKDOB1A [Default], MS-AGE-VRFY1 [Default]

MS-CKDOB2

ISCOMPLETE ([CHILD DOB])
COMMENT: Check birthdate to see if it has don't know or refusal

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-AGE-VRFY2

Default Next: MS-CKDOB2A
Lead-In: MS-ENTR-DOB [Default]

MS-CKDOB2A

ISCOMPLETE ([CHILD DOB])
COMMENT: Check birthdate to see if it has don't know or refusal one last time. If so, get age numerically.

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-AGE-VRFY2

Default Next: MS-FILLYRS
Lead-In: MS-CKDOB2 [Default]

MS-AGE-VRFY2

(VERIFY CHILD'S AGE WITH MOTHER:) [Child First Name] is [CHILD AGE (YEARS)] years and [MONTHS] months. Is that correct? (INTERVIEWER: IF CHILD'S AGE IS STILL INCORRECT, PRESS THE <PAGE-UP> KEY TO RETURN TO THE PREVIOUS QUESTION AND ENTER THE CORRECT BIRTH DATE.)

Default Next: MS-INT-MODE
Lead-In: MS-CKDOB2 [1:1], MS-CKDOB2A [1:1]

MS-FILLYRS

How old was [Child First Name] on [his/her] last birthday?
(INTERVIEWER: ENTER AGE IN YEARS. CODE 00=LESS THAN ONE YEAR. MONTHS APPEAR ON NEXT SCREEN.)

Enter Answer: ☐

If Answer >= -2 AND Answer <= -1 Then GoTo MS-FILLEXIT

Default Next: MS-FILLMOS
Lead-In: MS-CKDOB2A [Default]

MS-FILLMOS

(How many months has it been since [Child First Name] was born/since [Child First Name]'s birthday?)
INTERVIEWER: ENTER MONTHS PORTION OF AGE (IN YEARS AND MONTHS)

Enter Answer: ☐

If Answer >= -2 AND Answer <= -1 Then GoTo MS-INTRO2-AGECK

Default Next: MS-INTRO2-AGECK
Lead-In: MS-FILLYRS [Default]

MS-FILLEXIT

INTERVIEWER: NO ACCURATE AGE OR BIRTH DATE COULD BE DETERMINED FOR [Child First Name]. THIS CASE WILL BE TERMINATED. USE THE <PAGE-UP> KEY TO RETURN TO THE BIRTH DATE OR AGE QUESTION IF A BIRTH DATE OR AGE HAS BEEN INCORRECTLY ENTERED.

Default Next: MSIR-1
Lead-In: MS-FILLYRS [-2:-1]

MS-INTRO2-AGECK

([CHILD AGE (YEARS)] < 3) OR (([CHILD AGE (YEARS)] = 3) AND ([MONTHS] < 11)) OR (([CHILD AGE (YEARS)] = 3) AND ([MONTHS] = 11) AND ([DAYS REMAINDER OF AGE] < 16))

COMMENT: AGE CHECK

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-INTRO2-1A

Default Next: MS-INTRO2-2A
Lead-In: MS-FILLMOS [-2:-1], MS-FILLMOS [Default]

MS-INTRO2-1A

In the past years, NLS has gathered information about the work, education, and family life of your generation. Since you have children of your own, and because they are your children, they are important people to us. The purpose of this study is to better understand how children learn and develop.

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Default Next: MS-INTRO2-1B
Lead-In: MS-INTRO2-AGECK [1:1]

MS-INTRO2-1B

We would like to ask you some questions about [Child Full Name].

Default Next: MS-INT-MODE
Lead-In: MS-INTRO2-1A [Default]

MS-INTRO2-2A

In the past years, NLS has gathered information about the work, education, and family life of your generation. Since you have children of your own, and because they are your children, they are important people to us. The purpose of this study is to better understand how children learn and develop.

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Default Next: MS-INTRO2-2B
Lead-In: MS-INTRO2-AGECK [Default]

MS-INTRO2-2B

We would like to ask you some questions about [Child Full Name].

Default Next: MS-INT-MODE
Lead-In: MS-INTRO2-2A [Default]

MS-INT-MODE

INTERVIEWER: SELECT INTERVIEW MODE.

1 IN PERSON
2 TELEPHONE

Default Next: MS-AGECK2
Lead-In: MS-AGE-VRFY1 [1:1], MS-INTRO2-1B [Default], MS-INTRO2-2B [Default], MS-AGE-VRFY2 [Default]

MS-AGECK2

(([BIRTH YEAR] >1960) AND ([BIRTH YEAR] <= 1987)) OR ([CHILD AGE IN MONTHS] >= 180)
COMMENT: additional age check

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MS-OVERAGE-1

Default Next: BKGN-AGECHK
Lead-In: MS-INT-MODE [Default]

MS-OVERAGE-1

INTERVIEWER: THIS CHILD, [Child First Name], IS 15 YEARS OR OLDER AS OF 12/31/2002 AND SHOULD NOT BE ASSESSED. PLEASE VERIFY DOB AND AGE OF THIS CHILD WITH MOTHER. IF CHILD IS STILL FOUND TO BE 15 OR OLDER BY 12/31/2002, PREPARE TO TERMINATE CASE. NOTIFY YOUR FM FOR REASSIGNMENT OF THIS CASE.

Default Next: MS-OVERAGE-3
Lead-In: MS-AGECK2 [1:1]

MS-OVERAGE-3

INTERVIEWER: PLEASE RECORD ANY ADDITIONAL COMMENTS REGARDING THIS CASE.
RECORD PROJECT ID ON NEXT SCREEN AND TERMINATE CASE.

Enter Answer:

Default Next: MSIR-IDNUM
Lead-In: MS-OVERAGE-1 [Default]

Child Background

BKGN-AGECHK

([CHILD AGE (YEARS)] < 3)
COMMENT: NO BACKGROUND ITEMS ASKED FOR CHILDREN UNDER 3

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-TITLE

Default Next: BKGN-TITLE
Lead-In: MS-AGECK2 [Default]

BKGN-TITLE

**** BEGIN SECTION: CHILD BACKGROUND *****

Default Next: BKGN-1
Lead-In: BKGN-AGECHK [Default]

BKGN-1

Please think about the [SPRING SCHOOL YEAR] regular school year. [is/was] [Child First Name] attending or enrolled in regular school or preschool?

(If [Child First Name] is between the spring and fall school sessions, please tell us about the LAST school year.)

1 Yes ...(Go To BKGN-3)
0 No

Default Next: BKGN-2
Lead-In: BKGN-TITLE [Default]

BKGN-2 []

Has [he/she] ever attended regular school, nursery school, or preschool?

1 Yes
0 No ...(Go To BKGN-5-DATECHK)
2 IF VOLUNTEERED: Home Schooling ...(Go To BKGN-4)

Default Next: BKGN-3
Lead-In: BKGN-1 [Default]

BKGN-3

What grade [is <child first name> currently attending/did <child first name> last attend]?
(IF R SAYS 'PRE-FIRST GRADE', CODE KINDERGARTEN.)

0 Kindergarten		90 Nursery/preschool
3 3rd grade	1 1st grade	2 2nd grade
6 6th grade	4 4th grade	5 5th grade
9 9th grade	7 7th grade	8 8th grade
12 12th grade	10 10th grade	11 11th grade
15 3rd year in college	13 1st year in college	14 2nd year in college
If Answer = -2 Then ...(Go To BKGN-4)	16 4th year in college	95 Ungraded ...(Go To BKGN-4)

Default Next: BKGN-5-DATECHK
Lead-In: BKGN-1 [1:1], BKGN-2 [Default]

BKGN-4

If [Child First Name] were in a graded class, what grade would [he/she] be enrolled in?
(IF R SAYS 'PRE-FIRST GRADE', CODE KINDERGARTEN.)

90 Nursery/preschool
0 Kindergarten
1 1 st grade
2 2nd grade
3 3rd grade
4 4th grade
5 5th grade
6 6th grade
7 7th grade
8 8th grade
9 9th grade
10 10th grade
11 11th grade
12 12th grade
95 Other (SPECIFY)

Default Next: BKGN-5-DATECHK
Lead-In: BKGN-3 [-2:-2], BKGN-2 [2:2], BKGN-3 [95:95]

BKGN-5-DATECHK

([SUMMER TERM])
COMMENT: Is interview date near or after the end of the school year?

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-5A

Default Next: BKGN-5B
Lead-In: BKGN-2 [0:0], BKGN-3 [Default], BKGN-4 [Default]

BKGN-5A

Is/Was [Child First Name] (currently) attending or enrolled in summer school?

1 Yes ...(Go To BKGN-6-DATECHK)
0 No

Default Next: BKGN-5B
Lead-In: BKGN-5-DATECHK [1:1]

BKGN-5B

Has [he/she] ever attended summer school?

1 Yes
0 No

Default Next: BKGN-6-DATECHK
Lead-In: BKGN-5-DATECHK [Default], BKGN-5A [Default]

BKGN-6-DATECHK

([FALL TERM])
COMMENT: Is interview date after or near the beginning of the new school year?

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-6A

Default Next: BKGN-AGECK-PRESCHL
Lead-In: BKGN-5A [1:1], BKGN-5B [Default]

BKGN-6A

Now please think about the [FALL SCHOOL YR] regular school year. Has [Child First Name] been attending regular school or preschool for at least four weeks (of the [FALL SCHOOL YR] school year)?

1 Yes ...(Go To BKGN-6B)
0 No
2 IF VOLUNTEERED: Home Schooling ...(Go To BKGN-6C)

Default Next: BKGN-AGECK-PRESCHL
Lead-In: BKGN-6-DATECHK [1:1]

BKGN-6B

What grade is [Child First Name] currently attending?
(IF R SAYS 'PRE-FIRST GRADE', CODE KINDERGARTEN.)

90 Nursery/preschool
0 Kindergarten
1 1st grade
2 2nd grade
3 3rd grade
4 4th grade
5 5th grade
6 6th grade
7 7th grade
8 8th grade
9 9th grade
10 10th grade
11 11th grade
12 12th grade
13 1st year in college
14 2nd year in college
15 3rd year in college
16 4th year in college
95 Ungraded

Default Next: BKGN-AGECK-PRESCHL
Lead-In: BKGN-6A [1:1]

BKGN-6C

If [Child First Name] were in a graded class, what grade would [he/she] be enrolled in?
(IF R SAYS 'PRE-FIRST GRADE', CODE KINDERGARTEN.)

90 Nursery/preschool
0 Kindergarten
1 1 st grade
2 2nd grade
3 3rd grade
4 4th grade
5 5th grade
6 6th grade
7 7th grade
8 8th grade
9 9th grade
10 10th grade
11 11th grade
12 12th grade
95 Other (SPECIFY)

Default Next: BKGN-AGECK-PRESCHL
Lead-In: BKGN-6A [2:2]

BKGN-AGECK-PRESCHL

([CHILD AGE (YEARS)] < 8)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-GRDCHK-PRESCHL

Default Next: BKGN-17
Lead-In: BKGN-6B [Default], BKGN-6-DATECHK [Default], BKGN-6A [Default], BKGN-6C [Default]

BKGN-GRDCHK-PRESCHL

([CHILD GRADE (OR EQUIVALENT)])
COMMENT: Is %cfname% currently attending nursery/preschool? Is Child's GRADE coded 90?

90 Currently Attending Nursery/Preschool
0-16 Not Currently Attending Nursery/Preschool
95 Not Currently Attending Nursery/Preschool - Ungraded

If Answer = 90 Then GoTo BKGN-8

Default Next: BKGN-7
Lead-In: BKGN-AGECK-PRESCHL [1:1]

BKGN-7

Has [Child First Name] ever been enrolled in a preschool program (not including kindergarten)?

1 Yes
0 No

Default Next: BKGN-8
Lead-In: BKGN-GRDCHK-PRESCHL [Default]

BKGN-8

Has [Child First Name] ever been enrolled in day care?

1 Yes
0 No

Default Next: BKGN-11
Lead-In: BKGN-GRDCHK-PRESCHL [90:90], BKGN-7 [Default]

BKGN-11

([BYPASS HEADSTART FLAG - INFO EXISTS]=1)
COMMENT: Does complete information on Head Start participation already exist for [Child First Name] ?

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-17

Default Next: BKGN-12
Lead-In: BKGN-8 [Default]

BKGN-12

Has [Child First Name] ever been enrolled in the Head Start Program?

1 Yes
0 No ...(Go To BKGN-17)

Default Next: BKGN-13
Lead-In: BKGN-11 [Default]

BKGN-13

How old was [Child First Name] when [he/she] first attended Head Start?

(INTERVIEWER: ENTER AGE IN YEARS. CODE 00 = LESS THAN 1 YEAR OLD.)

Enter Answer: ☐

Default Next: BKGN-14
Lead-In: BKGN-12 [Default]

BKGN-14

In total, how long (has [Child First Name] attended/did [Child First Name] attend) Head Start?

1 Less than 3 months
2 3 - 11 months
3 1 year - 23 months
4 2 years or more
5 Still enrolled

Default Next: BKGN-15
Lead-In: BKGN-13 [Default]

BKGN-15

How satisfied are you with what Head Start has done for [Child First Name]?

1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied

Default Next: BKGN-16
Lead-In: BKGN-14 [Default]

BKGN-16

How satisfied are you with what [Child First Name]'s Head Start program has done for you?

1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied

Default Next: BKGN-17
Lead-In: BKGN-15 [Default]

BKGN-17

([CHILD AGE (YEARS)] < 5)
COMMENT: If child age is less than 5 YRS , jump to BKGN-END

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-TITLE

Default Next: BKGN-18
Lead-In: BKGN-12 [0:0], BKGN-11 [1:1], BKGN-16 [Default], BKGN-AGECK-PRESCHL [Default]

BKGN-18

([IN SCHOOL]=1)
COMMENT: Is child in school in for any term asked about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-20

Default Next: BKGN-19
Lead-In: BKGN-17 [Default]

BKGN-19

If [Child First Name] does not attend school at all, what is the reason?

1 Unable to attend due to physical, emotional, or mental condition ...(Go To BKGN-23)
2 Expelled or suspended ...(Go To BKGN-23)
3 School closed because of strike, physical damage, etc. ...(Go To BKGN-23)
4 Child's father, stepfather, father-figure won't let child attend ...(Go To BKGN-23)
7 Home schooled ...(Go To BKGN-23)
5 Other reasons (SPECIFY) ...(Go To BKGN-23)

Default Next: BKGN-23
Lead-In: BKGN-18 [Default]

BKGN-20

Which of the following describes the school [Child First Name] attends:

1 Public school ...(Go To BKGN-23)
2 Charter school
3 Catholic school
4 Other religious or church-sponsored school
5 Non-religious private school ...(Go To BKGN-23)
6 Indian reservation school
7 Military academy
8 Home-schooled ...(Go To BKGN-23)
9 Other (SPECIFY)

Default Next: BKGN-21
Lead-In: BKGN-18 [1:1]

BKGN-21

Is the school [he/she] attends public or private?

1 Public
2 Private
3 Other (SPECIFY)
4 Does not attend school at all

Default Next: BKGN-23
Lead-In: BKGN-20 [Default]

BKGN-23

([EVER IN SCHOOL?]=0) AND ([IN SCHOOL]=0)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-32

Default Next: BKGN-24
Lead-In: BKGN-20 [1:1], BKGN-19 [1:7], BKGN-20 [5:5], BKGN-20 [8:8], BKGN-19 [Default], BKGN-21 [Default]

BKGN-24

How many different schools has your child ever attended? Please include the school [he/she] is currently attending.

Enter Answer: ☐

Default Next: BKGN-25
Lead-In: BKGN-23 [Default]

BKGN-25

How many of these were elementary schools?

Enter Answer: ☐

Default Next: BKGN-26
Lead-In: BKGN-24 [Default]

BKGN-26

In a typical school week, how much time does [Child First Name] usually spend after school working on math problems or math homework?

ENTER HOURS PER WEEK. ROUND TO NEAREST 1/2 HR.

Enter Answer: ☐

Default Next: BKGN-27
Lead-In: BKGN-25 [Default]

BKGN-27

In a typical school week, how much time does [Child First Name] usually spend after school writing up reports, papers, book-reports, or stories?

ENTER HOURS PER WEEK. ROUND TO NEAREST 1/2 HR.

Enter Answer: ☐

Default Next: BKGN-28
Lead-In: BKGN-26 [Default]

BKGN-28

([EVER IN SCHOOL?]=0) AND ([IN SCHOOL]=0)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-32

Default Next: BKGN-29A
Lead-In: BKGN-27 [Default]

BKGN-29A

[SCHOOL YEAR], did/has [Child First Name] participate(d) in a remedial math program?

1 Yes
0 No

Default Next: BKGN-29B
Lead-In: BKGN-28 [Default]

BKGN-29B

[SCHOOL YEAR], did/has [he/she] participate(d) in a remedial reading, remedial English, or remedial language arts program?

1 Yes
0 No

Default Next: BKGN-29C
Lead-In: BKGN-29A [Default]

BKGN-29C

[SCHOOL YEAR], did/has [he/she] participate(d) in a gifted and talented program, or a special class for advanced work?

1 Yes
0 No

Default Next: BKGN-29D
Lead-In: BKGN-29B [Default]

BKGN-29D

[SCHOOL YEAR], did/has [he/she] participate(d) in special education or a program for handicapped children?

1 Yes
0 No

Default Next: BKGN-29E
Lead-In: BKGN-29C [Default]

BKGN-29E

[SCHOOL YEAR], did/has [he/she] participate(d) in a program that teaches English as a second language (ESL)?

1 Yes
0 No

Default Next: BKGN-30
Lead-In: BKGN-29D [Default]

BKGN-30

([IN SCHOOL]=1)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-31A

Default Next: BKGN-32
Lead-In: BKGN-29E [Default]

BKGN-31A

Do you or your (spouse/partner) participate in a parent-teacher organization at [Child First Name]'s school?

1 Yes
0 No

Default Next: BKGN-31B
Lead-In: BKGN-30 [1:1]

BKGN-31B

Do you or your (spouse/partner) volunteer in the classroom at [his/her] school?

1 Yes
0 No

Default Next: BKGN-31C
Lead-In: BKGN-31A [Default]

BKGN-31C

Do you or your (spouse/partner) do volunteer work such as supervising lunch, or chaperoning a field trip at [Child First Name]'s school?

1 Yes
0 No

Default Next: BKGN-31D
Lead-In: BKGN-31B [Default]

BKGN-31D

Do you or your (spouse/partner) attend parent-teacher conferences at [his/her] school?

1 Yes
0 No

Default Next: BKGN-32
Lead-In: BKGN-31C [Default]

BKGN-32

How many of [Child First Name]'s close friends do you know by sight and by first and last name?
Do you know . . .

1 All of them
2 Most of them
3 About half
4 Only a few
5 None of them
6 CHILD HAS NO CLOSE FRIENDS

Default Next: BKGN-33
Lead-In: BKGN-23 [1:1], BKGN-28 [1:1], BKGN-30 [Default], BKGN-31D [Default]

BKGN-33

About how often do you know who [Child First Name] is with when [he/she] is not at home?
Would you say you know who [he/she] is with . . .

1 All of the time
2 Most of the time
3 Some of the time, or
4 Rarely?

Default Next: BKGN-34
Lead-In: BKGN-32 [Default]

BKGN-34

In the past year, how often has [Child First Name] attended religious services (including Sunday School, or other religious classes)?

1 About once a week
2 At least once a month
3 A few times a year
4 Never

Default Next: BKGN-35
Lead-In: BKGN-33 [Default]

BKGN-35

Aside from attending religious services, how important is it to you to provide religious training for [him/her]?

1 Very important
2 Fairly important
3 Not at all important

Default Next: HLTH-TITLE
Lead-In: BKGN-34 [Default]

Health

HLTH-TITLE

**** BEGIN SECTION: CHILD HEALTH *****

Default Next: HLTH-INTRO
Lead-In: BKGN-AGECHK [1:1], BKGN-17 [1:1], BKGN-35 [Default]

HLTH-INTRO

(READ TO MOTHER/GUARDIAN)
Now I'd like to ask you some questions about [Child First Name]'s general state of health and [his/her] physical characteristics.

Default Next: HLTH-1A
Lead-In: HLTH-TITLE [Default]

HLTH-1A

([RESN-NOSCHL]=1)
COMMENT: If reason for not attending school is health related, skip directly to HEALTH-5 LOOP begin

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5-LOOP-BEGIN

Default Next: HLTH-1B
Lead-In: HLTH-INTRO [Default]

HLTH-1B

([CHILD AGE (YEARS)] >=4) or ([IN SCHOOL]=1) or ([EVER IN SCHOOL?]=1)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 0 Then GoTo HLTH-2C

Default Next: HLTH-2A
Lead-In: HLTH-1A [Default]

HLTH-2A

Does [Child First Name] have any physical, emotional, or mental condition that limits or prevents [his/her] ability to...
...attend school regularly?

1 Yes ...(Go To HLTH-5-LOOP-BEGIN)
0 No

Default Next: HLTH-2B
Lead-In: HLTH-1B [Default]

HLTH-2B

Does [he/she] have any physical, emotional, or mental condition that limits or prevents [his/her] ability to...
...do regular school work?

1 Yes ...(Go To HLTH-5-LOOP-BEGIN)
0 No

Default Next: HLTH-2C
Lead-In: HLTH-2A [Default]

HLTH-2C

Does [Child First Name] have any physical, emotional, or mental condition that limits or prevents [his/her] ability to...
...do usual childhood activities such as play, or participate in games or sports?

1 Yes ...(Go To HLTH-5-LOOP-BEGIN)
0 No

Default Next: HLTH-3A
Lead-In: HLTH-1B [0:0], HLTH-2B [Default]

HLTH-3A

Does [he/she] have any physical, emotional, or mental condition that requires...
...frequent attention or treatment from a doctor or other health professional?

1 Yes ...(Go To HLTH-5-LOOP-BEGIN)
0 No

Default Next: HLTH-3B
Lead-In: HLTH-2C [Default]

HLTH-3B

Does [Child First Name] have any physical, emotional, or mental condition that requires...
...regular use of any medicine or drug (other than vitamins)?

1 Yes ...(Go To HLTH-5-LOOP-BEGIN)
0 No

Default Next: HLTH-3C
Lead-In: HLTH-3A [Default]

HLTH-3C

Does [he/she] have any physical, emotional, or mental condition that requires...
... use of any special equipment, such as a brace, crutches, a wheelchair, special shoes, a helmet, a special bed, a breathing mask, an air filter, or a catheter and so on?

1 Yes ...(Go To HLTH-5-LOOP-BEGIN)
0 No

Default Next: HLTH-6
Lead-In: HLTH-3B [Default]

HLTH-5-LOOP-BEGIN

REPEAT([HLTH-LOOP5])
COMMENT: Begin loop about limiting conditions

1 Yes/Condition applies
0 No/Condition does not apply

Default Next: HLTH-5A
Lead-In: HLTH-3B [1:1], HLTH-1A [1:1], HLTH-2A [1:1], HLTH-2B [1:1], HLTH-2C [1:1], HLTH-3A [1:1], HLTH-3C [1:1]

HLTH-5A

What is [Child First Name]'s (next) health condition or limitation?

(INTERVIEWER: PROBE AS NECESSARY: (What is it called?)
RECORD VERBATIM AND CODE ONE ON NEXT SCREEN

Enter Answer: [ ]

Default Next: HLTH-5B
Lead-In: HLTH-5-LOOP-BEGIN [Default]

HLTH-5B

(What is [Child First Name]'s (next) health condition or limitation?)

INTERVIEWER: CODE ONE BELOW: [HEALTH CONDITION]

1 Learning disability
2 Minimal brain dysfunction, minimal cerebral dysfunction, attention deficit disorder
3 Hyperkineses, hyperactivity
4 Asthma
5 Respiratory disorder or sinus infection
6 Speech impairment
7 Serious hearing difficulty or deafness
8 Serious difficulty in seeing or blindness
9 Serious emotional disturbance
10 Allergic condition(s)
11 Orthopedic handicap
12 Mental retardation
13 Heart trouble
14 Chronic nervous disorder
16 Chronic ear problems or infections
17 Blood disorder or immune deficiency (e.g. sickle cell anemia)
18 Epilepsy/Seizures
95 Health condition not listed (SPECIFY)

Default Next: HLTH-5C-AGECK
Lead-In: HLTH-5A [Default]

HLTH-5C-AGECK

([CHILD AGE IN MONTHS]<=11)
COMMENT: Don't ask how long had condition if less than 1 yr old

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5-CNT

Default Next: HLTH-5C
Lead-In: HLTH-5B [Default]

HLTH-5C

How old was [Child First Name] when [he/she] first developed this condition?

VERBATIM: [HEALTH CONDITION]
INTERVIEWER: ENTER AGE IN YEARS (SINCE BIRTH=0)

Enter Answer: ☐

Default Next: HLTH-5-CNT
Lead-In: HLTH-5C-AGECK [Default]

HLTH-5-CNT

([HLTH-LOOP5])
COMMENT: IF loop=1 goto HLTH-5-1STQ2A, else skip to HLTH-5-SCHLCHK

0-0 0
1-1 1
2-2 2
3-3 3
4-4 4
5-5 5
6-6 6
7-7 7
8-8 8
9-9 9
10-10 10
11-9999 11-9999

If Answer = 1 Then GoTo HLTH-5-1STQ2A

Default Next: HLTH-5-SCHLCK
Lead-In: HLTH-5C-AGECK [1:1], HLTH-5C [Default]

HLTH-5-1STQ2A

([LIMITS TO ATTENDING SCHL?]=1) or ([RESN-NOSCHL]=1)
COMMENT: jump to NEXT appropriate effect of limit to ask about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5E

Default Next: HLTH-5-1STQ2B
Lead-In: HLTH-5-CNT [1:1]

HLTH-5-1STQ2B

[LIMITS AFFECT SCHOOLWORK?]=1
COMMENT: jump to NEXT appropriate effect of limit to ask about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5F

Default Next: HLTH-5-1STQ2C
Lead-In: HLTH-5-1STQ2A [Default]

HLTH-5-1STQ2C

[LIMITS AFFECT PLAY?]=1
COMMENT: jump to NEXT appropriate effect of limit to ask about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5G

Default Next: HLTH-5-1STQ3A
Lead-In: HLTH-5-1STQ2B [Default]

HLTH-5-1STQ3A

[LIMITS REQUIRE SEEING DR OFTEN?]=1
COMMENT: jump to NEXT appropriate effect of limit to ask about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5H

Default Next: HLTH-5-1STQ3B
Lead-In: HLTH-5-1STQ2C [Default]

HLTH-5-1STQ3B

[LIMITS REQUIRE MEDS?]=1
COMMENT: jump to NEXT appropriate effect of limit to ask about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5I

Default Next: HLTH-5-1STQ3C
Lead-In: HLTH-5-1STQ3A [Default]

HLTH-5-1STQ3C

[LIMITS REQUIRE EQUIPMENT?]=1
COMMENT: jump to NEXT effect of limit to ask about

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-5J

Default Next: HLTH-5-SCHLCK
Lead-In: HLTH-5-1STQ3B [Default]

HLTH-5-SCHLCK

([CHILD AGE (YEARS)] >=4) or ([IN SCHOOL]=1) or ([EVER IN SCHOOL?]=1)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 0 Then GoTo HLTH-5F

Default Next: HLTH-5D
Lead-In: HLTH-5-CNT [Default], HLTH-5-1STQ3C [Default]

HLTH-5D

Does this condition limit or prevent [his/her] ability to...
...attend school regularly?

VERBATIM: [HEALTH CONDITION]

1 Yes
0 No

Default Next: HLTH-5E
Lead-In: HLTH-5-SCHLCK [Default]

HLTH-5E

Does this condition limit or prevent [his/her] ability to...
...do regular school work?

VERBATIM: [HEALTH CONDITION]

1 Yes
0 No

Default Next: HLTH-5F
Lead-In: HLTH-5-1STQ2A [1:1], HLTH-5D [Default]

HLTH-5F

Does this condition limit or prevent [his/her] ability to...
...do usual childhood activities such as play, or participate in games or sports?

VERBATIM: [HEALTH CONDITION]

1 Yes
0 No

Default Next: HLTH-5G
Lead-In: HLTH-5-SCHLCK [0:0], HLTH-5-1STQ2B [1:1], HLTH-5E [Default]

HLTH-5G

Does this condition require...
...frequent attention or treatment from a doctor or other health professional?

VERBATIM: [HEALTH CONDITION]

1 Yes
0 No

Default Next: HLTH-5H
Lead-In: HLTH-5-1STQ2C [1:1], HLTH-5F [Default]

HLTH-5H

Does this condition require...
...regular use of any medicine or drug (other than vitamins)?

VERBATIM: [HEALTH CONDITION]

1 Yes
0 No

Default Next: HLTH-5I
Lead-In: HLTH-5-1STQ3A [1:1], HLTH-5G [Default]

HLTH-5I

Does this condition require...
... use of any special equipment, such as a brace, crutches, a wheelchair, special shoes, a helmet, a special bed, a breathing mask, an air filter, or a catheter and so on?

VERBATIM: [HEALTH CONDITION]

1 Yes
0 No

Default Next: HLTH-5J
Lead-In: HLTH-5-1STQ3B [1:1], HLTH-5H [Default]

HLTH-5J

Does [Child First Name] have any other health conditions (that we haven't talked about)?

1 Yes
0 No

Default Next: HLTH-5-LOOP-END
Lead-In: HLTH-5-1STQ3C [1:1], HLTH-5I [Default]

HLTH-5-LOOP-END

UNTIL([HLTH-LOOP5], ([ANYMORECONDITIONS]=0))
COMMENT: loop until there are no more conditions to ask about

1 Yes/Condition applies
0 No/Condition does not apply

Default Next: HLTH-6
Lead-In: HLTH-5J [Default]

HLTH-6

[since <he/she> was born/during the past 12 months], has [Child First Name] had any accidents or injuries that required medical attention?

1 Yes ...(Go To HLTH-6-LOOP-BEGIN)
0 No

Default Next: HLTH-7
Lead-In: HLTH-5-LOOP-END [Default], HLTH-3C [Default]

HLTH-6-LOOP-BEGIN

REPEAT([HLTH-LOOP6])
COMMENT: Begin loop about accidents requiring medical attention

1 Yes/Condition applies
0 No/Condition does not apply

Default Next: HLTH-6B
Lead-In: HLTH-6 [1:1]

HLTH-6B

Thinking of the [most recent accident or injury/accident or injury that occurred before the one you just described], in what month and year did it occur?

Enter Date: [ ] [ ]
Month Year

Default Next: HLTH-6C_VERBATIM
Lead-In: HLTH-6-LOOP-BEGIN [Default]

HLTH-6C_VERBATIM

What was the cause of that accident or injury?
(RECORD VERBATIM AND CODE ONLY ONE.)

RECORD VERBATIM [ ]

Default Next: HLTH-6C
Lead-In: HLTH-6B [Default]

HLTH-6C

1 Motor vehicle accident as occupant
2 Motor vehicle accident as pedestrian
3 Cycling
4 Fall unrelated to athletics or sports activity
5 Fall/contact related to athletics/sports activity
6 Fire or smoke
7 Hot liquid
8 Toy or item intended for child use
9 Equipment or device not intended for a child
10 Poisoning
11 Smashed body part: car/door/window bruise/contusion
12 Adult injured child accidently (pull/lift injury)
13 Intentional violent injury
14 "Rough housing", impact injury: wrestling, etc.
16 Fighting: broke bone/nose, hit in face, shot, stabbed, etc.
17 Struck by object from other person (intent unknown)
18 Insect sting or bite
19 Stepped on sharp object, i.e. glass/nails/metal
20 Ran into stationary object (not in home environment)
22 Ran into stationary ojbect (home environment)
21 Animal bite
23 Cut by sharp object, i.e. knife/glass/tool
24 Burn, i.e. from heater/cigarette/oven/stove
25 Jump/fall accident, i.e. off furniture/other object
26 "Temper" injuries, i.e. fell, kicked furniture, etc.
15 Other (SPECIFY)

Default Next: HLTH-6D
Lead-In: HLTH-6C_VERBATIM [Default]

HLTH-6D

What specific injury or conditions resulted from the accident just mentioned?
(CODE ALL THAT APPLY)

1 Broken or dislocated bones
2 Sprain, strain, or pulled muscle
3 Wound: cuts, scrapes, puncture
4 Head injury, concussion
5 Bruise, contusion, or internal bleeding
6 Burn, scald
7 Illness or effect from poisons, medicines (drugs), etc
15 Other (SPECIFY)

Default Next: HLTH-6E
Lead-In: HLTH-6C [Default]

HLTH-6E

Where did the accident or injury happen?
(CODE ONE.)

1 At home (any, not necessarily the child's)
2 School (including grounds and athletic areas)
3 Day care location (preschool/nursery)
4 Street or highway
5 Public building or space (other than streets or schools)
6 Place of recreation and sports, except school
7 Farm or agricultural area, except farm house
8 Other (SPECIFY)

Default Next: HLTH-6G
Lead-In: HLTH-6D [Default]

HLTH-6G

Has [Child First Name] had any other accidents or injuries requiring medical attention [since <he/she> was born/during the past 12 months]?

1 Yes
0 No

Default Next: HLTH-6-LOOP-END
Lead-In: HLTH-6E [Default]

HLTH-6-LOOP-END

UNTIL([HLTH-LOOP6], ([ANY MORE HURTS?]=0))
COMMENT: loop until there are no more accidents or injuries

1 Yes/Condition applies
0 No/Condition does not apply

Default Next: HLTH-7
Lead-In: HLTH-6G [Default]

HLTH-7

Now we're going to talk about any time [Child First Name] may have been hospitalized since [<he/she> was born/we last interviewed you on <mother date of last interview>]. (This may include an injury that you have already mentioned here.)

Has [Child First Name] had any accidents or injuries that required hospitalization since [<he/she> was born/we last interviewed you on <mother date of last interview>]?

1 Yes ...(Go To HLTH-7-LOOP-BEGIN)
0 No

Default Next: HLTH-8
Lead-In: HLTH-6-LOOP-END [Default], HLTH-6 [Default]

HLTH-7-LOOP-BEGIN

REPEAT([HLTH-LOOP7])

1 Yes/Condition applies
0 No/Condition does not apply

Default Next: HLTH-7B
Lead-In: HLTH-7 [1:1]

HLTH-7B

Thinking of the [most recent accident or injury that/accident or injury that occurred before the one you just described that also] required hospitalization, in what month and year did it occur?

Enter Date: [ ] [ ]
Month Year

Default Next: HLTH-7C_VERBATIM
Lead-In: HLTH-7-LOOP-BEGIN [Default]

HLTH-7C_VERBATIM

What was the cause of this accident or injury?
(RECORD VERBATIM AND CODE ONLY ONE.)

RECORD VERBATIM [ ]

Default Next: HLTH-7C
Lead-In: HLTH-7B [Default]

HLTH-7C

1 Motor vehicle accident as occupant
2 Motor vehicle accident as pedestrian
3 Cycling
4 Fall unrelated to athletics or sports activity
5 Fall/contact related to athletics/sports activity
6 Fire or smoke
7 Hot liquid
8 Toy or item intended for child use
9 Equipment or device not intended for a child
10 Poisoning
11 Smashed body part: car/door/window bruise/contusion
12 Adult injured child accidently (pull/lift injury)
13 Intentional violent injury
14 "Rough housing", impact injury: wrestling, etc.
16 Fighting: broke bone/nose, hit in face, shot, stabbed, etc.
17 Struck by object from other person (intent unknown)
18 Insect sting or bite
19 Stepped on sharp object, i.e. glass/nails/metal
20 Ran into stationary object (not in home environment)
22 Ran into stationary ojbect (home environment)
21 Animal bite
23 Cut by sharp object, i.e. knife/glass/tool
24 Burn, i.e. from heater/cigarette/oven/stove
25 Jump/fall accident, i.e. off furniture/other object
26 "Temper" injuries, i.e. fell, kicked furniture, etc.
15 Other (SPECIFY)

Default Next: HLTH-7D
Lead-In: HLTH-7C_VERBATIM [Default]

HLTH-7D

What specific injury or conditions resulted from the accident just mentioned?
(CODE ALL THAT APPLY)

1 Broken or dislocated bones
2 Sprain, strain, or pulled muscle
3 Wound: cuts, scrapes, puncture
4 Head injury, concussion
5 Bruise, contusion, or internal bleeding
6 Burn, scald
7 Illness or effect from poisons, medicines (drugs), etc
15 Other (SPECIFY)

Default Next: HLTH-7E
Lead-In: HLTH-7C [Default]

HLTH-7E

Where did the accident or injury happen?

1 At home (any, not necessarily the child's)
2 School (including grounds and athletic areas)
3 Day care location (preschool/nursery)
4 Street or highway
5 Public building or space (other than streets or schools)
6 Place of recreation and sports, except school
7 Farm or agricultural area, except farm house
8 Other (SPECIFY)

Default Next: HLTH-7G
Lead-In: HLTH-7D [Default]

HLTH-7G

Has [Child First Name] had any other accidents or injuries requiring hospitalization since [<he/she> was born/we last interviewed you on <mother date of last interview>]?

1 Yes
0 No

Default Next: HLTH-7-LOOP-END
Lead-In: HLTH-7E [Default]

HLTH-7-LOOP-END

UNTIL([HLTH-LOOP7], ([ANYMORE HOSPITALIZATIONS?]=0))

1 Yes/Condition applies
0 No/Condition does not apply

Default Next: HLTH-8
Lead-In: HLTH-7G [Default]

HLTH-8

[Since <child first name> was born has <he/she>/During the past 12 months has <child first name>], had any illnesses that required medical attention or treatment?

1 Yes
0 No ...(Go To HLTH-9)

Default Next: HLTH-8A
Lead-In: HLTH-7-LOOP-END [Default], HLTH-7 [Default]

HLTH-8A

How many such illnesses has [Child First Name] had [since <he/she> was born/during the past 12 months]?

Enter Answer: ☐

Default Next: HLTH-9
Lead-In: HLTH-8 [Default]

HLTH-9

When did [Child First Name] last see a doctor for a routine health checkup?

1 Less than 1 month ago
2 1 - 3 months ago
3 4 - 6 months ago
4 7 - 11 months ago
5 1 year - 23 months ago
6 2 or more years ago
7 Never

Default Next: HLTH-10A
Lead-In: HLTH-8 [0:0], HLTH-8A [Default]

HLTH-10A

([CHILD SEX] = 2)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-10B

Default Next: HLTH-10D
Lead-In: HLTH-9 [Default]

HLTH-10B

([CHILD AGE (YEARS)]>=8)
COMMENT: Is child age 8 yrs or older?

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-10C

Default Next: HLTH-10D
Lead-In: HLTH-10A [1:1]

HLTH-10C

([MENSES FLAG]=1)
COMMENT: Check menses flag for status. Skip if menarche occurance & complete info exists (1)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-12A

Default Next: HLTH-11A
Lead-In: HLTH-10B [1:1]

HLTH-10D

([CHILD AGE (YEARS)]>=2)
COMMENT: Is %cfname% age 2 yrs or older?

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 0 Then GoTo HLTH-14

Default Next: HLTH-12A
Lead-In: HLTH-10A [Default], HLTH-10B [Default]

HLTH-11A

Has [Child First Name] ever had a menstrual period?

1 Yes
0 No ...(Go To HLTH-12A)

Default Next: HLTH-11B
Lead-In: HLTH-10C [Default]

HLTH-11B

How old was [Child First Name] when she had her first menstrual period?
(INTERVIEWER: ENTER AGE IN YEARS.)

Enter Answer: [ ]

Default Next: HLTH-11C
Lead-In: HLTH-11A [Default]

HLTH-11C

In what month and year did she have her first period?

Enter Date: [ ] [ ]
Month Year

Default Next: HLTH-12A
Lead-In: HLTH-11B [Default]

HLTH-12A

Which hand does [Child First Name] use for writing?

IF R VOLUNTEERS "AMBIDEXTROUS","EITHER", OR "BOTH", ENTER EITHER/BOTH AND RECORD EXPLANATION IN COMMENT SCREEN.
IF R SAYS CHILD DOESN'T WRITE YET, ASK WHICH HAND HE/SHE USES MOST OFTEN.

1 Left
2 Right
3 Either/both

Default Next: HLTH-12B
Lead-In: HLTH-11A [0:0], HLTH-10C [1:1], HLTH-10D [Default], HLTH-11C [Default]

HLTH-12B

Please think about the hand [Child First Name] uses for activities such as throwing a ball. When [he/she] throws a ball, does [he/she] use [his/her]...

1 ...right hand nearly all of the time?
2 ...right hand more than half of the time?
3 ...right and left hands about equally?
4 ...left hand more than half of the time?
5 ...left hand nearly all of the time?

Default Next: HLTH-12C
Lead-In: HLTH-12A [Default]

HLTH-12C

When [he/she] brushes [his/her] teeth, does [he/she] use [his/her]...

1 ...right hand nearly all of the time?
2 ...right hand more than half of the time?
3 ...right and left hands about equally?
4 ...left hand more than half of the time?
5 ...left hand nearly all of the time?

Default Next: HLTH-13
Lead-In: HLTH-12B [Default]

HLTH-13

When did [Child First Name] last see a dentist for a checkup or to have some dental work done?

1 Less than 1 month ago
2 1 - 3 months ago
3 4 - 6 months ago
4 7 - 11 months ago
5 1 year - 23 months ago
6 2 or more years ago
7 Never

Default Next: HLTH-14
Lead-In: HLTH-12C [Default]

HLTH-14

Is [Child First Name]'s health care now covered by health insurance provided either by an employer or by an individual plan that pays part or all of a hospital, doctor's, or surgeon's bill?

(THIS DOES NOT INCLUDE PUBLIC ASSISTANCE HEALTH CARE PROGRAMS.)

1 Yes
0 No

Default Next: HLTH-15
Lead-In: HLTH-10D [0:0], HLTH-13 [Default]

HLTH-15

There is a national program called Medicaid that pays for health care for persons in need.
Is [Child First Name]'s health care now covered by Medicaid?

(IF NEEDED, HAND R SHOW CARD "STATE MEDICAID PROGRAMS")

1 Yes
0 No

Default Next: HOME-AGECK1
Lead-In: HLTH-14 [Default]

The Home

HOME-AGECK1

([CHILD AGE IN MONTHS]>=0)
COMMENT: IF child meets AGE and YOB/BORNSLI constraints, then continue Otherwise skip to HOME-END

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HOME-TITLE

Default Next: ACT-AGECK1
Lead-In: HLTH-15 [Default]

HOME-TITLE

**** BEGIN SECTION: The HOME *****

Default Next: HOME-INTRO
Lead-In: HOME-AGECK1 [1:1]

HOME-INTRO

INTERVIEWER: THE FOLLOWING SECTION IS A CHILD ASSESSMENT. IT IS VITAL THAT YOU COMPLETE ALL QUESTIONS IN THIS SECTION.
READ TO MOTHER
We are interested in your family's lifestyle and rules.

Default Next: HOME-AGECK2
Lead-In: HOME-TITLE [Default]

HOME-AGECK2

([CHILD AGE IN MONTHS])
COMMENT: If child age is 0 to 35 months jump to HOME A If child age is 36 to 71 months jump to HOME B If child age is 72 to 119 months jump to HOME C If child age is 120 to 179 months jump to HOME D

0-35 months
36-71 months
72-119 months
120-179 months
180-999 months

If Answer >= 0 AND Answer <= 35 Then GoTo HOME-A01
If Answer >= 36 AND Answer <= 71 Then GoTo HOME-B01
If Answer >= 72 AND Answer <= 119 Then GoTo HOME-C01
If Answer >= 120 AND Answer <= 179 Then GoTo HOME-D01

Default Next: ACT-AGECK1
Lead-In: HOME-INTRO [Default]

HOME-A01

About how often does [Child First Name] have a chance to get out of the house?

5 Every day
4 4 or more times a week
3 A few times a week
2 About once a week
1 A few times a month or less

Default Next: HOME-A02
Lead-In: HOME-AGECK2 [0:35]

HOME-A02

About how many children's books does [Child First Name] have?

4 10 or more books
3 3 to 9 books
2 1 or 2 books
1 None

Default Next: HOME-A03
Lead-In: HOME-A01 [Default]

HOME-A03

How often do you get a chance to read stories to [Child First Name]?

1 Never
2 Several times a year
3 Several times a month
4 Once a week
5 About 3 times a week
6 Everyday

Default Next: HOME-A04
Lead-In: HOME-A02 [Default]

HOME-A04

About how often do you take [Child First Name] to the grocery store?

1 Twice a week or more
2 Once a week
3 Once a month
4 Hardly ever

Default Next: HOME-A05
Lead-In: HOME-A03 [Default]

HOME-A05

About how many, if any, cuddly, soft or role-playing toys (like a doll) does [Child First Name] have? (May be shared with sister or brother.)
ENTER NUMBER OF SOFT TOYS.

Enter Answer: ☐

Default Next: HOME-A06
Lead-In: HOME-A04 [Default]

HOME-A06

About how many, if any, push or pull toys does [Child First Name] have? (May be shared with sister or brother.)
ENTER NUMBER OF PUSH/PULL TOYS.

Enter Answer: [ ]

Default Next: HOME-A07
Lead-In: HOME-A05 [Default]

HOME-A07

Some parents spend time teaching their children new skills while other parents believe children learn best on their own. Which of the following most closely describes your attitude?

1 Parents should always spend time teaching their children
2 Parents should usually spend time teaching their children
3 Parents should usually allow their children to learn on their own
4 Parents should always allow their children to learn on their own

Default Next: HOME-A08
Lead-In: HOME-A06 [Default]

HOME-A08

Think for a moment about a typical weekday for your family. How much time--either in your home or elsewhere--does [Child First Name] spend watching television on a typical weekday?

INTERVIEWER: ENTER HOURS PER WEEKDAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekday? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-A09
Lead-In: HOME-A07 [Default]

HOME-A09

Now, think about a typical weekend day (Saturday or Sunday) for your family. How much time--either in your home or elsewhere--does [Child First Name] spend watching television on a typical weekend day ?
INTERVIEWER: ENTER HOURS PER WEEKEND DAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0)
IF REPLY IS "Do not have a TV" THEN PROMPT:
Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekend day? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-A10A
Lead-In: HOME-A08 [Default]

HOME-A10A

About how many hours is the TV on in your home each day?
INTERVIEWER: SELECT AS APPROPRIATE

1 HAS A TV - ENTER HOURS PER DAY ON NEXT SCREEN ...(Go To HOME-A10B)
0 DOES NOT HAVE A TV

Default Next: HOME-A-DADCHK1
Lead-In: HOME-A09 [Default]

HOME-A10B

(About how many hours is the TV on in your home each day?)
INTERVIEWER: ENTER HOURS PER DAY ROUND TO NEAREST 1/2 HR.
NOTE: LESS THAN ONE HOUR PER DAY = 0

Enter Answer: [ ]

Default Next: HOME-A-DADCHK1
Lead-In: HOME-A10A [1:1]

HOME-A-DADCHK1

([FATHER IN HOUSEHOLD]=1)
COMMENT: IF FATHER PRESENT IN MOTHER HOUSEHOLD SKIP TO HOME-A-TXTSUB1

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HOME-A14

Default Next: HOME-A11
Lead-In: HOME-A10B [Default], HOME-A10A [Default]

HOME-A11

Does [Child First Name] ever see [his/her] father, or someone you consider a father-figure?

1 Yes
0 No ...(Go To HOME-A16)

Default Next: HOME-A12
Lead-In: HOME-A-DADCHK1 [Default]

HOME-A12

Is this person [his/her] biological father, stepfather, or a father-figure?

1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

Default Next: HOME-A13
Lead-In: HOME-A11 [Default]

HOME-A13

What is his relationship to you? (Is he your spouse, your partner, your friend, a relative, or someone else?)

1 SPOUSE
2 EX-SPOUSE
3 PARTNER
4 EX-PARTNER
5 BOYFRIEND
6 EX-BOYFRIEND
7 FIANCE
8 FRIEND
9 FATHER
10 GRANDFATHER
11 BROTHER
12 UNCLE
13 SOMEONE ELSE (SPECIFY)

Default Next: HOME-A14
Lead-In: HOME-A12 [Default]

HOME-A14

Does [Child First Name] see [his/her] [father/stepfather/father-figure] on a daily basis?

1 Yes
0 No

Default Next: HOME-A15
Lead-In: HOME-A-DADCHK1 [1:1], HOME-A13 [Default]

HOME-A15

How often does [Child First Name] eat a meal with both you and [his/her] [father/stepfather/father-figure]?

1 More than once a day
2 Once a day
3 Several times a week
4 About once a week
5 About once a month
6 Never

Default Next: HOME-A16
Lead-In: HOME-A14 [Default]

HOME-A16

Children seem to demand attention when their parents are busy around the house. How often do you talk to [Child First Name] while you are working?

1 Always (talk to your child when working)
2 Often (talk to your child when working)
3 Sometimes (talk to your child when working)
4 Rarely (talk to your child when working)
5 Never (talk to your child when working)

Default Next: HOME-A17A
Lead-In: HOME-A11 [0:0], HOME-A15 [Default]

HOME-A17A

How close does [Child First Name] feel toward you? Does [he/she] feel...

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-A-DADCHK2
Lead-In: HOME-A16 [Default]

HOME-A-DADCHK2

([WHODAD])
COMMENT: WHODAD=0 (NO FATHER-FIGURE), SKIP TO HOME-A18 WHODAD>=1 SKIP TO HOME-A17B

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 0 Then GoTo HOME-A18
If Answer >= 1 AND Answer <= 3 Then GoTo HOME-A17B

Default Next: HOME-A17B
Lead-In: HOME-A17A [Default]

HOME-A17B

How close does [he/she] feel toward [his/her] (biological) father?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close
5 Does not have this parent

Default Next: HOME-A-DADCHK3
Lead-In: HOME-A-DADCHK2 [1:3], HOME-A-DADCHK2 [Default]

HOME-A-DADCHK3

([WHODAD])
COMMENT: IF father is in HH, don't ask about closeness to stepfather (WHODAD=1 skip to HOME-A18)

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 1 Then GoTo HOME-A18

Default Next: HOME-A17D
Lead-In: HOME-A17B [Default]

HOME-A17D

How close does [he/she] feel toward [his/her] [father/stepfather/father-figure]?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-A18
Lead-In: HOME-A-DADCHK3 [Default]

HOME-A18

Sometimes kids mind pretty well and sometimes they don't.
About how many times, if any, have you had to spank [Child First Name] in the past week?

Enter Answer: ☐

Default Next: ACT-AGECK1

Lead-In: HOME-A-DADCHK2 [0:0], HOME-A-DADCHK3 [1:1], HOME-A17D [Default]

HOME-B01

About how often do you read stories to [Child First Name]?

1 Never
2 Several times a year
3 Several times a month
4 Once a week
5 At least 3 times a week
6 Everyday

Default Next: HOME-B02
Lead-In: HOME-AGECK2 [36:71]

HOME-B02

About how many children's books does [Child First Name] have?

4 10 or more books
3 3 to 9 books
2 1 or 2 books
1 None

Default Next: HOME-B03
Lead-In: HOME-B01 [Default]

HOME-B03

About how many magazines does your family get regularly?

1 None
2 One
3 Two
4 Three
5 Four or more

Default Next: HOME-B04
Lead-In: HOME-B02 [Default]

HOME-B04

Does [Child First Name] have the use of a CD player, tape deck, or tape recorder, or record player at home and at least 5 children's records or tapes? (May be shared with sister or brother.)

1 Yes
0 No

Default Next: HOME-B05A
Lead-In: HOME-B03 [Default]

HOME-B05A

Please tell me which of the following you (or someone else) have helped [Child First Name] learn at home.
Do you or have you helped with...numbers?

1 Yes
0 No

Default Next: HOME-B05B
Lead-In: HOME-B04 [Default]

HOME-B05B

Do you (or someone else) help with...the alphabet?

1 Yes
0 No

Default Next: HOME-B05C
Lead-In: HOME-B05A [Default]

HOME-B05C

Do you (or someone else) help with...colors?

1 Yes
0 No

Default Next: HOME-B05D
Lead-In: HOME-B05B [Default]

HOME-B05D

Do you (or someone else) help with...shapes and sizes?

1 Yes
0 No

Default Next: HOME-B06
Lead-In: HOME-B05C [Default]

HOME-B06

How much choice is [Child First Name] allowed in deciding what foods [he/she] eats at breakfast and lunch?

1 A great deal of choice
2 Some choice
3 Little choice
4 No choice

Default Next: HOME-B07A
Lead-In: HOME-B05D [Default]

HOME-B07A

About how many hours is the TV on in your home each day?
INTERVIEWER: SELECT AS APPROPRIATE

1 HAS A TV - ENTER HOURS PER DAY ON NEXT SCREEN ...(Go To HOME-B07B)
0 DOES NOT HAVE A TV

Default Next: HOME-B08A
Lead-In: HOME-B06 [Default]

HOME-B07B

(About how many hours is the TV on in your home each day?)
INTERVIEWER: ENTER HOURS PER DAY. ROUND TO NEAREST 1/2 HR.
NOTE: LESS THAN ONE HOUR PER DAY = 0

Enter Answer: [ ]

Default Next: HOME-B08A
Lead-In: HOME-B07A [1:1]

HOME-B08A

Most children get angry at their parents from time to time. If [Child First Name] got so angry that [he/she] hit you, what would you do?
INTERVIEWER: ENTER VERBATIM AND MARK ALL THAT APPLY ON NEXT SCREEN.

Enter Answer: [ ]

Default Next: HOME-B08B
Lead-In: HOME-B07A [Default], HOME-B07B [Default]

HOME-B08B

(Most children get angry at their parents from time to time. If [Child First Name] got so angry that [he/she] hit you, what would you do?)

PREVIOUS TEXT ENTRY: [VERBATIM RESPONSE TO HOME-B08A]
INTERVIEWER: MARK ALL THAT APPLY.

1 Hit him/her back
2 Send him/her to his/her room
3 Spank him/her
4 Talk to him/her
5 Ignore it
6 Give him/her household chore
7 Take away his/her allowance
8 Hold child's hands until he/she was calm
10 Put child in a short 'time out'
9 Other (SPECIFY)

Default Next: HOME-B09
Lead-In: HOME-B08A [Default]

HOME-B09

How often does a family member get a chance to take [Child First Name] on any kind of outing (like shopping, to the park, a picnic, drive-in, and so on)?

1 A few times a year or less
2 About once a month
3 About two or three times a month
4 Several times a week
5 About once a day

Default Next: HOME-B10
Lead-In: HOME-B08B [Default]

HOME-B10

How often has a family member taken or arranged to take [Child First Name] to any type of museum (children's, scientific, art, historical, etc.) within the past year?

1 Never
2 Once or twice
3 Several times
4 About once a month
5 About once a week or more often

Default Next: HOME-B11
Lead-In: HOME-B09 [Default]

HOME-B11

Think for a moment about a typical weekday for your family. How much time--either in your home or elsewhere--does [Child First Name] spend watching television on a typical weekday ?

INTERVIEWER: ENTER HOURS PER WEEKDAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekday? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-B12
Lead-In: HOME-B10 [Default]

HOME-B12

Now, think about a typical weekend day (Saturday or Sunday) for your family. How much time--either in your home or elsewhere--does [Child First Name] spend watching television on a typical weekend day ?

INTERVIEWER: ENTER HOURS PER WEEKEND DAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekend day? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-B-DADCHK1
Lead-In: HOME-B11 [Default]

HOME-B-DADCHK1

([FATHER IN HOUSEHOLD]=1)
COMMENT: IF FATHER PRESENT IN MOTHER HOUSEHOLD SKIP TO HOME-B-TXTSUB1

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HOME-B16

Default Next: HOME-B13
Lead-In: HOME-B12 [Default]

HOME-B13

Does [Child First Name] ever see [his/her] father, or someone you consider a father-figure?

1 Yes
0 No ...(Go To HOME-B18A)

Default Next: HOME-B14
Lead-In: HOME-B-DADCHK1 [Default]

HOME-B14

Is this man [Child First Name]'s biological father, stepfather, or a father-figure?

1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

Default Next: HOME-B15
Lead-In: HOME-B13 [Default]

HOME-B15

What is his relationship to you? (Is he your spouse, your partner, your friend, a relative, or someone else?)

1 SPOUSE
2 EX-SPOUSE
3 PARTNER
4 EX-PARTNER
5 BOYFRIEND
6 EX-BOYFRIEND
7 FIANCE
8 FRIEND
9 FATHER
10 GRANDFATHER
11 BROTHER
12 UNCLE
13 SOMEONE ELSE (SPECIFY)

Default Next: HOME-B16
Lead-In: HOME-B14 [Default]

HOME-B16

Does [Child First Name] see [his/her] [father/stepfather/father-figure] on a daily basis?

1 Yes
0 No

Default Next: HOME-B17
Lead-In: HOME-B-DADCHK1 [1:1], HOME-B15 [Default]

HOME-B17

How often does [Child First Name] eat a meal with you and [his/her] [father/stepfather/father-figure]?

1 More than once a day
2 Once a day
3 Several times a week
4 About once a week
5 About once a month
6 Never

Default Next: HOME-B18A
Lead-In: HOME-B16 [Default]

HOME-B18A

How close does [Child First Name] feel toward you? Does [he/she] feel...

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-B-DADCHK2
Lead-In: HOME-B13 [0:0], HOME-B17 [Default]

HOME-B-DADCHK2

([WHODAD])
COMMENT: WHODAD=0 (NO FATHER-FIGURE), SKIP TO HOME-B19 WHODAD>=1 SKIP TO HOME-B18B

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 0 Then GoTo HOME-B19
If Answer >= 1 AND Answer <= 3 Then GoTo HOME-B18B

Default Next: HOME-B18B
Lead-In: HOME-B18A [Default]

HOME-B18B

How close does [Child First Name] feel toward [his/her] (biological) father?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close
5 Does not have this parent

Default Next: HOME-B-DADCHK3
Lead-In: HOME-B-DADCHK2 [1:3], HOME-B-DADCHK2 [Default]

HOME-B-DADCHK3

([WHODAD])
COMMENT: IF father is in HH, don't ask about closeness to stepfather (WHODAD=1 skip to HOME-B19)

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 1 Then GoTo HOME-B19

Default Next: HOME-B18D
Lead-In: HOME-B18B [Default]

HOME-B18D

How close does [Child First Name] feel toward [his/her] [father/stepfather/father-figure]?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-B19
Lead-In: HOME-B-DADCHK3 [Default]

HOME-B19

Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you had to spank [Child First Name] in the past week?

Enter Answer: ☐

Default Next: ACT-AGECK1
Lead-In: HOME-B-DADCHK2 [0:0], HOME-B-DADCHK3 [1:1], HOME-B18D [Default]

HOME-C01

About how many books does [Child First Name] have?

1 None
2 1 or 2 books
3 3 to 9 books
4 10 or more books

Default Next: HOME-C02
Lead-In: HOME-AGECK2 [72:119]

HOME-C02

About how often do you read aloud to [Child First Name]?

1 Never
2 Several times a year
3 Several times a month
4 Once a week
5 At least 3 times a week
6 Everyday

Default Next: HOME-C03A
Lead-In: HOME-C01 [Default]

HOME-C03A

How often is [Child First Name] expected to make [his/her] own bed?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-C03B
Lead-In: HOME-C02 [Default]

HOME-C03B

How often is [Child First Name] expected to clean [his/her] own room?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-C03C
Lead-In: HOME-C03A [Default]

HOME-C03C

How often is [Child First Name] expected to clean up after spills?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-C03D
Lead-In: HOME-C03B [Default]

HOME-C03D

How often is [Child First Name] expected to bathe [him/her]self?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-C03E
Lead-In: HOME-C03C [Default]

HOME-C03E

How often is [Child First Name] expected to pick up after [him/her]self?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-C04
Lead-In: HOME-C03D [Default]

HOME-C04

Is there a musical instrument (for example, piano, drum, guitar, etc.) that [Child First Name] can use here at home?

1 Yes
0 No

Default Next: HOME-C05
Lead-In: HOME-C03E [Default]

HOME-C05

Does your family get a daily newspaper?

1 Yes
0 No

Default Next: HOME-C06
Lead-In: HOME-C04 [Default]

HOME-C06

About how often does [Child First Name] read for enjoyment?

1 Every day
2 Several times a week
3 Several times a month
4 Several times a year
5 Never

Default Next: HOME-C07
Lead-In: HOME-C05 [Default]

HOME-C07

Does your family encourage [Child First Name] to start and keep doing hobbies?

1 Yes
0 No

Default Next: HOME-C08
Lead-In: HOME-C06 [Default]

HOME-C08

Does [Child First Name] get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

1 Yes
0 No

Default Next: HOME-C09
Lead-In: HOME-C07 [Default]

HOME-C09

How often has a family member taken, or arranged to take [Child First Name] to any type of museum (children's, scientific, art, historical, etc.) within the past year?

1 Never
2 Once or twice
3 Several times
4 About once a month
5 About once a week or more often

Default Next: HOME-C10
Lead-In: HOME-C08 [Default]

HOME-C10

How often has a family member taken, or arranged to take [Child First Name] to any type of musical or theatrical performance within the past year?

1 Never
2 Once or twice
3 Several times
4 About once a month
5 About once a week or more often

Default Next: HOME-C11
Lead-In: HOME-C09 [Default]

HOME-C11

About how often does your whole family get together with relatives or friends?

1 Once a year or less
2 A few times a year
3 About once a month
4 Two or three times a month
5 About once a week or more

Default Next: HOME-C12
Lead-In: HOME-C10 [Default]

HOME-C12

Think for a moment about a typical weekday for your family. How much time--either in your home or elsewhere--would you say your child spends watching television on a typical weekday?

INTERVIEWER: ENTER HOURS PER WEEKDAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekday? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-C13
Lead-In: HOME-C11 [Default]

HOME-C13

Now, think for a moment about a typical weekend day (Saturday or Sunday) for your family. How much time--either in your home or elsewhere-- would you say [Child First Name] spends watching television on a typical weekend day?

INTERVIEWER: ENTER HOURS PER WEEKEND DAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekend day? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-C-DADCHK1
Lead-In: HOME-C12 [Default]

HOME-C-DADCHK1

([FATHER IN HOUSEHOLD]=1)
COMMENT: IF FATHER PRESENT IN MOTHER HOUSEHOLD SKIP TO HOME-C-TXTSUB1

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HOME-C17

Default Next: HOME-C14
Lead-In: HOME-C13 [Default]

HOME-C14

Does [Child First Name] ever see [his/her] father, or someone you consider a father-figure?

1 Yes
0 No ...(Go To HOME-C20)

Default Next: HOME-C15
Lead-In: HOME-C-DADCHK1 [Default]

HOME-C15

Is this man [his/her] biological father, step father, or a father-figure?

1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

Default Next: HOME-C16
Lead-In: HOME-C14 [Default]

HOME-C16

What is his relationship to you? (Is he your spouse, your partner, your friend, a relative, or someone else?)

1 SPOUSE
2 EX-SPOUSE
3 PARTNER
4 EX-PARTNER
5 BOYFRIEND
6 EX-BOYFRIEND
7 FIANCE
8 FRIEND
9 FATHER
10 GRANDFATHER
11 BROTHER
12 UNCLE
13 SOMEONE ELSE (SPECIFY)

Default Next: HOME-C17
Lead-In: HOME-C15 [Default]

HOME-C17

About how often does [Child First Name] spend time with [his/her] [father/stepfather/father-figure]?

1 Once a day or more often
2 At least 4 times a week
3 About once a week
4 About once a month
5 A few times a year or less
6 Never
7 No father, stepfather, or father-figure

Default Next: HOME-C18
Lead-In: HOME-C-DADCHK1 [1:1], HOME-C16 [Default]

HOME-C18

About how often does [Child First Name] spend time with [his/her] [father/stepfather/father-figure] in outdoor activities?

1 Once a day or more often
2 At least 4 times a week
3 About once a week
4 About once a month
5 A few times a year or less
6 Never
7 No father, stepfather, or father-figure

Default Next: HOME-C19
Lead-In: HOME-C17 [Default]

HOME-C19

How often does [Child First Name] eat a meal with both you and [his/her] [father/stepfather/father-figure]?

1 More than once a day
2 Once a day
3 Several times a week
4 About once a week
5 About once a month
6 Never
7 No father, stepfather, father-figure

Default Next: HOME-C20
Lead-In: HOME-C18 [Default]

HOME-C20

When your family watches TV together, do you [FATHER-FIGURE PRINT TEXT] discuss TV programs with [him/her]?

1 Yes
0 No
2 Do not have a TV

Default Next: HOME-C21A
Lead-In: HOME-C14 [0:0], HOME-C19 [Default]

HOME-C21A

How close does [Child First Name] feel toward...you? Does [he/she] feel...

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-C-DADCHK2
Lead-In: HOME-C20 [Default]

HOME-C-DADCHK2

([WHODAD])
COMMENT: WHODAD=0 (NO FATHER-FIGURE), SKIP TO HOME-C22A WHODAD>=1 SKIP TO HOME-C21B

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 0 Then GoTo HOME-C22A
If Answer >= 1 AND Answer <= 3 Then GoTo HOME-C21B

Default Next: HOME-C21B
Lead-In: HOME-C21A [Default]

HOME-C21B

How close does [Child First Name] feel toward [his/her] (biological) father?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close
5 Does not have this parent

Default Next: HOME-C-DADCHK3
Lead-In: HOME-C-DADCHK2 [1:3], HOME-C-DADCHK2 [Default]

HOME-C-DADCHK3

([WHODAD])
COMMENT: IF father is in HH, don't ask about closeness to stepfather/father-figure (WHODAD=1 skip to HOME-C22A)

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 1 Then GoTo HOME-C22A

Default Next: HOME-C21D
Lead-In: HOME-C21B [Default]

HOME-C21D

How close does [Child First Name] feel toward [his/her] [father/stepfather/father-figure]?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-C22A
Lead-In: HOME-C-DADCHK3 [Default]

HOME-C22A

Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. What action(s) you would take if this happened?

INTERVIEWER: ENTER VERBATIM AND MARK ALL THAT APPLY ON NEXT SCREEN.

Enter Answer:

Default Next: HOME-C22B
Lead-In: HOME-C-DADCHK2 [0:0], HOME-C-DADCHK3 [1:1], HOME-C21D [Default]

HOME-C22B

(Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. Please check which action(s) you would take if this happened.)

PREVIOUS TEXT ENTRY: [VERBATIM RESPONSE TO HOME-C22A]
INTERVIEWER: MARK ALL THAT APPLY.

1 Grounding
2 Spanking
3 Talk with child
4 Give him/her a household chore
5 Ignore it
6 Send to room for more than 1 hour
7 Take away his/her allowance
8 Take away TV, phone, or other privileges
10 Put child in a short "time out"
9 Other (SPECIFY)

Default Next: HOME-C23A
Lead-In: HOME-C22A [Default]

HOME-C23A

If [Child First Name] brought home a report card with grades lower than expected, how likely would you be to contact [his/her] teacher or principal?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23B
Lead-In: HOME-C22B [Default]

HOME-C23B

If [Child First Name] brought home a report card with grades lower than expected, how likely would you be to lecture [him/her]?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23C
Lead-In: HOME-C23A [Default]

HOME-C23C

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to keep a closer eye on [his/her] activities?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23D
Lead-In: HOME-C23B [Default]

HOME-C23D

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to punish [him/her]?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23E
Lead-In: HOME-C23C [Default]

HOME-C23E

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to talk with [him/her]?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23F
Lead-In: HOME-C23D [Default]

HOME-C23F

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to wait and see if [he/she] improves on [his/her] own?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23G
Lead-In: HOME-C23E [Default]

HOME-C23G

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to tell [him/her] to spend more time on schoolwork?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23H
Lead-In: HOME-C23F [Default]

HOME-C23H

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to spend more time helping [him/her] with schoolwork?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23I
Lead-In: HOME-C23G [Default]

HOME-C23I

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to limit or reduce [his/her] non-school activities (such as play, sports, clubs, etc.)?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-C23J
Lead-In: HOME-C23H [Default]

HOME-C23J

(If [Child First Name] brought home a report card with grades lower than expected),
...would you do anything else?

1 Yes ...(Go To HOME-C23JV)
0 No

Default Next: HOME-C24A
Lead-In: HOME-C23I [Default]

HOME-C23JV

(If [Child First Name] brought home a report card with grades lower than expected...would you do anything else?) What would that be?

Enter Answer: [ ]

Default Next: HOME-C24A
Lead-In: HOME-C23J [1:1]

HOME-C24A

Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good.
How many times in the past week have you...had to spank your child?

ENTER NUMBER OF TIMES IN PAST WEEK

Enter Answer: [ ]

Default Next: HOME-C24B
Lead-In: HOME-C23J [Default], HOME-C23JV [Default]

HOME-C24B

How many times in the past week have you...grounded [him/her]?

Enter Answer: [ ]

Default Next: HOME-C24C
Lead-In: HOME-C24A [Default]

HOME-C24C

How many times in the past week have you...taken away TV or other privileges?

Enter Answer: [ ]

Default Next: HOME-C24D
Lead-In: HOME-C24B [Default]

HOME-C24D

How many times (in the past week) have you...praised [Child First Name] for doing something worthwhile?

Enter Answer: [ ]

Default Next: HOME-C24E
Lead-In: HOME-C24C [Default]

HOME-C24E

How many times (in the past week) have you...taken away [his/her] allowance?

Enter Answer: ☐

Default Next: HOME-C24F
Lead-In: HOME-C24D [Default]

HOME-C24F

How many times (in the past week) have you...shown [him/her] physical affection (kiss, hug, stroke hair, etc.)?

Enter Answer: ☐

Default Next: HOME-C24G
Lead-In: HOME-C24E [Default]

HOME-C24G

How many times (in the past week) have you...sent [Child First Name] to [his/her] room?

Enter Answer: ☐

Default Next: HOME-C24H
Lead-In: HOME-C24F [Default]

HOME-C24H

How many times (in the past week) have you...told another adult (spouse, friend, co-worker, visitor, relative) something positive about [Child First Name]?

Enter Answer: ☐

Default Next: ACT-AGECK1
Lead-In: HOME-C24G [Default]

HOME-D01

About how many books does [Child First Name] have?

1 None
2 1 to 9
3 10 to 19
4 20 or more

Default Next: HOME-D02A
Lead-In: HOME-AGECK2 [120:179]

HOME-D02A

Please tell me how often [Child First Name] is expected to do each of the following:
How often is [Child First Name] expected to make his/her own bed?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-D02B
Lead-In: HOME-D01 [Default]

HOME-D02B

How often is [Child First Name] expected to clean his/her own room?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-D02C
Lead-In: HOME-D02A [Default]

HOME-D02C

How often is [he/she] expected to pick up after [him/her]self?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-D02D
Lead-In: HOME-D02B [Default]

HOME-D02D

How often is [he/she] expected to help keep shared living areas clean and straight?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-D02E
Lead-In: HOME-D02C [Default]

HOME-D02E

How often is [he/she] expected to do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-D02F
Lead-In: HOME-D02D [Default]

HOME-D02F

How often is [Child First Name] expected to help manage [his/her] own time (get up on time, be ready for school, etc.)?

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: HOME-D03
Lead-In: HOME-D02E [Default]

HOME-D03

Is there a musical instrument (for example, piano, drum, guitar, etc.) that your child can use here at home?

1 Yes
0 No

Default Next: HOME-D04
Lead-In: HOME-D02F [Default]

HOME-D04

Does your family get a daily newspaper?

1 Yes
0 No

Default Next: HOME-D05
Lead-In: HOME-D03 [Default]

HOME-D05

About how often does [Child First Name] read for enjoyment?

1 Every day
2 Several times a week
3 Several times a month
4 Several times a year
5 Never

Default Next: HOME-D06
Lead-In: HOME-D04 [Default]

HOME-D06

Does your family encourage [Child First Name] to start and keep doing hobbies?

1 Yes
0 No

Default Next: HOME-D07
Lead-In: HOME-D05 [Default]

HOME-D07

Does [Child First Name] get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

1 Yes
0 No

Default Next: HOME-D08
Lead-In: HOME-D06 [Default]

HOME-D08

How often has any family member taken or arranged to take [Child First Name] to any type of museum (children's, scientific, art, historical, etc.) within the past year?

1 Never
2 Once or twice
3 Several times
4 About once a month
5 About once a week or more often

Default Next: HOME-D09
Lead-In: HOME-D07 [Default]

HOME-D09

How often has a family member taken or arranged to take [him/her] to any type of musical or theatrical performance within the past year?

1 Never
2 Once or twice
3 Several times
4 About once a month
5 About once a week or more often

Default Next: HOME-D10
Lead-In: HOME-D08 [Default]

HOME-D10

About how often does your whole family get together with relatives or friends?

1 Once a year or less
2 A few times a year
3 About once a month
4 Two or three times a month
5 About once a week or more

Default Next: HOME-D11
Lead-In: HOME-D09 [Default]

HOME-D11

Think for a moment about a typical weekday for your family. How much time--either in your home or elsewhere--does [Child First Name] spend watching television on a typical weekday ?

INTERVIEWER: ENTER HOURS PER WEEKDAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekday? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-D12
Lead-In: HOME-D10 [Default]

HOME-D12

Now, think about a typical weekend day (Saturday or Sunday) for your family. How much time--either in your home or elsewhere--does [Child First Name] spend watching television on a typical weekend day ?

INTERVIEWER: ENTER HOURS PER WEEKEND DAY (ROUND TO NEAREST 1/2 HR. "NO" OR "NONE"= 0) IF REPLY IS "Do not have a TV" THEN PROMPT:

Does [Child First Name] spend any time watching TV outside of your home (for example with a babysitter) on a typical weekend day? (ENTER NUMBER OF HOURS)

Enter Answer: [ ]

Default Next: HOME-D-DADCHK1
Lead-In: HOME-D11 [Default]

HOME-D-DADCHK1

([FATHER IN HOUSEHOLD]=1)
COMMENT: IF FATHER PRESENT IN MOTHER HOUSEHOLD SKIP TO HOME-D-TXTSUB1

0 - 0
1 - 1
2 - 2
3 - 3
4 - 4
5 - 5
6 - 6
7 - 9999

If Answer = 1 Then GoTo HOME-D15

Default Next: HOME-D13
Lead-In: HOME-D12 [Default]

HOME-D13

Does [Child First Name] ever see [his/her] father, stepfather, or father-figure?

1 Yes
0 No ...(Go To HOME-D19)

Default Next: HOME-D14
Lead-In: HOME-D-DADCHK1 [Default]

HOME-D14

Is this man [his/her] biological father, stepfather, or a father-figure?

1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

Default Next: HOME-D15
Lead-In: HOME-D13 [Default]

HOME-D15

What is his relationship to you? (Is he your spouse, your partner, your friend, a relative, or someone else?)

1 SPOUSE
2 EX-SPOUSE
3 PARTNER
4 EX-PARTNER
5 BOYFRIEND
6 EX-BOYFRIEND
7 FIANCE
8 FRIEND
9 FATHER
10 GRANDFATHER
11 BROTHER
12 UNCLE
13 SOMEONE ELSE (SPECIFY)

Default Next: HOME-D16
Lead-In: HOME-D-DADCHK1 [1:1], HOME-D14 [Default]

HOME-D16

About how often does [Child First Name] spend time with [his/her] [father/stepfather/father-figure]?

1 Once a day or more often
2 At least 4 times a week
3 About once a week
4 About once a month
5 A few times a year or less
6 Never
7 No father, stepfather, or father-figure

Default Next: HOME-D17
Lead-In: HOME-D15 [Default]

HOME-D17

About how often does [he/she] spend time with [his/her] [father/stepfather/father-figure] in outdoor activities?

1 Once a day or more often
2 At least 4 times a week
3 About once a week
4 About once a month
5 A few times a year or less
6 Never
7 No father, stepfather, or father-figure

Default Next: HOME-D18
Lead-In: HOME-D16 [Default]

HOME-D18

How often does [Child First Name] eat a meal with both mother and father?

1 More than once a day
2 Once a day
3 Several times a week
4 About once a week
5 About once a month
6 Never
7 No father, stepfather, father-figure

Default Next: HOME-D19
Lead-In: HOME-D17 [Default]

HOME-D19

When your family watches TV together, do you [FATHER-FIGURE PRINT TEXT] discuss TV programs with [him/her]?

1 Yes
0 No
2 Do not have a TV

Default Next: HOME-D20A
Lead-In: HOME-D13 [0:0], HOME-D18 [Default]

HOME-D20A

How close does [Child First Name] feel toward you?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close

Default Next: HOME-D-DADCHK2
Lead-In: HOME-D19 [Default]

HOME-D-DADCHK2

([WHODAD]) COMMENT: WHODAD=0 (NO FATHER-FIGURE), SKIP TO HOME-D21A WHODAD>=1 SKIP TO HOME-D20B

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 0 Then GoTo HOME-D21A
If Answer >= 1 AND Answer <= 3 Then GoTo HOME-D20B

Default Next: HOME-D20B
Lead-In: HOME-D20A [Default]

HOME-D20B

How close does [Child First Name] feel toward [his/her] (biological) father?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close
5 Does not have this parent

Default Next: HOME-D-DADCHK3
Lead-In: HOME-D-DADCHK2 [1:3], HOME-D-DADCHK2 [Default]

HOME-D-DADCHK3

([WHODAD]) COMMENT: IF father is in HH, don't ask about closeness to stepfather (WHODAD=1 skip to HOME-D21A)

0 NO FATHER-FIGURE
1 BIOLOGICAL FATHER
2 STEPFATHER
3 FATHER-FIGURE

If Answer = 1 Then GoTo HOME-D21A

Default Next: HOME-D20D
Lead-In: HOME-D20B [Default]

HOME-D20D

How close does [Child First Name] feel toward [his/her] [father/stepfather/father-figure]?

1 Extremely close
2 Quite close
3 Fairly close
4 Not at all close
5 Does not have this parent

Default Next: HOME-D21A
Lead-In: HOME-D-DADCHK3 [Default]

HOME-D21A

Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. What action(s) would you take if this happened?

INTERVIEWER: ENTER VERBATIM AND MARK ALL THAT APPLY ON NEXT SCREEN.

Enter Answer: [ ]

Default Next: HOME-D21B
Lead-In: HOME-D-DADCHK2 [0:0], HOME-D-DADCHK3 [1:1], HOME-D20D [Default]

HOME-D21B

(Sometimes children get so angry at their parents that they say things like "I hate you" or swear in a temper tantrum. Please check which action(s) you would take if this happened.)

PREVIOUS TEXT ENTRY: [VERBATIM RESPONSE TO HOME-D21A]
INTERVIEWER: MARK ALL THAT APPLY.

1 Grounding
2 Spanking
3 Talk with child
4 Give him/her a household chore
5 Ignore it
6 Send to room for more than 1 hour
7 Take away his/her allowance
8 Take away TV, phone, or other privileges
10 Put child in a short "time out"
9 Other (SPECIFY)

Default Next: HOME-D22A
Lead-In: HOME-D21A [Default]

HOME-D22A

If [Child First Name] brought home a report card with grades lower than expected, how likely would you be to contact [his/her] teacher or principal?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22B
Lead-In: HOME-D21B [Default]

HOME-D22B

If [Child First Name] brought home a report card with grades lower than expected, how likely would you be to lecture [him/her]?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22C
Lead-In: HOME-D22A [Default]

HOME-D22C

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to keep a closer eye on [his/her] activities?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22D
Lead-In: HOME-D22B [Default]

HOME-D22D

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to punish [him/her]?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22E
Lead-In: HOME-D22C [Default]

HOME-D22E

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to talk with [him/her]?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22F
Lead-In: HOME-D22D [Default]

HOME-D22F

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to wait and see if [he/she] improves on [his/her] own?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22G
Lead-In: HOME-D22E [Default]

HOME-D22G

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to tell [him/her] to spend more time on schoolwork?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22H
Lead-In: HOME-D22F [Default]

HOME-D22H

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to spend more time helping [him/her] with schoolwork?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22I
Lead-In: HOME-D22G [Default]

HOME-D22I

(If [Child First Name] brought home a report card with grades lower than expected),
...how likely would you be to limit or reduce [his/her] non-school activities (such as play, sports, clubs, etc.)?

5 Very Likely
4 Somewhat Likely
3 Not Sure How Likely
2 Somewhat Unlikely
1 Not At All Likely

Default Next: HOME-D22J
Lead-In: HOME-D22H [Default]

HOME-D22J

(If [Child First Name] brought home a report card with grades lower than expected),
...would you do anything else?

1 Yes ...(Go To HOME-D22JV)
0 No

Default Next: HOME-D23A
Lead-In: HOME-D22I [Default]

HOME-D22JV

(If [Child First Name] brought home a report card with grades lower than expected...would you do anything else?) What would that be?

Enter Answer:

Default Next: HOME-D23A
Lead-In: HOME-D22J [1:1]

HOME-D23A

Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good. How many times in the past week have you...had to spank your child?

ENTER NUMBER OF TIMES IN PAST WEEK

Enter Answer:

Default Next: HOME-D23B
Lead-In: HOME-D22J [Default], HOME-D22JV [Default]

HOME-D23B

How many times in the past week have you...grounded [him/her]?

Enter Answer:

Default Next: HOME-D23C
Lead-In: HOME-D23A [Default]

HOME-D23C

How many times in the past week have you...taken away TV or other privileges?

Enter Answer:

Default Next: HOME-D23D
Lead-In: HOME-D23B [Default]

HOME-D23D

How many times (in the past week) have you...praised [Child First Name] for doing something worthwhile?

Enter Answer:

Default Next: HOME-D23E
Lead-In: HOME-D23C [Default]

HOME-D23E

How many times (in the past week) have you...taken away [his/her] allowance?

Enter Answer:

Default Next: HOME-D23F
Lead-In: HOME-D23D [Default]

HOME-D23F

How many times (in the past week) have you...shown [him/her] physical affection (kiss, hug, stroke hair, etc.)?

Enter Answer:

Default Next: HOME-D23G
Lead-In: HOME-D23E [Default]

HOME-D23G

How many times (in the past week) have you...sent [Child First Name] to [his/her] room?

Enter Answer: ☐

Default Next: HOME-D23H
Lead-In: HOME-D23F [Default]

HOME-D23H

How many times (in the past week) have you...told another adult (spouse, friend, co-worker, visitor, relative) something positive about [Child First Name]?

Enter Answer: ☐

Default Next: ACT-AGECK1
Lead-In: HOME-D23G [Default]

Temperament

ACT-AGECK1

([BIRTH YEAR] > 1994 AND [FLAG THAT MONTHS VALUE BAD]=0) and ([CHILD AGE IN MONTHS] < 84) AND (([BORN SINCE LAST INTERVIEW?]=0) OR (([BORN SINCE LAST INTERVIEW?]=1) AND ([BIRTH YEAR] < 2000)))

COMMENT: If child age is 83 months or younger and meets YOB/BORNSLI constraints, then continue. Otherwise skip to ACT-END

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo ACT-TITLE

Default Next: MSD-AGECK1
Lead-In: HOME-AGECK1 [Default], HOME-AGECK2 [Default], HOME-A18 [Default], HOME-B19 [Default], HOME-C24H [Default], HOME-D23H [Default]

ACT-TITLE

**** BEGIN SECTION: TEMPERAMENT *****

Default Next: ACT-INTRO
Lead-In: ACT-AGECK1 [1:1]

ACT-INTRO

INTERVIEWER: THE FOLLOWING SECTION IS A CHILD ASSESSMENT. IT IS VITAL THAT YOU COMPLETE ALL QUESTIONS IN THIS SECTION. READ TO MOTHER

We are interested in how your child normally acts during an average day. Please think about [Child First Name] during the last two weeks. If [he/she] was not feeling well, think back to the last two-week time period when [he/she] was [his/her] normal self.

Default Next: ACT-AGECK2
Lead-In: ACT-TITLE [Default]

ACT-AGECK2

([CHILD AGE IN MONTHS]) COMMENT: AGE SKIP INFO FROM PREVIOUS ROUNDS PRESERVED - NOT ALL BRANCHES APPLY If child age is 0 to 11 months jump to TEMPERAMENT A (ACT-A) If child age is 12 to 23 months jump to TEMPERAMENT B (ACT-B) If child age is 24 to 83 months jump to TEMPERAMENT C (ACT-C)

If Answer >= 12 AND Answer <= 23 Then GoTo ACT-B01
If Answer >= 24 AND Answer <= 83 Then GoTo ACT-C01

Default Next: MSD-AGECK1
Lead-In: ACT-INTRO [Default]

ACT-B01

(The following questions ask about how often [Child First Name] acted in a certain way.)
When [Child First Name] sees a stranger, how often does [he/she] turn away or cry as if afraid?
Would that be...

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B02
Lead-In: ACT-AGECK2 [12:23]

ACT-B02

When [Child First Name] sees an unfamiliar dog or cat, how often does [he/she] turn away or cry as if afraid?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B03
Lead-In: ACT-B01 [Default]

ACT-B03

When you leave the room and leave [him/her] alone, how often does [he/she] become upset?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B04
Lead-In: ACT-B02 [Default]

ACT-B04

When you take [Child First Name] to the doctor, dentist or nurse, how often does [he/she] turn away or cry as if afraid? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B05
Lead-In: ACT-B03 [Default]

ACT-B05

When you play with [Child First Name], how often does [he/she] smile or laugh? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B06
Lead-In: ACT-B04 [Default]

ACT-B06

When [he/she] plays alone, how often does [he/she] smile or laugh? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B07
Lead-In: ACT-B05 [Default]

ACT-B07

When [he/she] is in the bath, how often does [he/she] smile or laugh? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B08
Lead-In: ACT-B06 [Default]

ACT-B08

When [Child First Name] hears an unexpected loud sound (for example, a car back-firing or a vacuum cleaner), how often does [he/she] cry or become upset?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B09
Lead-In: ACT-B07 [Default]

ACT-B09

How often do you have trouble soothing or calming [him/her] when [he/she] is crying or upset?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-B10
Lead-In: ACT-B08 [Default]

ACT-B10

The answer choices change a little here....
During the average day, how often does [Child First Name] get fussy and irritable?
Would you say...

1 Almost never
2 Once or twice a day
3 A couple of times a.m. & p.m.
4 Several times a day
5 Almost every hour

Default Next: ACT-B11
Lead-In: ACT-B09 [Default]

ACT-B11

In general, compared with most toddlers, how often does [Child First Name] cry and fuss?
Would that be...

1 Almost never
2 Less than average
3 About average
4 More than average
5 Almost always

Default Next: MSD-AGECK1
Lead-In: ACT-B10 [Default]

ACT-C01

(The following questions ask about how often [Child First Name] acted in a certain way.) When it is mealtime, how often does [Child First Name] eat what you want [him/her] to eat?
Would that be...

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C02
Lead-In: ACT-AGECK2 [24:83]

ACT-C02

When [Child First Name] doesn't eat what you want [him/her] to eat and you tell [him/her] to do so, how often does [he/she] obey and eat?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C03
Lead-In: ACT-C01 [Default]

ACT-C03

When it is [Child First Name]'s bedtime, how often does [he/she] protest or resist going to bed?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C04
Lead-In: ACT-C02 [Default]

ACT-C04

When [he/she] does protest and you tell [him/her] again to go to bed, how often does [he/she] do so?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C05
Lead-In: ACT-C03 [Default]

ACT-C05

When you tell [Child First Name] to turn off the TV, how often does [he/she] do so without protest? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C06
Lead-In: ACT-C04 [Default]

ACT-C06

When [he/she] does protest and you tell [him/her] again to turn off the TV, how often does [he/she] do so? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C07
Lead-In: ACT-C05 [Default]

ACT-C07

When [Child First Name] meets a new child about the same age, how often is [he/she] shy at first? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C08
Lead-In: ACT-C06 [Default]

ACT-C08

When [he/she] meets an adult [he/she] does not know, how often is [he/she] shy at first? (Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C09
Lead-In: ACT-C07 [Default]

ACT-C09

How often does [Child First Name] cry when [he/she] hurts [him/her]self a little bit?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C10
Lead-In: ACT-C08 [Default]

ACT-C10

How often does [he/she] laugh and smile easily (for example, when no one is touching [him/her])?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C11
Lead-In: ACT-C09 [Default]

ACT-C11

When [Child First Name] is with other children [his/her] own age, how often does [he/she] fight, take toys, hit, and so on?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C12
Lead-In: ACT-C10 [Default]

ACT-C12

When [he/she] is with other children [his/her] own age, how often does [he/she] willingly share toys?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C13
Lead-In: ACT-C11 [Default]

ACT-C13

How often do you have trouble soothing or calming [Child First Name] when [he/she] is upset?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C14
Lead-In: ACT-C12 [Default]

ACT-C14

When [Child First Name] is playing, how often does [he/she] stay close to you and make sure that [he/she] can still see you?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C15
Lead-In: ACT-C13 [Default]

ACT-C15

How often does [he/she] try to copy what you do or how you act? (You may not always allow [him/her] to do this.)
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C16
Lead-In: ACT-C14 [Default]

ACT-C16

When you leave the room and leave [Child First Name] alone, how often does [he/she] get upset?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C17
Lead-In: ACT-C15 [Default]

ACT-C17

How often is [Child First Name] demanding and impatient even when you are busy?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C18
Lead-In: ACT-C16 [Default]

ACT-C18

When you get upset about something, how often does [he/she] get worried, or try to help, or make you feel better?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C19
Lead-In: ACT-C17 [Default]

ACT-C19

How often does [Child First Name] want you to help with the things [he/she] is doing?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: ACT-C20
Lead-In: ACT-C18 [Default]

ACT-C20

During the past year, how often has [Child First Name] slept through the night?
(Would that be...)

1 Almost never
2 Less than 1/2 of the times
3 1/2 of the times
4 More than 1/2 of the times
5 Almost always

Default Next: MSD-AGECK1
Lead-In: ACT-C19 [Default]

Motor and Social Development

MSD-AGECK1

([BIRTH YEAR] > 1997 AND [FLAG THAT MONTHS VALUE BAD]=0) and ([CHILD AGE IN MONTHS] < 48) AND (([BORN SINCE LAST INTERVIEW?]=0) OR (([BORN SINCE LAST INTERVIEW?]=1) AND ([BIRTH YEAR] < 2000)))

COMMENT: If child age is 47 months or younger and meets YOB/BORNSLI constraints, then continue Otherwise skip to MSD-END

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo MSD-TITLE

Default Next: CASI-AGECHK1
Lead-In: ACT-B11 [Default], ACT-AGECK1 [Default], ACT-AGECK2 [Default], ACT-A17 [Default], ACT-C20 [Default]

MSD-TITLE

**** BEGIN SECTION: MOTOR AND SOCIAL DEVELOPMENT *****

Default Next: MSD-INTRO
Lead-In: MSD-AGECK1 [1:1]

MSD-INTRO

INTERVIEWER: THE FOLLOWING SECTION IS A CHILD ASSESSMENT. IT IS VITAL THAT YOU COMPLETE ALL QUESTIONS IN THIS SECTION. READ TO MOTHER This section asks you questions about things children do at different ages.

Default Next: MSD-AGECK2
Lead-In: MSD-TITLE [Default]

MSD-AGECK2

([CHILD AGE IN MONTHS])
COMMENT: AGE SKIP INFO FROM PREVIOUS ROUNDS PRESERVED - NOT ALL BRANCHES APPLY If child age is 0 to 3 mos jump to MSD A If child age is 4 to 6 mos jump to MSD B If child age is 7 to 9 mos jump to MSD C If child age is 10 to 12 mos jump to MSD D If child age is 13 to 15 mos jump to MSD E If child age is 16 to 18 mos jump to MSD F If child age is 19 to 21 mos jump to MSD G If child age is 22 to 47 mos jump to MSD H

If Answer >= 19 AND Answer <= 21 Then GoTo MSD-G01
If Answer >= 22 AND Answer <= 47 Then GoTo MSD-H01

Default Next: CASI-AGECHK1
Lead-In: MSD-INTRO [Default]

MSD-G01

Has [Child First Name] ever run?

1 Yes
0 No

Default Next: MSD-G02
Lead-In: MSD-AGECK2 [19:21]

MSD-G02

Has [Child First Name] ever said the name of a familiar object such as a ball?

1 Yes
0 No

Default Next: MSD-G03
Lead-In: MSD-G01 [Default]

MSD-G03

Has [he/she] ever made a line with a crayon or pencil?

1 Yes
0 No

Default Next: MSD-G04
Lead-In: MSD-G02 [Default]

MSD-G04

Did [Child First Name] ever walk up at least 2 stairs with one hand held or holding the railing?

1 Yes
0 No

Default Next: MSD-G05
Lead-In: MSD-G03 [Default]

MSD-G05

Has [Child First Name] ever fed [him/her]self with a spoon or fork without spilling much?

1 Yes
0 No

Default Next: MSD-G06
Lead-In: MSD-G04 [Default]

MSD-G06

Has [he/she] ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered [him/her]?

1 Yes
0 No

Default Next: MSD-G07
Lead-In: MSD-G05 [Default]

MSD-G07

Has [Child First Name] ever spoken in a partial sentence of 3 words or more?

1 Yes
0 No

Default Next: MSD-G08
Lead-In: MSD-G06 [Default]

MSD-G08

Has [Child First Name] ever walked up stairs by [him/her]self without holding on to a rail?

1 Yes
0 No

Default Next: MSD-G09
Lead-In: MSD-G07 [Default]

MSD-G09

Has [he/she] ever washed and dried [his/her] hands without any help except for turning the water on and off?

1 Yes
0 No

Default Next: MSD-G10
Lead-In: MSD-G08 [Default]

MSD-G10

Has [Child First Name] ever counted 3 objects correctly?

1 Yes
0 No

Default Next: MSD-G11
Lead-In: MSD-G09 [Default]

MSD-G11

Has [Child First Name] ever gone to the toilet alone?

1 Yes
0 No

Default Next: MSD-G12
Lead-In: MSD-G10 [Default]

MSD-G12

Has [he/she] ever walked up stairs by [him/her]self with no help, stepping on each step with only one foot?

1 Yes
0 No

Default Next: MSD-G13
Lead-In: MSD-G11 [Default]

MSD-G13

Does [Child First Name] know [his/her] own age AND sex?

1 Yes
0 No

Default Next: MSD-G14
Lead-In: MSD-G12 [Default]

MSD-G14

Has [Child First Name] ever said the names of at least 4 colors?

1 Yes
0 No

Default Next: MSD-G15
Lead-In: MSD-G13 [Default]

MSD-G15

Has [he/she] ever pedaled a tricycle at least 10 feet?

1 Yes
0 No

Default Next: CASI-AGECHK1
Lead-In: MSD-G14 [Default]

MSD-H01

Has [Child First Name] ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered [him/her]?

1 Yes
0 No

Default Next: MSD-H02
Lead-In: MSD-AGECK2 [22:47]

MSD-H02

Has [Child First Name] ever spoken a partial sentence of 3 words or more?

1 Yes
0 No

Default Next: MSD-H03
Lead-In: MSD-H01 [Default]

MSD-H03

Has [he/she] ever walked up stairs by [him/her]self without holding on to a rail?

1 Yes
0 No

Default Next: MSD-H04
Lead-In: MSD-H02 [Default]

MSD-H04

Has [Child First Name] ever washed and dried [his/her] hands without any help except for turning the water on and off?

1 Yes
0 No

Default Next: MSD-H05
Lead-In: MSD-H03 [Default]

MSD-H05

Has [Child First Name] ever counted 3 objects correctly?

1 Yes
0 No

Default Next: MSD-H06
Lead-In: MSD-H04 [Default]

MSD-H06

Has [he/she] ever gone to the toilet alone?

1 Yes
0 No

Default Next: MSD-H07
Lead-In: MSD-H05 [Default]

MSD-H07

Has [Child First Name] ever walked up stairs by [him/her]self with no help, stepping on each step with only one foot?

1 Yes
0 No

Default Next: MSD-H08
Lead-In: MSD-H06 [Default]

MSD-H08

Does [Child First Name] know [his/her] own age AND sex?

1 Yes
0 No

Default Next: MSD-H09
Lead-In: MSD-H07 [Default]

MSD-H09

Has [he/she] ever said the names of at least 4 colors?

1 Yes
0 No

Default Next: MSD-H10
Lead-In: MSD-H08 [Default]

MSD-H10

Has [Child First Name] ever pedaled a tricycle at least 10 feet?

1 Yes
0 No

Default Next: MSD-H11
Lead-In: MSD-H09 [Default]

MSD-H11

Has [Child First Name] ever done a somersault without help from anybody?

1 Yes
0 No

Default Next: MSD-H12
Lead-In: MSD-H10 [Default]

MSD-H12

Has [he/she] ever dressed [him/her]self without any help except for [tying shoes/tying shoes and buttoning the backs of dresses]?

1 Yes
0 No

Default Next: MSD-H13
Lead-In: MSD-H11 [Default]

MSD-H13

Has [Child First Name] ever said [his/her] first and last name together without someone's help? (Nickname may be used for first name.)

1 Yes
0 No

Default Next: MSD-H14
Lead-In: MSD-H12 [Default]

MSD-H14

Has [Child First Name] ever counted out loud up to 10?

1 Yes
0 No

Default Next: MSD-H15
Lead-In: MSD-H13 [Default]

MSD-H15

Has [he/she] ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?

1 Yes
0 No

Default Next: CASI-AGECHK1
Lead-In: MSD-H14 [Default]

CASI Section

CASI-AGECHK1

([CHILD AGE (YEARS)] < 4)
COMMENT: If child is less than 4 years old, skip CASI instructions all together

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-CASI-AGECK1

Default Next: CASI-TITLE
Lead-In: MSD-B15 [Default], MSD-G15 [Default], MSD-AGECK1 [Default], MSD-AGECK2 [Default], MSD-A15 [Default], MSD-C15 [Default], MSD-D15 [Default], MSD-E15 [Default], MSD-F15 [Default], MSD-H15 [Default]

CASI-TITLE []

**** BEGIN MOTHER SUPPLEMENT CASI SECTION *****
(TO BE SELF-ADMINISTERED)

Default Next: CASI-INTRO-A
Lead-In: CASI-AGECHK1 [Default]

CASI-INTRO-A

INTERVIEWER: MOTHER WILL ENTER RESPONSES FOR THE FOLLOWING SECTION DIRECTLY. (IF MOTHER REALLY PREFERS, OR HAS DIFFICULTY READING, YOU MAY ADMINISTER THIS SECTION. REMEMBER, HOWEVER, THAT ITEMS IN THIS SECTION ARE MORE SENSITIVE THAN OTHERS.)

Default Next: CASI-INTRO-B
Lead-In: CASI-TITLE [Default]

CASI-INTRO-B

INTERVIEWER: IF THIS IS A TELEPHONE INTERVIEW, YOU MAY PROCEED WITH THE INTERVIEW AS USUAL.

Default Next: CASI-MODE
Lead-In: CASI-INTRO-A [Default]

CASI-MODE

INTERVIEWER: IS MOTHER COMPLETING THE FOLLOWING SECTION?

1 YES
0 NO
2 NO - TELEPHONE INTEVIEW

Default Next: CASI-MODECHK
Lead-In: CASI-INTRO-B [Default]

CASI-MODECHK

([ADMINISTRATION MODE OF SECTION]=1)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo CASI-INTRO-C

Default Next: BKGN-CASI-AGECK1
Lead-In: CASI-MODE [Default]

CASI-INTRO-C

INTERVIEWER: TURN THE COMPUTER AROUND AND INSTRUCT R HOW TO PROCEED BY FOLLOWING THE INSTRUCTIONS AT THE TOP OF EACH SCREEN. R HAS FINISHED THIS SHORT CONFIDENTIAL SECTION WHEN SHE IS ON THE SCREEN THANKING HER FOR FILLING OUT THE SECTION. PLEASE ASSIST R IF ASKED TO DO SO.

Default Next: CASI-INSTRUCT1
Lead-In: CASI-MODECHK [1:1]

CASI-INSTRUCT1

Please read the instructions in the following screens before you begin to answer the questions. Once you have entered your answer, the machine will automatically go to the next question.

Press the <ENTER> key to proceed.

Default Next: CASI-INSTRUCT2
Lead-In: CASI-INTRO-C [Default]

CASI-INSTRUCT2

To answer a question, the first thing you will need to do is to "TURN ON" the screen. To do this simply press the "DOWN ARROW" key, located in the lower right hand corner of the keypad. This will allow you to select or enter an answer to the question.

Default Next: CASI-INSTRUCT3
Lead-In: CASI-INSTRUCT1 [Default]

CASI-INSTRUCT3

Once you have selected your answer, press <ENTER> TWICE to continue to the next question.
If you do not know an answer or do not wish to answer a question, press <F6> for DON'T KNOW, or <F5> for DO NOT WISH TO ANSWER. These keys are at the top of the keyboard.

Default Next: CASI-INSTRUCT4
Lead-In: CASI-INSTRUCT2 [Default]

CASI-INSTRUCT4

Most questions in this section are answered in the same way...

Default Next: CASI-INSTRUCT6
Lead-In: CASI-INSTRUCT3 [Default]

CASI-INSTRUCT6

EXAMPLE: What did you do most often for entertainment last year?

If the answer is "WENT TO A PLAY" you would TURN ON the screen using the"DOWN ARROW" key and highlight "WENT TO A PLAY" also using the "DOWN ARROW" key. Then press <ENTER> to select that answer and hit <ENTER> again to continue.

6 Went to a movie
5 Played cards
4 Went to a play
3 Read books
2 Went skiing
1 Went golfing

Default Next: CASI-INSTRUCT7
Lead-In: CASI-INSTRUCT4 [Default]

CASI-INSTRUCT7

You are free to complete the following section of the questionnaire on your own. Please ask your interviewer questions at any time.

Default Next: BKGN-CASI-AGECK1
Lead-In: CASI-INSTRUCT6 [Default]

BKGN-CASI-AGECK1

([CHILD AGE (YEARS)] >= 5) COMMENT: If child age is 5 years or OLDER then continue Otherwise skip to BKGN-CASI-END

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-37

Default Next: BPI-AGECK1
Lead-In: CASI-AGECHK1 [1:1], CASI-MODECHK [Default], CASI-INSTRUCT7 [Default]

BKGN-37

[Has/Since we last interviewed you on (date of mom's last interview) has] [Child First Name] repeated a grade for any reason?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes
0 No ...(Go To BKGN-38)

Default Next: BKGN-37-LOOP-BEGIN
Lead-In: BKGN-CASI-AGECK1 [1:1]

BKGN-37-LOOP-BEGIN

REPEAT([BKGN-LOOP1])

0
1 - 99 FUNCTION SUCCESS

Default Next: BKGN-37A
Lead-In: BKGN-37 [Default]

BKGN-37A

What was the [most recent/next most recent] grade that [Child First Name] repeated?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

0 PRE-KINDERGARTEN/KINDERGARTEN/PRE-1ST GRADE
1 1ST GRADE
2 2ND GRADE
3 3RD GRADE
4 4TH GRADE
5 5TH GRADE
6 6TH GRADE
7 7TH GRADE
8 8TH GRADE
9 9TH GRADE
10 10TH GRADE
11 11TH GRADE
12 12TH GRADE

Default Next: BKGN-37B
Lead-In: BKGN-37-LOOP-BEGIN [Default]

BKGN-37B

What was the main reason [he/she] repeated that grade?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Academic failure or lack of ability
2 Immature; acts too young
3 Frequently absent (excused absence)
4 Truancy (unexcused absence)
5 Health reasons
6 Moved into a more difficult school
7 Other reason (SPECIFY)

Default Next: BKGN-37C
Lead-In: BKGN-37A [Default]

BKGN-37C

Has [Child First Name] repeated any other grades?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes
0 No

Default Next: BKGN-37-LOOP-END
Lead-In: BKGN-37B [Default]

BKGN-37-LOOP-END

UNTIL([BKGN-LOOP1], [ANY MORE TO REPORT?]=0)

0
1 - 99 FUNCTION SUCCESS

Default Next: BKGN-38
Lead-In: BKGN-37C [Default]

BKGN-38

Has [Child First Name] ever had any behavior problems at school resulting in your receiving a note or being asked to come in and talk to the teacher or principal?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes ...(Go To BKGN-39)
0 No

Default Next: BKGN-40
Lead-In: BKGN-37 [0:0], BKGN-37-LOOP-END [Default]

BKGN-39

What grade was [Child First Name] in the first time you received a note, or were asked to come in and talk to the teacher or principal?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

90 NURSERY/PRESCHOOL
0 KINDERGARTEN
1 1ST GRADE
2 2ND GRADE
3 3RD GRADE
4 4TH GRADE
5 5TH GRADE
6 6TH GRADE
7 7TH GRADE
8 8TH GRADE
9 9TH GRADE
10 10TH GRADE
11 11TH GRADE
12 12TH GRADE

Default Next: BKGN-40
Lead-In: BKGN-38 [1:1]

BKGN-40

Has [Child First Name] ever been suspended or expelled from school?

1 Yes ...(Go To BKGN-40A)
0 No

Default Next: BKGN-41
Lead-In: BKGN-38 [Default], BKGN-39 [Default]

BKGN-40A

(Has your child ever been suspended or expelled from school?) In what grade did this first happen?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

90 NURSERY/PRESCHOOL
0 KINDERGARTEN
1 1ST GRADE
2 2ND GRADE
3 3RD GRADE
4 4TH GRADE
5 5TH GRADE
6 6TH GRADE
7 7TH GRADE
8 8TH GRADE
9 9TH GRADE
10 10TH GRADE
11 11TH GRADE
12 12TH GRADE

Default Next: BKGN-41
Lead-In: BKGN-40 [1:1]

BKGN-41

([IN SCHOOL]=1)

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BKGN-42

Default Next: BKGN-44
Lead-In: BKGN-40 [Default], BKGN-40A [Default]

BKGN-42

Is your child one of the best students in class, above the middle, in the middle, below the middle, or near the bottom of the class?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 One of the best students in class
2 Above the middle
3 In the middle
4 Below the middle
5 Near the bottom of the class

Default Next: BKGN-43A
Lead-In: BKGN-41 [1:1]

BKGN-43A

Please think about how well [Child First Name]'s school does its job. What grade would you give the school for how much the teachers care about the students?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43B
Lead-In: BKGN-42 [Default]

BKGN-43B

What grade would you give the school for how effective the principal is as the leader of the school?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43C
Lead-In: BKGN-43A [Default]

BKGN-43C

What grade would you give the school for the skill of the teachers?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43D
Lead-In: BKGN-43B [Default]

BKGN-43D

What grade would you give the school for how safe the school is for the students to attend?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43E
Lead-In: BKGN-43C [Default]

BKGN-43E

What grade would you give the school for letting parents know how their children are doing?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43F
Lead-In: BKGN-43D [Default]

BKGN-43F

What grade would you give the school for letting parents participate in decisions about how the school is run?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43G
Lead-In: BKGN-43E [Default]

BKGN-43G

What grade would you give the school for helping students learn the difference between right and wrong?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-43H
Lead-In: BKGN-43F [Default]

BKGN-43H

What grade would you give for maintaining order and discipline?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

5 A
4 B
3 C
2 D
1 FAIL

Default Next: BKGN-44
Lead-In: BKGN-43G [Default]

BKGN-44

Looking ahead, how far do you think [Child First Name] will go in school? Will [he/she]...

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 leave high school before graduation
2 graduate from high school
3 get some college or other training
4 graduate from college
5 take further training after college
6 or something else? (SPECIFY)

Default Next: BKGN-45
Lead-In: BKGN-41 [Default], BKGN-43H [Default]

BKGN-45

In general, how much trouble has [Child First Name] been to bring up?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 None
2 Just a little
3 Quite a bit
4 A lot

Default Next: BKGN-46A
Lead-In: BKGN-44 [Default]

BKGN-46A

Think now about how things are going in general in [Child First Name]'s life. Please rate each of the following parts of [his/her] life as either excellent, good, only fair, or poor. First, how would you rate [Child First Name]'s health?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

4 EXCELLENT
3 GOOD
2 FAIR
1 POOR

Default Next: BKGN-46B
Lead-In: BKGN-45 [Default]

BKGN-46B

(Please rate each of the following parts of [Child First Name]'s life as either excellent, good, only fair, or poor.) How would you rate [his/her] friendships? [

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

4 EXCELLENT
3 GOOD
2 FAIR
1 POOR

Default Next: BKGN-46C
Lead-In: BKGN-46A [Default]

BKGN-46C

(How would you rate...) [his/her] relationship with you?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

4 EXCELLENT
3 GOOD
2 FAIR
1 POOR

Default Next: BKGN-46D
Lead-In: BKGN-46B [Default]

BKGN-46D

(How would you rate...) [his/her] feelings about [him/her]self?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

4 EXCELLENT
3 GOOD
2 FAIR
1 POOR

Default Next: BKGN-46E
Lead-In: BKGN-46C [Default]

BKGN-46E

(How would you rate...) [his/her] prospects for the future?

(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

4 EXCELLENT
3 GOOD
2 FAIR
1 POOR

Default Next: BKGN-46F
Lead-In: BKGN-46D [Default]

BKGN-46F

(How would you rate...) [his/her] relationships with brothers, sisters, or other children [he/she] lives with?

(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

4 EXCELLENT
3 GOOD
2 FAIR
1 POOR
0 NO OTHER CHILDREN IN HOUSEHOLD

Default Next: BPI-AGECK1
Lead-In: BKGN-46E [Default]

BPI-AGECK1

([CHILD AGE (YEARS)] >= 4) COMMENT: If child age is 4 years or OLDER and meets YOB/BORNSLI constraints, then continue Otherwise skip to BPI-END

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BPI-INTRO

Default Next: HLTH-16
Lead-In: BKGN-CASI-AGECK1 [Default], BKGN-46F [Default]

BPI-INTRO

The following statements are about behavior problems many children have. For each item, think about [Child First Name]'s behavior over the last three months. Then indicate whether the statement is often true, sometimes true, or not true.

Default Next: BPI-01
Lead-In: BPI-AGECK1 [1:1]

BPI-01

[Child First Name]...has sudden changes in mood or feeling. Is this statement often true, sometimes true, or not true?

(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-02
Lead-In: BPI-INTRO [Default]

BPI-02

[Child First Name]...feels or complains that no one loves [him/her].

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-03
Lead-In: BPI-01 [Default]

BPI-03

[Child First Name]...is rather high strung, tense and nervous.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-04
Lead-In: BPI-02 [Default]

BPI-04

[Child First Name]...cheats or tells lies.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-05
Lead-In: BPI-03 [Default]

BPI-05

[Child First Name]...is too fearful or anxious.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-06
Lead-In: BPI-04 [Default]

BPI-06

[Child First Name] ...argues too much.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-07
Lead-In: BPI-05 [Default]

BPI-07

[Child First Name]...has difficulty concentrating, cannot pay attention for long.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-08
Lead-In: BPI-06 [Default]

BPI-08

[Child First Name]...is easily confused, seems to be in a fog.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-09
Lead-In: BPI-07 [Default]

BPI-09

[Child First Name]...bullies or is cruel or mean to others.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-10
Lead-In: BPI-08 [Default]

BPI-10

[Child First Name]...is disobedient at home.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-11
Lead-In: BPI-09 [Default]

BPI-11

[Child First Name] ...does not seem to feel sorry after [he/she] misbehaves.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-12
Lead-In: BPI-10 [Default]

BPI-12

[Child First Name]...has trouble getting along with other children.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-13
Lead-In: BPI-11 [Default]

BPI-13

[Child First Name]...is impulsive, or acts without thinking.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-14
Lead-In: BPI-12 [Default]

BPI-14

[Child First Name]...feels worthless or inferior.

(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-15
Lead-In: BPI-13 [Default]

BPI-15

[Child First Name]...is not liked by other children.

(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-16
Lead-In: BPI-14 [Default]

BPI-16

[Child First Name]...has a lot of difficulty getting [his/her] mind off certain thoughts (has obsessions).

(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-17
Lead-In: BPI-15 [Default]

BPI-17

[Child First Name]...is restless or overly active, cannot sit still.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-18
Lead-In: BPI-16 [Default]

BPI-18

[Child First Name]...is stubborn, sullen, or irritable.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-19
Lead-In: BPI-17 [Default]

BPI-19

[Child First Name]...has a very strong temper and loses it easily.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-20
Lead-In: BPI-18 [Default]

BPI-20

[Child First Name]...is unhappy, sad, or depressed.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-21
Lead-In: BPI-19 [Default]

BPI-21

[Child First Name]...is withdrawn, does not get involved with others.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-22
Lead-In: BPI-20 [Default]

BPI-22

[Child First Name]...breaks things on purpose or deliberately destroys [his/her] own or another's things.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-23
Lead-In: BPI-21 [Default]

BPI-23

[Child First Name]...clings to adults.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-24
Lead-In: BPI-22 [Default]

BPI-24

[Child First Name]...cries too much.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-25
Lead-In: BPI-23 [Default]

BPI-25

[Child First Name]...demands a lot of attention.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-26
Lead-In: BPI-24 [Default]

BPI-26

[Child First Name]...is too dependent on others.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-27
Lead-In: BPI-25 [Default]

BPI-27

[Child First Name]...feels others are out to get [him/her].

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-28
Lead-In: BPI-26 [Default]

BPI-28

[Child First Name]...hangs around with kids who get into trouble.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-29
Lead-In: BPI-27 [Default]

BPI-29

[Child First Name]...is secretive, keeps things to [him/her]self.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-30
Lead-In: BPI-28 [Default]

BPI-30

[Child First Name]...worries too much.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True

Default Next: BPI-SCHLCK
Lead-In: BPI-29 [Default]

BPI-SCHLCK

(([IN SCHOOL]=1) OR ([EVER IN SCHOOL?]=1))

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo BPI-31

Default Next: HLTH-16
Lead-In: BPI-30 [Default]

BPI-31

Please answer even if school is not in session: [Child First Name]...is disobedient at school.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True
4 Never Attended School

Default Next: BPI-32
Lead-In: BPI-SCHLCK [1:1]

BPI-32

(Please answer even if school is not in session:) [Child First Name]...has trouble getting along with teachers.

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Often True
2 Sometimes True
3 Not True
4 Never Attended School

Default Next: HLTH-16
Lead-In: BPI-31 [Default]

HLTH-16

([CHILD AGE (YEARS)] < 4)
COMMENT: If child's age less than 4 years skip to HLTH-19 Otherwise, continue

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo HLTH-19

Default Next: HLTH-17
Lead-In: BPI-AGECK1 [Default], BPI-SCHLCK [Default], BPI-32 [Default]

HLTH-17

During the past 12 months has [Child First Name] seen a psychiatrist, psychologist, or counselor about any behavioral, emotional, or mental problem?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes
0 No ...(Go To HLTH-19)

Default Next: HLTH-17A
Lead-In: HLTH-16 [Default]

HLTH-17A

What was the problem?
[(Type in your response here) / ENTER VERBATIM AND CODE ALL THAT APPLY ON NEXT SCREEN]

Enter Answer: [ ]

Default Next: HLTH-17B
Lead-In: HLTH-17 [Default]

HLTH-17B

You said that the problem was "[BEHAVIOR PROBLEM TEXT ENTRY]".
[Using the down arrow and space bar to select your answers, please mark all of the items in the list below that describe the problem(s) / CODE ALL THAT APPLY]

1 LEARNING PROBLEMS OR DISABILITY, DYSLEXIA, READING OR SPEECH PROBLEMS
2 BEHAVIOR PROBLEMS IN SCHOOL/PRESCHOOL
3 FAMILY PROBLEMS: LOSS OF PARENT OR SIB, DIVORCE
4 UNMANAGEABLE, TEMPER TANTRUMS, DISRUPTIVE, HYPERACTIVE
5 STRESS, CRIES A LOT
6 LYING
7 EMOTIONAL TRAUMA: MOLESTATION, ABUSE
8 AUTISM
9 SHYNESS
10 NIGHTMARES
11 ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD, ADD)
15 OTHER (SPECIFY)

Default Next: HLTH-18
Lead-In: HLTH-17A [Default]

HLTH-18

Was the cost of the visit to the psychiatrist, psychologist, or counselor covered, at least in part, by any form of insurance or benefit program?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes
0 No

Default Next: HLTH-20
Lead-In: HLTH-17B [Default]

HLTH-19 []

[Since <child first name> was born/During the past 12 months], have you felt, or has anyone suggested, that [Child First Name] needed help for any behavioral, emotional, or mental problem?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes
0 No

Default Next: HLTH-20
Lead-In: HLTH-17 [0:0], HLTH-16 [1:1]

HLTH-20

Does [Child First Name] regularly take any medicines or prescription drugs to help control [his/her] activity level or behavior?

[(PRESS 'DOWN ARROW' TO TURN ON SCREEN AND TO HIGHLIGHT AN ANSWER. THEN PRESS <ENTER> TWICE TO CONTINUE.)] [(PRESS <F6> FOR DON'T KNOW AND <F5> FOR DO NOT WISH TO ANSWER.)]

1 Yes
0 No

Default Next: CASI-RESP-CHK
Lead-In: HLTH-18 [Default], HLTH-19 [Default]

CASI-RESP-CHK

([ADMINISTRATION MODE OF SECTION]=1) COMMENT: SKIP STOP SCREEN IF MOTHER IS NOT COMPLETING CONFIDENTIAL - CASI ITEMS HERSELF

1 Yes/Condition applies
0 No/Condition does not apply

If Answer = 1 Then GoTo CASI-THANKYOU

Default Next: CASI-OTHERPRES
Lead-In: HLTH-20 [Default]

CASI-OTHERPRES

INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING THE RESPONDENT AND YOUNG CHILDREN (AGE 3 AND YOUNGER), WHEN YOU ASKED THE QUESTIONS ABOUT [Child First Name]'S HEALTH AND BEHAVIOR?

1 YES
0 NO
2 TELEPHONE INTERVIEW

Default Next: MSIR-TITLE
Lead-In: CASI-RESP-CHK [Default]

CASI-THANKYOU

Please stop here. You are now finished with this section of the interview. Thank you. Please turn the screen back toward the interviewer.

Default Next: MSIR-TITLE
Lead-In: CASI-RESP-CHK [1:1]

Interviewer Remarks

MSIR-TITLE

**** BEGIN SECTION: REMARKS*****

Default Next: MSIR-1
Lead-In: CASI-OTHERPRES [Default], CASI-THANKYOU [Default]

MSIR-1

INTERVIEWER: LIST QUESTIONS WITH SKIP ERRORS, QUESTIONS THAT WERE CONFUSING TO THE RESPONDENT, OR QUESTIONS THAT OTHERWISE DIDN'T WORK.

1 SELECT TO ENTER QUESTION
0 NO QUESTIONS CAUSED PROBLEMS ...(Go To MSIR-EVAL)

Default Next: MSIR-1A
Lead-In: MSIR-TITLE [Default], MS-FILLEXIT [Default]

MSIR-1A

INTERVIEWER: LIST SECTION AND QUESTION NUMBER OF FIRST QUESTION THAT CAUSED RESPONDENT PROBLEMS. IF DON'T KNOW SECTION OR QUESTION NUMBER, RECORD DESCRIPTION OF QUESTION.

Enter Answer: [ ]

Default Next: MSIR-1B
Lead-In: MSIR-1 [Default]

MSIR-1B

INTERVIEWER: ENTER DESCRIPTION OF PROBLEM WITH QUESTION MENTIONED IN MSIR-1A. PRESS <PG-UP> TO REVIEW MSIR-1A.

Enter Answer: [ ]

Default Next: MSIR-1C
Lead-In: MSIR-1A [Default]

MSIR-1C

INTERVIEWER: WERE THERE ANY OTHER QUESTIONS THAT CAUSED PROBLEMS?

1 SELECT TO ENTER QUESTION
0 NO QUESTIONS CAUSED PROBLEMS ...(Go To MSIR-EVAL)

Default Next: MSIR-1A2
Lead-In: MSIR-1B [Default]

MSIR-1A2

INTERVIEWER: LIST SECTION AND QUESTION NUMBER OF FIRST QUESTION THAT CAUSED RESPONDENT PROBLEMS. IF DON'T KNOW SECTION OR QUESTION NUMBER, RECORD DESCRIPTION OF QUESTION.

Enter Answer:

Default Next: MSIR-1B2
Lead-In: MSIR-1C [Default]

MSIR-1B2

INTERVIEWER: ENTER DESCRIPTION OF PROBLEM WITH QUESTION MENTIONED IN MSIR-1A. PRESS <PG-UP> TO REVIEW MSIR-1A.

Enter Answer:

Default Next: MSIR-EVAL
Lead-In: MSIR-1A2 [Default]

MSIR-EVAL

INTERVIEWER: IN GENERAL, WHAT WAS THE MOTHER'S ATTITUDE ABOUT ENTERING HER OWN ANSWERS ON THE COMPUTER? PLEASE DESCRIBE BELOW.IF MOTHER DID NOT ENTER ANY ANSWERS HERSELF, ENTER "NA". IF NO REACTION, ENTER "NONE". PRESS <ENTER> TO CONTINUE.

Enter Answer:

Default Next: MSIR-REMINDER
Lead-In: MSIR-1 [0:0], MSIR-1C [0:0], MSIR-1B2 [Default]

MSIR-REMINDER

INTERVIEWER: MAKE SURE THAT MOTHER HAS BEEN PAID AND THAT SHE HAS SIGNED THE RECEIPT. IF YOU HAVE NOT ALREADY THANKED MOTHER FOR HER PARTICIPATION, PLEASE DO SO NOW.

Default Next: MSIR-IDNUM
Lead-In: MSIR-EVAL [Default]

MSIR-IDNUM

INTERVIEWER: PLEASE ENTER YOUR PROJECT ID NUMBER.

Enter Answer:

Default Next: MSIR-IDNAME
Lead-In: MSIR-REMINDER [Default], MS-OVERAGE-3 [Default]

MSIR-IDNAME

INTERVIEWER: PLEASE ENTER YOUR NAME ON THE LINE PROVIDED.
THEN PRESS <ENTER> TO END SURVEY.

Enter Answer:

Default Next: CNORCID-MS
Lead-In: MSIR-IDNUM [Default]