

THIS SURVEY IS AUTHORIZED BY JTPA TITLE IV PART D SECTION 452

BEGIN DECK 01
NORC-4488-02-C

CASE # _____ -|____|____|
1-7/ 8-9/

OMB 1220-0109
EXP 12-31-88

NORC
University of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH
OHIO STATE UNIVERSITY

NATIONAL LONGITUDINAL SURVEY OF LABOR FORCE BEHAVIOR

MOTHER SUPPLEMENT

ROUND TEN

Youth Survey, 1988

INTERVIEWER
CODE ONE:

SELF-ADMINISTERED..... 1

INTERVIEWER
ADMINISTERED..... 2

TELEPHONE ADMINISTERED... 3

12/

SECTION MS-PAGE #

(1) HOME ENVIRONMENT

(1A) 5
(1B) 9
(1C) 13
(1D) 21

(3) MOTOR/SOCIAL DEVELOPMENT

(3) 43
(3A) 45
(3B) 47
(3C) 49
(3D) 51
(3E) 53
(3F) 55
(3G) 57
(3H) 59

SECTION MS-PAGE #

(2) HOW MY CHILD ACTS

(2A) 27
(2B) 33
(2C) 37

(4) BEHAVIOR PROBLEMS

(4) 61

(5) SCHOOL & FAMILY BACKGROUND

(5) 69

INTERVIEWER: Circle Sub-Sections Mother is to self-administer. At end of interview, cross out each completed sub-Section.

CHILD'S AGE	The Home	How Child Acts	Motor/Soc Developmnt	Behavior Problems	Sch/Fam Bckgrnd
BIRTH:					
0 MOS-3 MOS	1A	2A	3A		
4 MOS-6 MOS	1A	2A	3B		
7 MOS-9 MOS	1A	2A	3C		
10 MOS-12 MOS	1A	2A	3D		
1 YEAR:					
12 MOS	1A	2B	3D		
13 MOS-15 MOS	1A	2B	3E		
16 MOS-18 MOS	1A	2B	3F		
19 MOS-21 MOS	1A	2B	3G		
22 MOS-23 MOS	1A	2B	3H		
2 YRS-2 YRS, 11 MOS	1A	2C	3H		
3 YRS-3 YRS, 11 MOS	1B	2C	3H		
4 YRS-5 YRS, 11 MOS	1B	2C		4	
6 YRS-6 YRS, 11 MOS	1C	2C		4	
7 YRS-9 YRS, 11 MOS	1C			4	
10 YRS AND OLDER	1D			4	5

1. _____ | _____ |
(CHILD'S FULL NAME) 13-42/ CHILD ID 43-44/
2. INTERVIEWER: IS THIS MS BEING COMPLETED THE SAME DAY AS THE CS?
YES.....(SKIP TO Q.6).....1
NO.....(GO TO Q.3).....0 45/
3. RECORD DATE THIS SUPPLEMENT IS
IS BEING COMPLETED. | 8 | 8 | | _____ | | _____ | 46-49/
YEAR MONTH DAY
4. RECORD CHILD'S DOB FROM CHILD
FACE SHEET (ITEM 2). | _____ | | _____ | | _____ | 50-55/
YEAR MONTH DAY
5. CALCULATE CHILD'S AGE
(SUBTRACT Q.4 FROM Q.3). | _____ | | _____ | | _____ | 56-61/
YEARS MONTHS DAYS
6. WRITE IN FULL NAME OF PERSON COMPLETING THIS SUPPLEMENT.

BEGIN DECK 02

(FULL NAME OF MOTHER/GUARDIAN) 12-41/
7. WHAT IS THIS PERSON'S RELATIONSHIP TO CHILD?

(RELATIONSHIP TO CHILD) | _____ | 42-43/

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MOTHER SUPPLEMENT

INTRODUCTION TO THE MOTHER/GUARDIAN:

There are five sections in this booklet. You do **only one part** in each section according to the age of your child.

Your child's name is written on the parts you complete. Pages that do not apply to your child are crossed out. Please double check that your child's name appears on the sections intended for his or her age group.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

Turn to the part of **SECTION 1: THE HOME** that has your child's name on it:

- (1) If your child has **not yet had his/her 3rd birthday**, use PART A, page MS-5.
- (2) If your child is **at least 3 years old but has not had his/her 6th birthday**, use PART B, page MS-9.
- (3) If your child is **at least 6 years old but has not had his/her 10th birthday**, use PART C, page MS-13.
- (4) If your child **has had his/her 10th birthday**, use PART D, page MS-21.

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SECTION 1: THE HOME

PART A: FOR CHILDREN WHO ARE LESS THAN 3 YEARS OLD

For _____ who has not yet had his/her 3rd birthday.
CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. About how often does your child have a chance to get out of the house (either by himself/herself, or with an older person)?

(CIRCLE ONE)

Does not go yet, too young.....	01	
About once a month or less.....	02	44-45/
A few times a month.....	03	
About once a week.....	04	
A few times a week.....	05	
4 or more times a week.....	06	
Every day.....	07	

2. About how many children's books does your child have of his/her own?

(CIRCLE ONE)

None, too young.....	1	46/
1 or 2 books.....	2	
3 to 9 books.....	3	
10 or more books.....	4	

Please turn to next page

10. Children seem to demand attention when their parents are busy, doing housework, for example. How often do you talk to your child while you are working?

(CIRCLE ONE)

Always talk to child when I'm working..... 1 56/
Often talk to child when I'm working..... 2
Sometimes talk to child when I'm working..... 3
Rarely talk to child when I'm working..... 4
Never talk to child when I'm working..... 5

11. Sometimes kids mind pretty well and sometimes they don't. Have you had to spank your child in the past week?

Yes..... 1 57/

No..... 0

IF YES: About how many times in the past week?

WRITE IN NUMBER OF TIMES: | | | 58-59/

MOTHER/GUARDIAN:

- (1) If your child **has not had** his/her 1st birthday, go to SECTION 2, PART A, page MS-27.
- (2) If your child **has had** his/her 1st birthday but **has not had** his/her 2nd birthday, go to SECTION 2, PART B, page MS-33.
- (3) If your child **has had** his/her 2nd birthday, go to SECTION 2, PART C, page MS-37.

SECTION 1: THE HOME

PART B: FOR CHILDREN WHO ARE AT LEAST 3 YEARS, BUT LESS THAN 6 YEARS OLD

For _____ who has had his/her 3rd birthday but has
CHILD'S NAME not had his/her 6th birthday.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. About how often do you read stories to your child?

(CIRCLE ONE)

- | | | |
|------------------------------|---|-----|
| Never..... | 1 | 60/ |
| Several times a year..... | 2 | |
| Several times a month..... | 3 | |
| Once a week..... | 4 | |
| At least 3 times a week..... | 5 | |
| Every day..... | 6 | |

2. About how many children's books does your child have of his/her own?

(CIRCLE ONE)

- | | | |
|-----------------------|---|-----|
| None, too young..... | 1 | 61/ |
| 1 or 2 books..... | 2 | |
| 3 to 9 books..... | 3 | |
| 10 or more books..... | 4 | |

Please turn to next page

3. About how many magazines does your family get regularly?

(CIRCLE ONE)

None.....	1	62/
One.....	2	
Two.....	3	
Three.....	4	
Four or more.....	5	

4. Does your child have the use of a record player or tape recorder here at home and at least 5 children's records or tapes? (May be shared with sister or brother.)

YES.....	1	63/
NO.....	0	

5. Circle the things which you (or another adult or older child) are helping or have helped your child to learn here at home.

(CIRCLE ALL THAT APPLY)

Numbers.....	1	64/
The alphabet.....	2	65/
Colors.....	3	66/
Shapes and sizes.....	4	67/
None of the above.....	5	68/

6. How much choice is your child allowed in deciding what foods he/she eats at breakfast and lunch?

(CIRCLE ONE)

A <u>great deal</u> of choice.....	1	69/
<u>Some</u> choice.....	2	
<u>Little</u> choice.....	3	
<u>No</u> choice.....	4	

7. About how many hours is the TV on in your home each day?

(WRITE IN HOURS PER DAY).

HOURS PER DAY = | | |

DO NOT HAVE A TV..... 96

70-71/

Please turn to next page

8. Most children get angry at their parents from time to time. If your child got so angry that he/she hit you, what would you do?

(CIRCLE ALL THAT APPLY)

Hit him/her back.....	01	12-13/
Send him/her to his/her room.....	02	14-15/
Spank him/her.....	03	16-17/
Talk to him/her.....	04	18-19/
Ignore it.....	05	20-21/
Give him/her household chore.....	06	22-23/
Take away his/her allowance.....	07	24-25/
Hold child's hands until he/she was calm.....	08	26-27/
Other (SPECIFY) _____	09	28-29/

9. How often does any family member get a chance to take your child on any kind of outing (shopping, park, picnic, drive-in, and so on)?

(CIRCLE ONE)

A few times a year or less.....	1	30/
About once a month.....	2	
About 2 or 3 times a month.....	3	
Several times a week.....	4	
About once a day.....	5	

10. How often has any family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) within the past year?

(CIRCLE ONE)

Never, too young.....	1	31/
Once or twice.....	2	
Several times.....	3	
About once a month.....	4	
About once a week or more often.....	5	

Please turn to next page

11. Does your child see his/her father or father-figure on a daily basis?

Yes..... 1 32/

No..... 0

12. How often does your child eat a meal with both mother and father or father-figure?

(CIRCLE ONE)

More than once a day..... 1 33/

Once a day..... 2

Several times a week..... 3

Once a week..... 4

About once a month..... 5

Never..... 6

13. Sometimes kids mind pretty well and sometimes they don't. Have you had to spank your child in the past week?

Yes..... 1 34/

No..... 0

IF YES: About how many times in the past week?

NUMBER OF TIMES = |__| |__| 35-36/

<p>MOTHER/GUARDIAN: Please go to SECTION 2, <u>PART C</u>, page MS-37.</p>

SECTION 1: THE HOME

PART C: FOR CHILDREN WHO ARE AT LEAST 6 YEARS, BUT LESS THAN 10 YEARS OLD

For _____ who has had his/her 6th birthday but has
CHILD'S NAME not had his/ her 10th birthday.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. About how many books does your child have?

(CIRCLE ONE)

None.....	1	37/
1 or 2.....	2	
3 to 9.....	3	
10 or more.....	4	

-
2. About how often did/do you read stories to your child?

(CIRCLE ONE)

Never.....	1	38/
Several times a year.....	2	
Several times a month.....	3	
Once a week.....	4	
At least 3 times a week.....	5	
Every day.....	6	

Please turn to next page

3. How often is your child expected to do each of the following?
(CIRCLE ONE NUMBER FOR EACH QUESTION.)

	Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	
a. Make his/her own bed?	1	2	3	4	5	39/
b. Clean his/her own room?	1	2	3	4	5	40/
c. Clean up after spills?	1	2	3	4	5	41/
d. Bathe himself/ herself?	1	2	3	4	5	42/
e. Pick up after himself/herself?	1	2	3	4	5	43/
	Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

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

Yes..... 1 44/
No..... 0

Please turn to next page

5. Does your family get a daily newspaper?

Yes..... 1

45/

No..... 0

6. About how often does your child read for enjoyment?

(CIRCLE ONE)

Every day..... 1

46/

Several times a week..... 2

Several times a month..... 3

Several times a year..... 4

Never..... 5

7. Do you or someone in the family encourage your child to start and keep doing hobbies?

Yes..... 1

47/

No..... 0

8. Does your child get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

Yes..... 1

48/

No..... 0

9. How often has any family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) within the past year?

(CIRCLE ONE)

Never..... 1

49/

Once or twice..... 2

Several times..... 3

About once a month..... 4

About once a week or more often... 5

Please turn to next page

10. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance within the past year?

(CIRCLE ONE)

Never.....	1	50/
Once or twice.....	2	
Several times.....	3	
About once a month or more.....	4	
About once a week or more.....	5	

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

(CIRCLE ONE)

Once a year or less.....	1	51/
A few times a year.....	2	
Once a month.....	3	
Two or three times a month.....	4	
About once a week or more.....	5	

Please turn to next page

12. Does your child ever see his or her father or father-figure?

YES..... 1 52/

NO.....(SKIP TO NEXT PAGE)..... 0 ----->

IF YES: About how often does your child spend time with his/her father or father-figure?

(CIRCLE ONE)

Once a day or more often..... 1 53/

At least 4 times a week..... 2

About once a week..... 3

About once a month..... 4

A few times a year or less..... 5

IF YES: About how often does your child spend time with his/her father or father-figure in outdoor activities?

(CIRCLE ONE)

Once a day or more often..... 1 54/

At least 4 times a week..... 2

About once a week..... 3

About once a month..... 4

A few times a year or less..... 5

Don't know..... 6

IF YES: How often does your child eat a meal with both mother and father or father-figure?

(CIRCLE ONE)

More than once a day..... 1 55/

Once a day..... 2

Several times a week..... 3

About once a week..... 4

About once a month..... 5

Never..... 6

IF YES: When your family watches TV together, do you or your child's father or father-figure discuss TV programs with him/her?

Yes..... 1 56/

No..... 0

Do not have a TV..... 2

Please turn to next page

13. 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 actions you would take if this happened.

(CIRCLE ALL THAT APPLY)

Grounding.....	01	57-58/
Spanking.....	02	59-60/
Talk with child.....	03	61-62/
Give him or her household chore.....	04	63-64/
Ignore it.....	05	65-66/
Send to room for more than 1 hour.....	06	67-68/
Take away his/her allowance.....	07	69-70/
Take away TV or other privileges.....	08	71-72/
Other (SPECIFY) _____	09	73-74/

14. If your child brought home a report card with grades lower than expected, how likely would you be to ...

BEGIN DECK 04
NOT
AT ALL
LIKELY

VERY
LIKELY

(CIRCLE ONE NUMBER FOR EACH QUESTION)

a. contact his or her teacher or principal?	1	2	3	4	5	12/
b. lecture the child?	1	2	3	4	5	13/
c. keep a closer eye on child's activities?	1	2	3	4	5	14/
d. punish the child?	1	2	3	4	5	15/
e. talk with the child?	1	2	3	4	5	16/
f. wait and see if child improves grades on his/her own?	1	2	3	4	5	17/
g. tell child to spend more time on schoolwork?	1	2	3	4	5	18/
h. spend more time helping child with schoolwork?	1	2	3	4	5	19/

Please turn to next page

15. 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 ...

TIMES IN
PAST WEEK

- | | | |
|--|-------|--------|
| a. had to spank your child? | __ __ | 20-21/ |
| b. grounded him/her? | __ __ | 22-23/ |
| c. taken away TV or other privileges? | __ __ | 24-25/ |
| d. sent child to his/her room? | __ __ | 26-27/ |
| e. taken away his/her allowance? | __ __ | 28-29/ |
| f. shown child physical affection (kiss, hug, stroke hair, etc.)? | __ __ | 30-31/ |
| g. praised child for doing something worthwhile? | __ __ | 32-33/ |
| h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about child? | __ __ | 34-35/ |

MOTHER/GUARDIAN:

- (1) If your child has not had his/her 7th birthday, go to SECTION 2, PART C, page MS-37.
- (2) If your child is at least age 7 years or older, go to SECTION 4, page MS-61.

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SECTION 1: THE HOME

PART D: FOR CHILDREN WHO ARE 10 YEARS AND OLDER

For _____ who has had his/her 10th birthday or higher.
CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. About how many books does your child have of his/her own?

(CIRCLE ONE)

None..... 1

36/

1 to 9..... 2

10 to 19..... 3

20 or more..... 4

Please turn to next page

2. How often is your child expected to do each of the following?
(CIRCLE ONE NUMBER FOR EACH QUESTION)

	Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	
a. Make his/her own bed?	1	2	3	4	5	37/
b. Clean his/her own room?	1	2	3	4	5	38/
c. Pick up after himself/herself?	1	2	3	4	5	39/
d. Help keep shared living areas clean and straight?	1	2	3	4	5	40/
e. Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?	1	2	3	4	5	41/
f. Help manage his/ her own time (get up on time, be ready for school etc.)?	1	2	3	4	5	42/
	Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

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

Yes..... 1 43/
No..... 0

4. Does your family get a daily newspaper?

Yes..... 1 44/
No..... 0

5. About how often does your child read for enjoyment?

(CIRCLE ONE)

Every day..... 1 45/
Several times a week..... 2
Several times a month..... 3
Several times a year..... 4
Never..... 5

6. Do you or someone in your family encourage your child to start and keep doing hobbies?

YES..... 1 46/
NO..... 0

7. Does your child get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

YES..... 1 47/
NO..... 0

8. How often has any family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) within the past year?

(CIRCLE ONE)

Never..... 1 48/
Once or twice..... 2
Several times..... 3
About once a month..... 4
About once a week or more often... 5

9. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance within the past year?

(CIRCLE ONE)

Never..... 1 49/
Once or twice..... 2
Several times..... 3
About once a month 4
About once a week or more..... 5

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

(CIRCLE ONE)

Once a year or less..... 1 50/
A few times a year..... 2
About once a month..... 3
Two or three times a month..... 4
About once a week or more..... 5

11. Does your child ever see his or her father or father-figure?

YES..... 1 51/
NO.....(SKIP TO NEXT PAGE)..... 0 ----->

IF YES: About how often does he or she spend time with his/her
father or father-figure?

(CIRCLE ONE)

Once a day or more often..... 1 52/
At least 4 times a week..... 2
About once a week..... 3
About once a month..... 4
A few times a year or less..... 5

IF YES: About how often does your child spend time with his/her
father or father-figure in outdoor activities?

(CIRCLE ONE)

Once a day or more often..... 1 53/
At least 4 times a week..... 2
About once a week..... 3
About once a month..... 4
A few times a year or less..... 5
Don't know..... 6

IF YES: How often does your child eat a meal with both mother and
father or father-figure?

(CIRCLE ONE)

More than once a day.....1 54/
Once a day.....2
Several times a week.....3
About once a week.....4
About once a month.....5
Never.....6

IF YES: When your family watches TV together, do you or your child's
father or father-figure discuss TV programs with him/her?

Yes..... 1 55/
No..... 0
Do not have a TV..... 2

Please turn to next page

12. 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 actions you would take if this happened.

(CIRCLE ALL THAT APPLY)

Grounding.....	1	56/
Spanking.....	2	57/
Talk with child.....	3	58/
Give him or her household chore.....	4	59/
Ignore it.....	5	60/
Send to room for more than 1 hour.....	6	61/
Take away his/her allowance.....	1	62/
Take away TV, phone, or other privileges.	2	63/
Other (SPECIFY)_____	3	64/

13. If your child brought home a report card with grades lower than expected, how likely would you be to ...

(CIRCLE ONE NUMBER FOR EACH QUESTION)

	VERY LIKELY					NOT AT ALL LIKELY
a. contact his or her teacher or principal?	1	2	3	4	5	65/
b. lecture the child?	1	2	3	4	5	66/
c. keep a closer eye on child's activities?	1	2	3	4	5	67/
d. punish the child?	1	2	3	4	5	68/
e. talk with the child?	1	2	3	4	5	69/
f. wait and see if child improves grades on his/her own?	1	2	3	4	5	70/
g. tell child to spend more time on schoolwork?	1	2	3	4	5	71/
h. spend more time helping child with schoolwork?	1	2	3	4	5	72/

Please turn to next page

14. 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 ...

TIMES IN
PAST WEEK

- | | | |
|--|-------|--------|
| a. had to spank your child? | __ __ | 12-13/ |
| b. grounded him/her? | __ __ | 14-15/ |
| c. taken away TV or other privileges? | __ __ | 16-17/ |
| d. sent child to his/her room? | __ __ | 18-19/ |
| e. taken away his/her allowance? | __ __ | 20-21/ |
| f. shown child physical affection (kiss, hug, stroke hair, etc.)? | __ __ | 22-23/ |
| g. praised child for doing something worthwhile? | __ __ | 24-25/ |
| h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about child? | __ __ | 26-27/ |

MOTHER/GUARDIAN: GO TO SECTION 4, page MS-61.

SECTION 2: HOW MY INFANT USUALLY ACTS

PART A: FOR CHILDREN WHO ARE LESS THAN 1 YEAR OLD

For _____ who has not yet had his/her 1st birthday.
CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in how your infant normally acts during an average day. Please think about your infant during the last two weeks.

If your infant was not generally healthy during the last two weeks, think back to the last two-week time period when your infant was his or her normal self.

The following questions ask about how often your infant acted in a certain way.

Think it over before circling the number that goes with your answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. During feeding, how often does your infant squirm and kick?

(CIRCLE ONE)

Almost never.....	1	28/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

2. During feeding, how often does your infant wave his/her arms?

(CIRCLE ONE)

Almost never.....	1	29/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

3. During sleep, how often does he/she usually move around in the crib?

(CIRCLE ONE)

Almost never.....	1	30/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

4. Some children get sleepy about the same time each evening, give or take 15 minutes. How often does your child do this?

(CIRCLE ONE)

Almost never.....	1	31/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

5. Some children get hungry at about the same time each day, give or take 15 minutes. How often does your child do this?

(CIRCLE ONE)

Almost never.....	1	32/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

6. When your infant wakes up in the morning, how often is he/she in the same mood?

(CIRCLE ONE)

Almost never.....	1	33/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

7. When your infant sees a stranger, how often does he/she turn away or cry as if afraid?

(CIRCLE ONE)

Almost never.....	1	34/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

8. When your infant sees an unfamiliar dog or cat, how often does he/she turn away or cry as if afraid?

(CIRCLE ONE)

Almost never.....	1	35/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

9. When you leave the room and leave your infant alone, how often does he/she become upset?

(CIRCLE ONE)

Almost never.....	1	36/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

10. When you take him/her to the doctor, dentist or nurse, how often does he/she turn away or cry as if afraid?

(CIRCLE ONE)

Almost never.....	1	37/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

11. When you play with your infant, how often does he/she smile or laugh?

(CIRCLE ONE)

Almost never.....	1	38/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

12. When your infant plays alone, how often does he/she smile or laugh?

(CIRCLE ONE)

Almost never.....	1	39/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

13. When your infant is in the bath, how often does he/she smile or laugh?

(CIRCLE ONE)

Almost never.....	1	40/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

14. When your infant hears an unexpected loud sound (for example, a car back-firing or a vacuum cleaner), how often does he/she cry or become upset?

(CIRCLE ONE)

Almost never.....	1	41/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

-
15. How often do you have trouble soothing or calming your infant when he/she is crying or upset?

(CIRCLE ONE)

Almost never.....	1	42/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

<p>MOTHER/GUARDIAN: PLEASE NOTE THAT THE ANSWERS TO QUESTION 16 ARE DIFFERENT FROM THE REST.</p>

16. During the average day, how often does your infant get fussy and irritable?

(CIRCLE ONE)

Almost never.....	1	43/
Once or twice a day.....	2	
Couple of times in AM and PM.....	3	
Several times a day.....	4	
Almost every hour.....	5	

Please turn to next page

17. In general, compared with most babies, how often does your infant cry and fuss?

(CIRCLE ONE)

Almost never.....	1	44/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

MOTHER/GUARDIAN: Please go to SECTION 3, page MS-43.

SECTION 2: HOW MY TODDLER USUALLY ACTS

PART B: FOR CHILDREN WHO ARE 1 YEAR OLD

For _____ who has had his/her 1st birthday but has not
CHILD'S NAME had his/her second birthday.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in how your toddler normally acts during an average day. Please think about your toddler during the last two weeks.

If your toddler was not generally healthy during the last two weeks, think back to the last two week time period when your toddler was his or her normal self.

The following questions ask about how often your toddler acted in a certain way. Think it over before circling the number that goes with your answer.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. When your toddler sees a stranger, how often does he/she turn away or cry as if afraid?

(CIRCLE ONE)

Almost never.....	1	45/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

2. When your toddler sees an unfamiliar dog or cat, how often does he/she turn away or cry as if afraid?

(CIRCLE ONE)

Almost never.....	1	46/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

3. When you leave the room and leave your toddler alone, how often does he/she become upset?

(CIRCLE ONE)

Almost never..... 1 47/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

4. When you take him/her to the doctor, dentist or nurse, how often does he/she turn away or cry as if afraid?

(CIRCLE ONE)

Almost never..... 1 48/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

5. When you play with your toddler, how often does he/she smile or laugh?

(CIRCLE ONE)

Almost never..... 1 49/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

6. When your toddler plays alone, how often does he/she smile or laugh?

(CIRCLE ONE)

Almost never..... 1 50/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

7. When your toddler is in the bath, how often does he/she smile or laugh?

(CIRCLE ONE)

Almost never.....	1	51/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

8. When your toddler hears an unexpected loud sound (for example, a car back-firing or a vacuum cleaner), how often does he/she cry or become upset?

(CIRCLE ONE)

Almost never.....	1	52/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

9. How often do you have trouble soothing or calming your toddler when he/she is crying or upset?

(CIRCLE ONE)

Almost never.....	1	53/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

MOTHER/GUARDIAN: PLEASE NOTE THAT THE ANSWERS TO QUESTION 10 ARE DIFFERENT FROM THE REST.

10. During the average day, how often does your toddler get fussy and irritable?

(CIRCLE ONE)

Almost never.....	1	54/
Once or twice a day.....	2	
Couple of times in AM and PM.....	3	
Several times a day.....	4	
Almost every hour.....	5	

-
11. In general, compared with most toddlers, how often does your toddler cry and fuss?

(CIRCLE ONE)

Almost never.....	1	55/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

MOTHER/GUARDIAN:
Please go to SECTION 3, page MS-43.

SECTION 2: HOW MY CHILD USUALLY ACTS

PART C: CHILDREN WHO ARE AT LEAST 2 YEARS BUT LESS THAN 7 YEARS OLD

For _____ who has had his/her 2nd birthday, but has not yet
 Child's Name had his/her 7th birthday.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in how your child normally acts during an average day.
 Please think about your child during the last two weeks.

If your child was not generally healthy during the last two weeks, think back
 to the last two week time period when your child was his or her normal self.

The following questions ask about how often your child acted in a certain
 way. Think it over before circling the answer that goes with your answer.

If any question is not clear, please circle the question number and
 ask the interviewer about it when you have finished the booklet.

1. When it is mealtime, how often does your child eat what you want
 him/her to eat?

(CIRCLE ONE)

Almost never.....	1	56/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

2. When your child 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?

(CIRCLE ONE)

Almost never.....	1	57/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

3. When it is your child's bedtime, how often does he/she protest or resist going to bed?

(CIRCLE ONE)

Almost never.....	1	58/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

4. When he/she does protest and you tell him/her again to go to bed, how often does he/she do so?

(CIRCLE ONE)

Almost never.....	1	59/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

5. When you tell your child to turn off the TV, how often does he/she do so without protest?

(CIRCLE ONE)

Almost never.....	1	60/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

6. When he/she does protest and you tell him/her again to turn off the TV, how often does he/she do so?

(CIRCLE ONE)

Almost never.....	1	61/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

7. When your child meets a new child about the same age, how often is he/she shy at first?

(CIRCLE ONE)

Almost never.....	1	62/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

8. When your child meets an adult he/she does not know, how often is he/she shy at first?

(CIRCLE ONE)

Almost never.....	1	63/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

9. How often does your child cry when he/she hurts him/herself a little bit?

(CIRCLE ONE)

Almost never.....	1	64/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

10. How often does he/she laugh and smile easily (for example, when no one is touching him/her)?

(CIRCLE ONE)

Almost never.....	1	65/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

11. When your child is with other children his/her own age, how often does he/she fight, take toys, hit, and so on?

(CIRCLE ONE)

Almost never..... 1 66/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

12. When your child is with other children his/her own age, how often does he/she willingly share toys?

(CIRCLE ONE)

Almost never..... 1 67/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

13. How often do you have trouble soothing or calming your child when he/she is upset?

(CIRCLE ONE)

Almost never..... 1 68/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

14. When your child is playing, how often does he/she stay close to you and make sure that he/she can still see you?

(CIRCLE ONE)

Almost never..... 1 69/
Less than 1/2 the time..... 2
1/2 the time..... 3
More than 1/2 the time..... 4
Almost always..... 5

15. 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.)

(CIRCLE ONE)

Almost never.....	1	70/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

16. When you leave the room and leave your child alone, how often does he/she get upset?

(CIRCLE ONE)

Almost never.....	1	71/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

17. How often is your child demanding and impatient even when you are busy?

(CIRCLE ONE)

Almost never.....	1	72/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

18. When you get upset about something, how often does your child get worried, or try to help, or make you feel better?

(CIRCLE ONE)

Almost never.....	1	73/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

Please turn to next page

19. How often does your child want you to help with the things he/she is doing?

(CIRCLE ONE)

Almost never.....	1	74/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

20. During the past year, how often has your child slept through the night?

(CIRCLE ONE)

Almost never.....	1	75/
Less than 1/2 the time.....	2	
1/2 the time.....	3	
More than 1/2 the time.....	4	
Almost always.....	5	

MOTHER/GUARDIAN:

- (1) If your child has **not yet had** his/her 4th birthday, please go to SECTION 3, page MS-43.
- (2) If your child is **4 years or older**, please go to SECTION 4, page MS-61.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

CHILDREN WHO ARE LESS THAN 4 YEARS OLD

For _____ who has not yet had his/her 4th birthday.
CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

This section asks you questions about things children do at different ages. Think over each question before circling the number that goes with your answer:

1 for YES, 0 for NO

You will fill out **only two pages** in this section. Find the page with your **child's name** on it. Check that your child is the age listed. Answer the 15 questions for your child.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

PART FOR CHILD AGE . . .

FOUND ON . . .

0-3 MOS.....	page MS-45
4-6 MOS.....	page MS-47
7-9 MOS.....	page MS-49
10-12 MOS.....	page MS-51
13-15 MOS.....	page MS-53
16-18 MOS.....	page MS-55
19-21 MOS.....	page MS-57
22 MOS-3 YRS, 11 MOS.....	page MS-59

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SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART A: (0-3 MONTHS)

MOTHER/GUARDIAN:

If _____ is younger than 4 months, please answer these
 Child's Name 15 questions.

- | | | |
|---|------------------------|-----|
| 1. When lying on his/her stomach, has your child ever turned his/her head from side to side? | YES.... 1
NO..... 0 | 12/ |
| <hr/> | | |
| 2. Have your child's eyes ever followed a moving object? | YES.... 1
NO..... 0 | 13/ |
| <hr/> | | |
| 3. When lying on his/her stomach on a flat surface, did your child ever lift his/her head off the surface for a moment? | YES.... 1
NO..... 0 | 14/ |
| <hr/> | | |
| 4. Have your child's eyes ever followed a moving object all the way from one side to the other? | YES.... 1
NO..... 0 | 15/ |
| <hr/> | | |
| 5. Has your child ever smiled at someone when that person talked to or smiled at (but did not touch) him/her? | YES.... 1
NO..... 0 | 16/ |
| <hr/> | | |
| 6. When lying on his/her stomach, has your child ever raised his/her head AND chest from the surface while resting his/her weight on his/her lower arms or hands? | YES.... 1
NO..... 0 | 17/ |
| <hr/> | | |
| 7. Has your child ever turned his/her head around to look at something? | YES.... 1
NO..... 0 | 18/ |

Please turn to next page

- | | | |
|---|------------------------|-----|
| 8. While lying on his/her back and being pulled up to a sitting position, did your child ever hold his/her head stiffly so that it DID NOT hang back as he/she was pulled up? | YES.... 1
NO..... 0 | 19/ |
| <hr/> | | |
| 9. Has your child ever laughed out loud without being tickled or touched? | YES.... 1
NO..... 0 | 20/ |
| <hr/> | | |
| 10. Has your child ever held in one hand a moderate size object such as a block or a rattle? | YES.... 1
NO..... 0 | 21/ |
| <hr/> | | |
| 11. Has your child ever rolled over on his/her own ON PURPOSE? | YES.... 1
NO..... 0 | 22/ |
| <hr/> | | |
| 12. Has your child ever seemed to enjoy looking in the mirror at himself or herself? | YES.... 1
NO..... 0 | 23/ |
| <hr/> | | |
| 13. Has your child ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out? | YES.... 1
NO..... 0 | 24/ |
| <hr/> | | |
| 14. Has your child ever looked around with his/her eyes for a toy which was lost or not nearby? | YES.... 1
NO..... 0 | 25/ |
| <hr/> | | |
| 15. Has your child ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else? | YES.... 1
NO..... 0 | 26/ |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have any questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART B: (4-6 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 4 months old, but not yet 7 months
 Child's Name old, please answer these 15 questions.

- | | | |
|---|------------------------|-----|
| 1. While lying on his/her back and being pulled up to a sitting position, has your child ever held his/her head stiffly so that it DID NOT hang back as he/she was pulled up? | YES.... 1
NO..... 0 | 27/ |
| <hr/> | | |
| 2. Has your child ever laughed out loud without being tickled or touched? | YES.... 1
NO..... 0 | 28/ |
| <hr/> | | |
| 3. Has your child ever held in one hand a moderate size object such as a block or a rattle? | YES.... 1
NO..... 0 | 29/ |
| <hr/> | | |
| 4. Has your child ever rolled over on his/her own ON PURPOSE? | YES.... 1
NO..... 0 | 30/ |
| <hr/> | | |
| 5. Has your child ever seemed to enjoy looking in the mirror at himself/herself? | YES.... 1
NO..... 0 | 31/ |
| <hr/> | | |
| 6. Has your child ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out? | YES.... 1
NO..... 0 | 32/ |
| <hr/> | | |
| 7. Has your child ever looked around with his/her eyes for a toy which was lost or not nearby? | YES.... 1
NO..... 0 | 33/ |

Please turn to next page

- | | | |
|---|-------------------------|-----|
| 8. Has your child ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else? | YES..... 1
NO..... 0 | 34/ |
| <hr/> | | |
| 9. Has your child ever sat for 10 minutes without any support at all? | YES..... 1
NO..... 0 | 35/ |
| <hr/> | | |
| 10. Has your child ever pulled himself/herself to a standing position without help from another person? | YES..... 1
NO..... 0 | 36/ |
| <hr/> | | |
| 11. Has your child ever crawled when left lying on his/her stomach? | YES..... 1
NO..... 0 | 37/ |
| <hr/> | | |
| 12. Has your child ever said any recognizable words such as "mama" or "dada"? | YES..... 1
NO..... 0 | 38/ |
| <hr/> | | |
| 13. Has your child ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger? | YES..... 1
NO..... 0 | 39/ |
| <hr/> | | |
| 14. Has your child ever walked at least 2 steps with one hand held or holding on to something? | YES..... 1
NO..... 0 | 40/ |
| <hr/> | | |
| 15. Has your child ever waved good-bye without help from another person? | YES..... 1
NO..... 0 | 41/ |
| <hr/> | | |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have any questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART C: (7-9 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 7 months old, but not yet 10
 Child's Name months old, please answer these 15 questions.

- | | | |
|---|------------------------|-----|
| 1. Has your child ever seemed to enjoy looking in the mirror at himself/herself? | YES.... 1
NO..... 0 | 42/ |
| <hr/> | | |
| 2. Has your child ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out? | YES.... 1
NO..... 0 | 43/ |
| <hr/> | | |
| 3. Has your child ever looked around with his/her eyes for a toy which was lost or not nearby? | YES.... 1
NO..... 0 | 44/ |
| <hr/> | | |
| 4. Has your child ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else? | YES.... 1
NO..... 0 | 45/ |
| <hr/> | | |
| 5. Has your child ever sat for 10 minutes without any support at all? | YES.... 1
NO..... 0 | 46/ |
| <hr/> | | |
| 6. Has your child ever pulled himself/herself to a standing position without help from another person? | YES.... 1
NO..... 0 | 47/ |
| <hr/> | | |
| 7. Has your child ever crawled when left lying on his/her stomach? | YES.... 1
NO..... 0 | 48/ |

Please turn to next page

- | | | |
|---|------------------------|-----|
| 8. Has your child ever said any recognizable words such as "mama" or "dada"? | YES.... 1
NO..... 0 | 49/ |
| <hr/> | | |
| 9. Has your child ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger? | YES.... 1
NO..... 0 | 50/ |
| <hr/> | | |
| 10. Has your child ever walked at least 2 steps with one hand held or holding on to something? | YES.... 1
NO..... 0 | 51/ |
| <hr/> | | |
| 11. Has your child ever waved good-bye without help from another person? | YES.... 1
NO..... 0 | 52/ |
| <hr/> | | |
| 12. Has your child ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud? | YES.... 1
NO..... 0 | 53/ |
| <hr/> | | |
| 13. Has your child ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining? | YES.... 1
NO..... 0 | 54/ |
| <hr/> | | |
| 14. Has your child ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person? | YES.... 1
NO..... 0 | 55/ |
| <hr/> | | |
| 15. Has your child ever walked at least 2 steps without holding on to anything or another person? | YES.... 1
NO..... 0 | 56/ |
| <hr/> | | |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART D: (10-12 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 10 months old, but not yet 13
 Child's Name months old, please answer these 15 questions.

- | | | |
|--|-------------------------|-----|
| 1. Has your child ever crawled when left lying on his/her stomach? | YES..... 1
NO..... 0 | 57/ |
| <hr/> | | |
| 2. Has your child ever said any recognizable words such as "mama" or "dada"? | YES..... 1
NO..... 0 | 58/ |
| <hr/> | | |
| 3. Has your child ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger? | YES..... 1
NO..... 0 | 59/ |
| <hr/> | | |
| 4. Has your child ever walked at least 2 steps with one hand held or holding on to something? | YES..... 1
NO..... 0 | 60/ |
| <hr/> | | |
| 5. Has your child ever waved good-bye without help from another person? | YES..... 1
NO..... 0 | 61/ |
| <hr/> | | |
| 6. Has your child ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud? | YES..... 1
NO..... 0 | 62/ |
| <hr/> | | |
| 7. Has your child ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining? | YES..... 1
NO..... 0 | 63/ |

Please turn to next page

- | | | |
|---|------------------------|-----|
| 8. Has your child ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person? | YES.... 1
NO..... 0 | 64/ |
| <hr/> | | |
| 9. Has your child ever walked at least 2 steps without holding on to anything or another person? | YES.... 1
NO..... 0 | 65/ |
| <hr/> | | |
| 10. Has your child ever crawled up at least 2 stairs or steps? | YES.... 1
NO..... 0 | 66/ |
| <hr/> | | |
| 11. Has your child said 2 recognizable words besides "mama" and "dada"? | YES.... 1
NO..... 0 | 67/ |
| <hr/> | | |
| 12. Has your child ever run? | YES.... 1
NO..... 0 | 68/ |
| <hr/> | | |
| 13. Has your child ever said the name of a familiar object, such as a ball? | YES.... 1
NO..... 0 | 69/ |
| <hr/> | | |
| 14. Has your child ever made a line with a crayon or pencil? | YES.... 1
NO..... 0 | 70/ |
| <hr/> | | |
| 15. Did your child ever walk up at least 2 stairs with one hand held or holding the railing? | YES.... 1
NO..... 0 | 71/ |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART E: (13-15 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 13 months old, but not yet 16
 Child's Name months old, please answer these 15 questions.

- | | | |
|--|------------------------|-----|
| 1. Has your child ever waved good-bye without help from another person? | YES.... 1
NO..... 0 | 12/ |
| <hr/> | | |
| 2. Has your child ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud? | YES.... 1
NO..... 0 | 13/ |
| <hr/> | | |
| 3. Has your child ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining? | YES.... 1
NO..... 0 | 14/ |
| <hr/> | | |
| 4. Has your child ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person? | YES.... 1
NO..... 0 | 15/ |
| <hr/> | | |
| 5. Has your child ever walked at least 2 steps without holding on to anything or another person? | YES.... 1
NO..... 0 | 16/ |
| <hr/> | | |
| 6. Has your child ever crawled up at least 2 stairs or steps? | YES.... 1
NO..... 0 | 17/ |
| <hr/> | | |
| 7. Has your child said 2 recognizable words besides "mama" and "dada"? | YES.... 1
NO..... 0 | 18/ |
| <hr/> | | |

Please turn to next page

8. Has your child ever run?	YES.... 1 NO..... 0	19/
9. Has your child ever said the name of a familiar object such as a ball?	YES.... 1 NO..... 0	20/
10. Has your child ever made a line with a crayon or pencil?	YES.... 1 NO..... 0	21/
11. Did your child ever walk up at least 2 stairs with one hand held or holding the railing?	YES.... 1 NO..... 0	22/
12. Has your child ever fed himself/herself with a spoon or fork without spilling much?	YES.... 1 NO..... 0	23/
13. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?	YES.... 1 NO..... 0	24/
14. Has your child ever spoken a partial sentence of 3 words or more?	YES.... 1 NO..... 0	25/
15. Has your child ever walked upstairs by himself/herself without holding on to a rail?	YES.... 1 NO..... 0	26/

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART F: (16-18 MONTHS)

MOTHER/GUARDIAN:

If _____ is at least 16 months old, but not yet 19
 Child's Name months old, please answer these 15 questions.

- | | | |
|---|------------------------|-----|
| 1. Has your child ever walked at least 2 steps
without holding on to anything or another person? | YES.... 1
NO..... 0 | 27/ |
| <hr/> | | |
| 2. Has your child ever crawled up at least 2
stairs or steps? | YES.... 1
NO..... 0 | 28/ |
| <hr/> | | |
| 3. Has your child said 2 recognizable words
besides "mama" and "dada"? | YES.... 1
NO..... 0 | 29/ |
| <hr/> | | |
| 4. Has your child ever run? | YES.... 1
NO..... 0 | 30/ |
| <hr/> | | |
| 5. Has your child ever said the name of a
familiar object such as a ball? | YES.... 1
NO..... 0 | 31/ |
| <hr/> | | |
| 6. Has your child ever made a line with a crayon
or pencil? | YES.... 1
NO..... 0 | 32/ |
| <hr/> | | |
| 7. Has your child ever walked up at least 2 stairs
with one hand held or holding the railing? | YES.... 1
NO..... 0 | 33/ |
| <hr/> | | |
| 8. Has your child ever fed himself/herself with a
spoon or fork without spilling much? | YES.... 1
NO..... 0 | 34/ |

Please turn to next page

- | | | |
|---|-------------------------|-----|
| 9. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? | YES..... 1
NO..... 0 | 35/ |
| <hr/> | | |
| 10. Has your child ever spoken in a partial sentence of 3 words or more? | YES..... 1
NO..... 0 | 36/ |
| <hr/> | | |
| 11. Has your child ever walked upstairs by himself/herself without holding on to a rail? | YES..... 1
NO..... 0 | 37/ |
| <hr/> | | |
| 12. Has your child ever washed and dried his/her hands without any help except for turning the water on and off? | YES..... 1
NO..... 0 | 38/ |
| <hr/> | | |
| 13. Has your child ever counted 3 objects correctly? | YES..... 1
NO..... 0 | 39/ |
| <hr/> | | |
| 14. Has your child ever gone to the toilet alone? | YES..... 1
NO..... 0 | 40/ |
| <hr/> | | |
| 15. Has your child ever walked up stairs by himself/herself with no help, stepping on each step with only one foot? | YES..... 1
NO..... 0 | 41/ |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer. If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART G: (19-21 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 19 months old, but not yet 22
 Child's Name months old, please answer these 15 questions.

- | | | |
|---|-------------------------|-----|
| 1. Has your child ever run? | YES..... 1
NO..... 0 | 42/ |
| <hr/> | | |
| 2. Has your child ever said the name of a familiar object such as a ball? | YES..... 1
NO..... 0 | 43/ |
| <hr/> | | |
| 3. Has your child ever made a line with a crayon or pencil? | YES..... 1
NO..... 0 | 44/ |
| <hr/> | | |
| 4. Has your child ever walked up at least 2 stairs with one hand held or holding the railing? | YES..... 1
NO..... 0 | 45/ |
| <hr/> | | |
| 5. Has your child ever fed himself/herself with a spoon or fork without spilling much? | YES..... 1
NO..... 0 | 46/ |
| <hr/> | | |
| 6. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? | YES..... 1
NO..... 0 | 47/ |
| <hr/> | | |
| 7. Has your child ever spoken in a partial sentence of 3 words or more? | YES..... 1
NO..... 0 | 48/ |
| <hr/> | | |
| 8. Has your child ever walked upstairs by himself/herself without holding on to a rail? | YES..... 1
NO..... 0 | 49/ |

Please turn to next page

9. Has your child ever washed and dried his/her hands without any help except for turning the water on and off?	YES..... 1 NO..... 0	50/
10. Has your child ever counted 3 objects correctly?	YES..... 1 NO..... 0	51/
11. Has your child ever gone to the toilet alone?	YES..... 1 NO..... 0	52/
12. Has your child ever walked up stairs by himself/herself with no help, stepping on each step with only one foot?	YES..... 1 NO..... 0	53/
13. Does your child know his/her own age AND sex?	YES..... 1 NO..... 0	54/
14. Has your child ever said the names of at least 4 colors?	YES..... 1 NO..... 0	55/
15. Has your child ever pedaled a tricycle at least 10 feet?	YES..... 1 NO..... 0	56/

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART H: (22 MONTHS - 3 YEARS, 11 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 22 months old, but not yet 4
 Child's Name years old, please answer these 15 questions.

- | | | |
|---|------------------------|-----|
| 1. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? | YES.... 1
NO..... 0 | 57/ |
| 2. Has your child ever spoken in a partial sentence of 3 words or more? | YES.... 1
NO..... 0 | 58/ |
| 3. Has your child ever walked upstairs by himself/herself without holding on to a rail? | YES.... 1
NO..... 0 | 59/ |
| 4. Has your child ever washed and dried his/her hands without any help except for turning the water on and off? | YES.... 1
NO..... 0 | 60/ |
| 5. Has your child ever counted 3 objects correctly? | YES.... 1
NO..... 0 | 61/ |
| 6. Has your child ever gone to the toilet alone? | YES.... 1
NO..... 0 | 62/ |
| 7. Has your child ever walked up stairs by himself/herself with no help, stepping on each step with only one foot? | YES.... 1
NO..... 0 | 63/ |
| 8. Does your child know his/her own age AND sex? | YES.... 1
NO..... 0 | 64/ |
| 9. Has your child ever said the names of at least 4 colors? | YES.... 1
NO..... 0 | 65/ |

Please turn to next page

- | | | |
|--|-------------------------|-----|
| 10. Has your child ever pedaled a tricycle at least 10 feet? | YES..... 1
NO..... 0 | 66/ |
| <hr/> | | |
| 11. Has your child ever done a somersault without help from anybody? | YES..... 1
NO..... 0 | 67/ |
| <hr/> | | |
| 12. Has your child ever dressed himself/herself without any help except for tying shoes (and buttoning the backs of dresses)? | YES..... 1
NO..... 0 | 68/ |
| <hr/> | | |
| 13. Has your child ever said his/her first and last name together without someone's help? (Nickname may be used for first name.) | YES..... 1
NO..... 0 | 69/ |
| <hr/> | | |
| 14. Has your child ever counted out loud up to 10? | YES..... 1
NO..... 0 | 70/ |
| <hr/> | | |
| 15. Has your child ever drawn a picture of a man or woman with at least 2 parts of the body besides a head? | YES..... 1
NO..... 0 | 71/ |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer. If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

SECTION 4: BEHAVIOR PROBLEMS INDEX
FOR CHILDREN WHO ARE 4 YEARS AND OLDER

For _____ who is at least 4 years old or older.
CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

(If your child has **not yet had** his/her 4th birthday, then you are finished with this booklet.)

These statements are about behavior problems many children have.

As you read each sentence, decide which phrase best describes your child's behavior over the last three months then circle the number that goes with the answer you choose.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. He/She has sudden changes in mood or feeling.

(CIRCLE ONE)

Often true.....	1	72/
Sometimes true.....	2	
Not true.....	3	

2. He/She feels or complains that no one loves him/her.

(CIRCLE ONE)

Often true.....	1	73/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

3. He/She is rather high strung, tense and nervous.

(CIRCLE ONE)

Often true.....	1	74/
Sometimes true.....	2	
Not true.....	3	

4. He/She cheats or tells lies.

(CIRCLE ONE)

Often true.....	1	75/
Sometimes true.....	2	
Not true.....	3	

5. He/She is too fearful or anxious.

(CIRCLE ONE)

Often true.....	1	76/
Sometimes true.....	2	
Not true.....	3	

6. He/She argues too much.

(CIRCLE ONE)

Often true.....	1	77/
Sometimes true.....	2	
Not true.....	3	

7. He/She has difficulty concentrating, cannot pay attention for long.

(CIRCLE ONE)

Often true.....	1	78/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

8. He/She is easily confused, seems to be in a fog.

(CIRCLE ONE)

Often true.....	1	12/
Sometimes true.....	2	
Not true.....	3	

9. He/She bullies or is cruel or mean to others.

(CIRCLE ONE)

Often true.....	1	13/
Sometimes true.....	2	
Not true.....	3	

10. He/She is disobedient at home.

(CIRCLE ONE)

Often true.....	1	14/
Sometimes true.....	2	
Not true.....	3	

11. He/She does not seem to feel sorry after he/she misbehaves.

(CIRCLE ONE)

Often true.....	1	15/
Sometimes true.....	2	
Not true.....	3	

12. He/She has trouble getting along with other children.

(CIRCLE ONE)

Often true.....	1	16/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

13. He/She is impulsive, or acts without thinking.

(CIRCLE ONE)

Often true.....	1	17/
Sometimes true.....	2	
Not true.....	3	

14. He/She feels worthless or inferior.

(CIRCLE ONE)

Often true.....	1	18/
Sometimes true.....	2	
Not true.....	3	

15. He/She is not liked by other children.

(CIRCLE ONE)

Often true.....	1	19/
Sometimes true.....	2	
Not true.....	3	

16. He/She has a lot of difficulty getting his/her mind off certain thoughts
(has obsessions).

(CIRCLE ONE)

Often true.....	1	20/
Sometimes true.....	2	
Not true.....	3	

17. He/She is restless or overly active, cannot sit still.

(CIRCLE ONE)

Often true.....	1	21/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

18. He/She is stubborn, sullen, or irritable.

(CIRCLE ONE)

Often true.....	1	22/
Sometimes true.....	2	
Not true.....	3	

19. He/She has a very strong temper and loses it easily.

(CIRCLE ONE)

Often true.....	1	23/
Sometimes true.....	2	
Not true.....	3	

20. He/She is unhappy, sad, or depressed.

(CIRCLE ONE)

Often true.....	1	24/
Sometimes true.....	2	
Not true.....	3	

21. He/She is withdrawn, does not get involved with others.

(CIRCLE ONE)

Often true.....	1	25/
Sometimes true.....	2	
Not true.....	3	

22. He/She breaks things on purpose or deliberately destroys his/her own or another's things.

(CIRCLE ONE)

Often true.....	1	26/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

23. He/She clings to adults.

(CIRCLE ONE)

Often true.....	1	27/
Sometimes true.....	2	
Not true.....	3	

24. He/She cries too much.

(CIRCLE ONE)

Often true.....	1	28/
Sometimes true.....	2	
Not true.....	3	

25. He/She demands a lot of attention.

(CIRCLE ONE)

Often true.....	1	29/
Sometimes true.....	2	
Not true.....	3	

26. He/She is too dependent on others.

(CIRCLE ONE)

Often true.....	1	30/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

27. He/She is disobedient at school.

(CIRCLE ONE)

Often true.....	1	31/
Sometimes true.....	2	
Not true.....	3	
Never Attended School.....	4	

28. He/She has trouble getting along with teachers.

(CIRCLE ONE)

Often true.....	1	32/
Sometimes true.....	2	
Not true.....	3	
Never Attended School.....	4	

29. He/she feels others are out to get him/her.

(CIRCLE ONE)

Often true.....	1	33/
Sometimes true.....	2	
Not true.....	3	

30. He/she hangs around with kids who get into trouble.

(CIRCLE ONE)

Often true.....	1	34/
Sometimes true.....	2	
Not true.....	3	

31. He/she is secretive, keeps things to himself/herself.

(CIRCLE ONE)

Often true.....	1	35/
Sometimes true.....	2	
Not true.....	3	

32. He/she worries too much.

(CIRCLE ONE)

Often true.....	1	36/
Sometimes true.....	2	
Not true.....	3	

Please turn to next page

MOTHER/GUARDIAN:

- (1) If your child has **not** yet had his/her **10th** birthday, please stop. You have finished this booklet. Please return it to the interviewer. If any questions were unclear, please ask the interviewer about them. Thank You.
- (2) If your child is **10 years or older**, please go to SECTION 5, page MS-69.

SECTION 5: SCHOOL AND FAMILY BACKGROUND
FOR CHILDREN WHO ARE AT LEAST 10 YEARS AND OLDER

For _____ who is at least 10 years old or older.

INSTRUCTIONS TO MOTHER/GUARDIAN:

These questions are about your child's school and family environment.

Most questions you answer by selecting a word or phrase. Please circle the number that goes with the answer you choose.

Other questions you need to write in an answer in the space or boxes.

If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

1. Is the school your child usually attends public, private or religious? Or, doesn't your child attend school?

(CIRCLE ONE)

Public.....	1	
Private.....	2	SKIP TO NEXT PAGE ----->
Religious.....	3	
----- Doesn't attend school...(ANSWER A)... 6		



A. Why doesn't your child attend school?

(CIRCLE ALL THAT APPLY)

Unable to attend because of a physical emotional, or mental condition.....	1	
Expelled or suspended.....	2	39/
School closed because of strike, physical damage, etc.....	3	SKIP TO Q.3, MS-70
You or child's father (father figure) won't let your child attend.....	4	
Other reasons (PLEASE SPECIFY) _____	... 5	42/

Please turn to next page

2. Is the school your child usually attends a:

(CIRCLE ONE)

School for gifted children.....	1	43/
School for handicapped children.....	2	
Regular public or private school.....	3	
Other (PLEASE SPECIFY) _____	4	

3. Has your child repeated any grades for any reason?

YES.....(ANSWER A).....	1	44/
NO.....(SKIP TO Q.4).....	0	

A. What was the reason he/she repeated any grades?

(CIRCLE ALL THAT APPLY)

Academic failure or lack of ability....	1	45/
Immature; acts too young.....	2	46/
Frequently absent (excused absence)....	3	47/
Truancy.....	4	48/
Health reasons.....	5	49/
Moved into a more difficult school.....	6	50/
Other reason (PLEASE SPECIFY) _____	7	51/

4. Has your child 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?

YES.....(ANSWER A).....	1	52/
NO.....(SKIP TO Q.5).....	0	

A. In what grade did this first happen?

GRADE = _____	53-54/
-----------------	--------

5. Has your child ever been suspended or expelled from school?

YES.....(ANSWER A).....	1	55/
NO.....(SKIP TO Q.6, MS-71).....	0	

A. In what grade did this first happen?

GRADE = _____	56-57/
-----------------	--------

6. Is your child:

(CIRCLE ONE)

One of the best students in the class.....	1	58/
Above the middle.....	2	
In the middle.....	3	
Below the middle.....	4	
Near the bottom of the class.....	5	
Doesn't attend school.....	6	

7. Does your child go to a special class or get special help in school for remedial work?

Yes.....	1	
No.....	0	59/
Doesn't attend school.....	6	

8. Does your child go to a special class to get assignments for advanced work?

Yes.....	1	
No.....	0	60/
Doesn't attend school.....	6	

9. Looking ahead how far do you think your child will go in school? Will he/she ...

(CIRCLE ONE)

Leave high school before graduation.....	1	61/
Graduate from high school.....	2	
Get some college or other training.....	3	
Graduate from college.....	4	
Get more than four years of college.....	5	
Or something else? (PLEASE SPECIFY)		
_____	... 6	

Please turn to next page

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If any questions were unclear, please ask the interviewer about them.
Thank you.

INTERVIEWER: SKIP TO LAST PAGE OF MOTHER SUPPLEMENT.

- INTERVIEWER: (1) REVIEW AND COMPLETE MS.
(2) CHECK CHILD FACE SHEET TEST GRID.
(3) FILL OUT FOLLOWING ITEMS.

1. In what language was this interview conducted?

English..... 1

Spanish..... 2

62/

Other (SPECIFY)

_____ 3

2. Please record your interviewer ID #: |__|__|__|__|__|__| 63-68/

3. Please sign your name here: _____

4. Please affix label with your supervisor's name and ID # here:

IF YOU HAVE NOT FINISHED THE CHILD SUPPLEMENT, DO SO NOW.