CASE # _____ - ☐☐
01-06/ 07-08/

BEGIN DECK 01
NORC-4554-C-01
OMB 1220-0109
EXP 12-31-92

NORC
University of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH
OHIO STATE UNIVERSITY

NATIONAL LONGITUDINAL SURVEY OF LABOR FORCE BEHAVIOR

MOTHER SUPPLEMENT

ROUND FOURTEEN

Youth Survey

INTERVIEWER

CODE ONE:

SELF ADMINISTERED. 1

INTERVIEWER ADMINISTERED. 2

TELEPHONE ADMINISTERED. 3
11-12/

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MS CHART

INTERVIEWER: Circle parts Mother should complete. At end of interview, cross out each completed part below.

CHILD'S AGE	The Home	How Child Acts	Motor/Soc Development	Behavior Problems	Sch/Fam Background	Interviewer Remarks
BIRTH: 0 MOS - 3 MOS	1A	2A	3A			6
4 MOS - 6 MOS	1A	2A	3B			6
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10 MOS - 11 MOS	1A	2A	3D			6
1 YEAR	1A	2B	3D			6
1 YR, 1 MO - 1 YR, 3 MOS	1A	2B	3E			6
1 YR, 4 MOS - 1 YR, 6 MOS	1A	2B	3F			6
1 YR, 7 MOS - 1 YR, 9 MOS	1A	2B	3G			6
1 YR, 10 MOS - 1 YR, 11 MOS	1A	2B	3H			6
2 YRS - 2 YRS, 11 MOS	1A	2C	3H			6
3 YRS - 3 YRS, 11 MOS	1B	2C	3H			6
4 YRS - 5 YRS, 11 MOS	1B	2C		4		6
6 YRS - 6 YRS, 11 MOS	1C	2C		4		6
7 YRS - 9 YRS, 11 MOS	1C			4		6
10 YRS AND OLDER	1D			4	5	6

The Home	How Child Acts	Motor/Soc Development	Behavior Problems	Sch/Fam Background	Interviewer Remarks

DECKS 01-02

1. _____ 13-42/
(CHILD'S FULL NAME)

2. **INTERVIEWER:** IS THIS MS BEING COMPLETED THE SAME **DAY** AS THE CS?

YES ..... (SKIP TO Q.5) 1 43-44/
NO ..... (GO TO Q.3) 0

3. RECORD DATE THIS SUPPLEMENT IS BEING COMPLETED. 9 2 | ☐☐ | ☐☐ 45-50/
YEAR MONTH DAY

4. RECORD CHILD'S DOB FROM CHILD FACE SHEET (ITEM 2). _____ — ☐☐ | ☐☐ | ☐☐ 51-56/
YEAR MONTH DAY

5. [RECORD CHILD'S AGE FROM CHILD FACESHEET (ITEM 3) OR COMPUTE CHILD'S AGE BY SUBTRACTING Q.4 FROM Q.3.] ☐☐ | ☐☐ | ☐☐ 57-62/
YEARS MONTHS DAYS

6. CIRCLE AGE-APPROPRIATE SECTIONS ON MS CHART ON INSIDE COVER. WRITE CHILD'S NAME AT TOP OF APPROPRIATE SECTIONS.

BEGIN DECK 02

7. WRITE IN FULL NAME OF PERSON COMPLETING THIS SUPPLEMENT.

_____ 11-40/
(FULL NAME OF MOTHER/GUARDIAN)

8. WHAT IS THIS PERSON'S RELATIONSHIP TO **CHILD**? RECORD RELATIONSHIP AND CODE ONE FROM LIST BELOW. (IF NECESSARY, ASK R FOR THE RELATIONSHIP.)

_____ ☐☐ 41-42/
(RELATIONSHIP TO CHILD)

FATHER 04	OTHER RELATIVE (SPECIFY)
MOTHER 05	_____ 55
BROTHER 06	STEPFATHER 37
SISTER 07	STEPMOTHER 38
GRANDFATHER 08	STEPBROTHER 39
GRANDMOTHER 09	STEPSISTER 40
UNCLE 12	FOSTER FATHER 50
AUNT 13	FOSTER MOTHER 51
GREAT UNCLE 14	GUARDIAN 54
GREAT AUNT 15	OTHER NONRELATIVE (SPECIFY)
COUSIN 16	_____ 56

MOTHER SUPPLEMENT

INTERVIEWER: READ TO MOTHER/GUARDIAN !

INTRODUCTION TO THE MOTHER/GUARDIAN

There are five sections in this booklet, each one for children of different ages. You do only certain parts of the booklet, according to the age of your child.

Your child's name is written on the parts you complete. 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 me about it when you have finished the booklet.

Now, 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 3.

(2) If your child is at least 3 years old but has not had (his/her) 6th birthday, use PART B, page 9.

(3) If your child is at least 6 years old but has not had (his/her) 10th birthday, use PART C, page 15.

(4) If your child has had (his/her) 10th birthday, use PART D, page 23.

HAND MOTHER SUPPLEMENT TO MOTHER

SECTION 1: THE HOME DECK 02

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**)

Not at all	01	43-44/
About once a month or less	02	
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?

(CIRCLE **ONE**)

None	1	45-46/
1 or 2 books	2	
3 to 9 books	3	
10 or more books	4	

PLEASE TURN TO NEXT PAGE

DECK 02

3. How often do you get a chance to read stories to your child?

(CIRCLE **ONE**)

Never	01	47-48/
Several times a year	02	
Several times a month	03	
Once a week	04	
About 3 times a week	05	
Every day	06	

---

4. About how often do you take your child to the grocery store?

(CIRCLE **ONE**)

Twice a week or more	1	49-50/
Once a week	2	
Once a month	3	
Hardly ever	4	

---

5. About how many, if any, **cuddly, soft or role-playing toys** (like a doll) does your child have? (May be shared with sister or brother.)

(WRITE IN NUMBER OF TOYS.)

NUMBER OF TOYS = ☐☐ 51-52/

---

6. About how many, if any, **push or pull toys** does your child have? (May be shared with sister or brother.)

(WRITE IN NUMBER OF TOYS.)

NUMBER OF TOYS = ☐☐ 53-54/

PLEASE GO TO NEXT PAGE

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

(CIRCLE **ONE**)

"Parents should **always spend time** teaching their children" 1 55-56/

"Parents should **usually spend time** teaching their children" 2

"Parents should **usually allow** their children to learn on their own" 3

"Parents should **always allow** their children to learn on their own" 4

---

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

(WRITE IN HOURS PER **WEEKDAY**.) ☐☐ 57-58/

Less than 1 hour per weekday 00

---

9. Now, think about a typical **weekend** day for your family. How much time would you say your child spends watching television on a typical **weekend** day (either in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKEND DAY**.) ☐☐ 59-60/

Less than 1 hour per weekend day 00

---

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

(WRITE IN HOURS PER **DAY**.) ☐☐ 61-62/

Less than 1 hour per day 00

Do not have a TV 95

PLEASE TURN TO NEXT PAGE

DECKS 02-03

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

Yes	1	63-64/
No	0	

---

12. Is this person his/her biological father, step father, or a father-figure?

(CIRCLE ONE)

Biological father	1	BEGIN DECK 03
Step father	2	11-12/
Father-figure	3	
No father, step father, or father-figure	4	

---

13. What is his relationship to <u>you</u>?

(CIRCLE ONE)

Your spouse	01	13-14/
Your ex-spouse	02	
Your partner	03	
Your ex-partner	04	
Your boyfriend	05	
Your ex-boyfriend	06	
Your fiance	07	
Your friend	08	
Your father	09	
Your grandfather	10	
Your brother	11	
Your uncle	12	
Someone else (please write who) _____	13	
No father, step father, or father-figure	14	

---

14. Does your child see this person on a **<u>daily basis</u>**?

Yes	1	15-16/
No	0	
No father, step father, or father-figure	2	

PLEASE GO TO NEXT PAGE

15. How often does your child eat a meal with **both** mother and father (or step father or father-figure)?

(CIRCLE **ONE**)

More than once a day	01	17-18/
Once a day	02	
Several times a week	03	
About once a week	04	
About once a month	05	
Never	06	
No father, step father, or father-figure	07	

---

16. 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	19-20/
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	

---

17. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you had to spank your child in the past week?

NUMBER OF TIMES: ☐☐ 21-22/

Did not spank child last week 00

MOTHER/GUARDIAN:

(1) IF YOUR CHILD IS LESS THAN 1 YEAR OLD, GO TO SECTION 2, PART A, PAGE 31.

(2) IF YOUR CHILD HAS HAD A 1st BIRTHDAY BUT HAS NOT HAD HIS/HER 2nd BIRTHDAY, GO TO SECTION 2, PART B, PAGE 37.

(3) IF YOUR CHILD HAS HAD A 2nd BIRTHDAY, GO TO SECTION 2, PART C, PAGE 41.

THIS PAGE INTENTIONALLY BLANK

SECTION 1: THE HOME DECK 03

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 not had** his/her
CHILD'S NAME **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	01	23-24/
Several times a year	02	
Several times a month	03	
Once a week	04	
At least 3 times a week	05	
Every day	06	

---

2. About how many children's books does your child have?

(CIRCLE **ONE**)

None	1	25-26/
1 or 2 books	2	
3 to 9 books	3	
10 or more books	4	

PLEASE TURN TO NEXT PAGE

DECK 03

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

(CIRCLE **ONE**)

None	1	27-28/
One	2	
Two	3	
Three	4	
Four or more	5	

---

4. Does your child have the use of a record player, or tape deck, or CD 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	29-30/
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	31-32/
The alphabet	2	33-34/
Colors	3	35-36/
Shapes and sizes	4	37-38/
None of the above	5	39-40/

---

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

(CIRCLE **ONE**)

A **great deal** of choice	1	41-42/
Some choice	2	
Little choice	3	
No choice	4	

---

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

(WRITE IN HOURS PER DAY).

HOURS PER DAY: ☐☐ 43-44/

Less than 1 hour per day 00

Do not have a TV 95

PLEASE GO 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	45-46/
Send him/her to his/her room	02	47-48/
Spank him/her	03	49-50/
Talk to him/her	04	51-52/
Ignore it	05	53-54/
Give him/her household chore	06	55-56/
Take away his/her allowance	07	57-58/
Hold child's hands until he/she was calm	08	59-60/
Other (PLEASE WRITE WHAT ELSE)		
_____	09	61-62/

---

9. How often does a 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	63-64/
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 a 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	65-66/
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. Think for a moment about a typical **weekday** for your family. How much time would you say your child spends watching television on a typical **weekday** (either in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKDAY**.) ☐☐ 11-12/

Less than 1 hour per weekday 00

---

12. Now, think about a typical **weekend** day for your family. How much time would you say your child spends watching television on a typical **weekend** day (either in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKEND** DAY.) ☐☐ 13-14/

Less than 1 hour per weekend day 00

---

13. Does your child ever see his or her father, step father, or father-figure?

Yes 1 15-16/

No 0

---

14. Is this person his/her biological father, step father, or a father-figure?

(CIRCLE **ONE**)

Biological father 1 17-18/

Step father 2

Father-figure 3

No father, step father, or father-figure 4

PLEASE GO TO NEXT PAGE

15. What is his relationship to **you**?

(CIRCLE **ONE**)

Your spouse	01	19-20/
Your ex-spouse	02	
Your partner	03	
Your ex-partner	04	
Your boyfriend	05	
Your ex-boyfriend	06	
Your fiance	07	
Your friend	08	
Your father	09	
Your grandfather	10	
Your brother	11	
Your uncle	12	
Someone else (please write who) _____	13	
No father, step father, or father-figure	14	

---

16. Does your child see this person on a **daily basis**?

Yes	1	21-22/
No	0	
No father, step father, or father-figure	2	

---

17. How often does your child eat a meal with **both** mother and father (step father or father-figure)?

(CIRCLE **ONE**)

More than once a day	01	23-24/
Once a day	02	
Several times a week	03	
About once a week	04	
About once a month	05	
Never	06	
No father, step father, or father figure	07	

PLEASE TURN TO NEXT PAGE

18. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you had to spank your child in the past week?

NUMBER OF TIMES = ☐☐ 25-26/

Did not spank child last week 00

PLEASE GO TO SECTION 2, PART C, PAGE 41.

SECTION 1: THE HOME

DECK 04

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

For _____ who **has had** his/her **6rd birthday** but **has not had**
CHILD'S NAME 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 27-28/

1 or 2 2

3 to 9 3

10 or more 4

---

2. About how often do you read aloud to your child?

(CIRCLE ONE)

Never 01 29-30/

Several times a year 02

Several times a month 03

About once a week 04

At least 3 times a week 05

Every day 06

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	31-32/
b.	Clean his/her own room?	1	2	3	4	5	33-34/
c.	Clean up after spills?	1	2	3	4	5	35-36/
d.	Bathe himself/herself?	1	2	3	4	5	37-38/
e.	Pick up after himself/herself?	1	2	3	4	5	39-40/
		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 41-42/

No 0

---

5. Does your family get a daily newspaper?

Yes 1 43-44/

No 0

PLEASE GO TO NEXT PAGE

DECK 04

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

(CIRCLE **ONE**)

Every day	1	45-46/
Several times a week	2	
Several times a month	3	
Several times a year	4	
Never	5	

---

7. Does your family encourage your child to start and keep doing hobbies?

Yes	1	47-48/
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	49-50/
No	0	

---

9. How often has a 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	51-52/
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	53-54/
Once or twice	2	
Several times	3	
About once a month	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	55-56/
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	

---

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

(WRITE IN HOURS PER **WEEKDAY**.) ☐☐ 57-58/

Less than 1 hour per weekday 00

---

13. Now, think for a moment about a typical **weekend** day for your family. How much time would you say your child spends watching television on a typical **weekend** day (in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKEND** DAY.) ☐☐ 59-60/

Less than 1 hour per weekend day 00

PLEASE GO TO NEXT PAGE

DECK 04

14. Does your child ever see his or her father, step father, or father-figure?

Yes	1	61-62/
No	0	

---

15. Is this person his/her biological father, step father, or a father-figure?

(CIRCLE ONE)

Biological father	1	63-64/
Step father	2	
Father-figure	3	
No father, step father, or father-figure	4	

---

16. What is his relationship to **you**?

(CIRCLE ONE)

Your spouse	01	65-66/
Your ex-spouse	02	
Your partner	03	
Your ex-partner	04	
Your boyfriend	05	
Your ex-boyfriend	06	
Your fiance	07	
Your friend	08	
Your father	09	
Your grandfather	10	
Your brother	11	
Your uncle	12	
Someone else (please write who) _____	13	
No father, step father, or father-figure	14	

---

17. About how often does your child spend time with his/her father, step father, or father-figure?

(CIRCLE ONE)

Once a day or more often	01	67-68/
At least 4 times a week	02	
About once a week	03	
About once a month	04	
A few times a year or less	05	
Never	06	
No father, step father, or father-figure	07	

PLEASE TURN TO NEXT PAGE

BEGIN DECK 05

18. About how often does your child spend time with his/her father, step father, or father-figure in **outdoor activities**?

(CIRCLE **ONE**)

Once a day or more often	01	11-12/
At least 4 times a week	02	
About once a week	03	
About once a month	04	
A few times a year or less	05	
Never	06	
No father, step father, or father-figure	07	
Don't know	98	

---

19. How often does your child eat a meal with **both** mother and father (step father or father-figure)?

(CIRCLE **ONE**)

More than once a day	01	13-14/
Once a day	02	
Several times a week	03	
About once a week	04	
About once a month	05	
Never	06	
No father, step father, or father-figure	07	

---

20. When your family watches TV together, do you or your child's father (or step father or father-figure) discuss TV programs with him/her?

Yes	1	15-16/
No	0	
Do not have a TV	2	

PLEASE GO TO NEXT PAGE

DECK 05

21. 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.

(CIRCLE **ALL** THAT APPLY)

Grounding	01	17-18/
Spanking	02	19-20/
Talk with child	03	21-22/
Give him or her household chore	04	23-24/
Ignore it	05	25-26/
Send to room for more than 1 hour	06	27-28/
Take away his/her allowance	07	29-30/
Take away TV or other privileges	08	31-32/
Other (PLEASE WRITE WHAT ELSE) _____	09	33-34/

22. 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	Somewhat Likely	Not Sure How Likely	Somewhat Unlikely	Not At All Likely	
a. contact his or her teacher or principal?	5	4	3	2	1	35-36/
b. lecture the child?	5	4	3	2	1	37-38/
c. keep a closer eye on child's activities?	5	4	3	2	1	39-40/
d. punish the child?	5	4	3	2	1	41-42/
e. talk with the child?	5	4	3	2	1	43-44/
f. wait and see if child improves on his/her own?	5	4	3	2	1	45-46/
g. tell child to spend more time on schoolwork?	5	4	3	2	1	47-48/
h. spend more time helping child with schoolwork?	5	4	3	2	1	49-50/
i. limit or reduce child's non-school activities (play, sports, clubs, etc.)	5	4	3	2	1	51-52/

j. Other (PLEASE WRITE WHAT ELSE)

_____

_____ 8 53-54/

PLEASE TURN TO NEXT PAGE

23. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good.

PLEASE ANSWER EACH QUESTION. **How many times in the past week have you . . .**	**WRITE IN # TIMES IN PAST WEEK**
a. had to spank your child?	☐☐ 55-56/
b. grounded him/her?	☐☐ 57-58/
c. taken away TV or other privileges?	☐☐ 59-60/
d. praised child for doing something worthwhile?	☐☐ 61-62/
e. taken away his/her allowance?	☐☐ 63-64/
f. shown child physical affection (kiss, hug, stroke hair, etc.)?	☐☐ 65-66/
g. sent child to his/her room?	☐☐ 67-68/
h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about child?	☐☐ 69-70/

MOTHER/GUARDIAN:

(1) IF YOUR CHILD HAS NOT HAD A 7th BIRTHDAY, GO TO SECTION 2 PART C, PAGE 41.

(2) IF YOUR CHILD IS AT LEAST AGE 7 YEARS OR OLDER, GO TO SECTION 4, PAGE 65.

SECTION 1: THE HOME

DECK 05

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?

(CIRCLE **ONE**)

None	1	71-72/
1 to 9	2	
10 to 19	3	
20 or more	4	

PLEASE TURN TO NEXT PAGE

BEGIN DECK 06

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	11-12/
b.	Clean his/her own room?	1	2	3	4	5	13-14/
c.	Pick up after himself/herself?	1	2	3	4	5	15-16/
d.	Help keep shared living areas clean and straight?	1	2	3	4	5	17-18/
e.	Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?	1	2	3	4	5	19-20/
f.	Help manage his/her own time (get up on time, be ready for school, etc.)?	1	2	3	4	5	21-22/

		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 23-24/

No 0

---

4. Does your family get a daily newspaper?

Yes 1 25-26/

No 0

PLEASE GO TO NEXT PAGE

DECK 06

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

(CIRCLE **ONE**)

Every day	1	27-28/
Several times a week	2	
Several times a month	3	
Several times a year	4	
Never	5	
Don't know	8	

---

6. Does your family encourage your child to start and keep doing hobbies?

Yes	1	29-30/
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	31-32/
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	33-34/
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	35-36/
Once or twice	2	
Several times	3	
About once a month	4	
About once a week or more	5	

PLEASE TURN TO NEXT PAGE

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

(CIRCLE ONE)

Once a year or less	1	37-38/
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. Think for a moment about a typical **weekday** for your family. How much time would you say your child spends watching television on a typical **weekday** (in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKDAY**.) ☐☐ 39-40/

Less than 1 hour per weekday 00

---

12. Now, think for a moment about a typical **weekend** day for your family. How much time would you say your child spends watching television on a typical **weekend** day (in your home or elsewhere)?

(WRITE IN HOURS PER **WEEKEND** DAY.) ☐☐ 41-42/

Less than 1 hour per weekend day 00

---

13. Does your child ever see his or her father, step father, or father-figure?

Yes	1	43-44/
No	0	

---

14. Is this person his/her biological father, step father, or a father-figure?

(CIRCLE ONE)

Biological father	1	45-46/
Step father	2	
Father-figure	3	
No father, step father, or father-figure	4	

PLEASE GO TO NEXT PAGE

DECK 06

15. What is his relationship to **you**?

(CIRCLE ONE)

Your spouse	01	47-48/
Your ex-spouse	02	
Your partner	03	
Your ex-partner	04	
Your boyfriend	05	
Your ex-boyfriend	06	
Your fiance	07	
Your friend	08	
Your father	09	
Your grandfather	10	
Your brother	11	
Your uncle	12	
Someone else (please write who) _____	13	
No father, step father, or father-figure	14	

---

16. About how often does your child spend time with his/her father, step father, or father-figure?

(CIRCLE ONE)

Once a day or more often	01	49-50/
At least 4 times a week	02	
About once a week	03	
About once a month	04	
A few times a year or less	05	
Never	06	
No father,step father, or father-figure	07	

---

17. About how often does your child spend time with his/her father, step father, or father-figure in **outdoor activities**?

(CIRCLE ONE)

Once a day or more often	01	51-52/
At least 4 times a week	02	
About once a week	03	
About once a month	04	
A few times a year or less	05	
Never	06	
No father, step father, or father-figure	07	
Don't know	98	

PLEASE TURN TO NEXT PAGE

18. How often does your child eat a meal with **both** mother and father (step father or father-figure)?

(CIRCLE **ONE**)

More than once a day	01	53-54/
Once a day	02	
Several times a week	03	
About once a week	04	
About once a month	05	
Never	06	
No father, step father, or father-figure	07	

---

19. When your family watches TV together, do you or your child's father (or step father or father-figure) discuss TV programs with him/her?

Yes	1	55-56/
No	0	
Do not have a TV	2	

---

20. 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.

(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, phone, or other privileges	08	71-72/
Other (PLEASE WRITE WHAT ELSE)		
_____	09	73-74/

PLEASE GO TO NEXT PAGE

BEGIN DECK 07

21. 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	Somewhat Likely	Not Sure How Likely	Somewhat Unlikely	Not At All Likely	
a. contact his or her teacher or principal?	5	4	3	2	1	11-12/
b. lecture the child?	5	4	3	2	1	13-14/
c. keep a closer eye on child's activities?	5	4	3	2	1	15-16/
d. punish the child?	5	4	3	2	1	17-18/
e. talk with the child?	5	4	3	2	1	19-20/
f. wait and see if child improves on his/her own?	5	4	3	2	1	21-22/
g. tell child to spend more time on schoolwork?	5	4	3	2	1	23-24/
h. spend more time helping child with schoolwork?	5	4	3	2	1	25-26/
i. limit or reduce child's non-school activities (play, sports, clubs, etc.)	5	4	3	2	1	27-28/
j. Other (PLEASE WRITE WHAT ELSE)						
_____						
_____					8	29-30/

PLEASE TURN TO NEXT PAGE

22. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good.

PLEASE ANSWER EACH QUESTION. **How many times in the past week have you . . .**	**WRITE IN # TIMES IN PAST WEEK**
a. had to spank your child?	☐☐ 31-32/
b. grounded him/her?	☐☐ 33-34/
c. taken away TV or other privileges?	☐☐ 35-36/
d. praised child for doing something worthwhile?	☐☐ 37-38/
e. taken away his/her allowance?	☐☐ 39-40/
f. shown child physical affection (kiss, hug, stroke hair, etc.)?	☐☐ 41-42/
g. sent child to his/her room?	☐☐ 43-44/
h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about child?	☐☐ 45-46/

GO TO SECTION 4, PAGE 65.

SECTION 2: HOW MY INFANT USUALLY ACTS

DECK 07

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 <u>often</u> 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	47-48/
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	49-50/
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	51-52/
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	53-54/
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	55-56/
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 infant wakes up in the morning, how often is he/she in the same mood?

(CIRCLE ONE)

Almost never	1	57-58/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

PLEASE GO TO NEXT PAGE

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

(CIRCLE ONE)

Almost never	1	59-60/
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	61-62/
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	63-64/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

---

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	65-66/
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 you play with your infant, how often does he/she smile or laugh?

(CIRCLE **ONE**)

Almost never	1	67-68/
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	69-70/
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	71-72/
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	73-74/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

PLEASE GO TO NEXT PAGE

BEGIN DECK 08

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

(CIRCLE ONE)

Almost never 1 11-12/

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 NOTE THAT THE ANSWERS TO QUESTIONS 16 AND 17 ARE DIFFERENT FROM THE REST.

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

(CIRCLE ONE)

Almost never 1 13-14/

Once or twice a day 2

Couple of times in AM and PM 3

Several times a day 4

Almost every hour 5

---

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

(CIRCLE ONE)

Almost never 1 15-16/

Less than average 2

About average 3

More than average 4

Almost always 5

MOTHER/GUARDIAN: PLEASE GO TO SECTION 3, PAGE 47.

THIS PAGE INTENTIONALLY BLANK

SECTION 2: HOW MY TODDLER USUALLY ACTS DECK 08

PART B: FOR CHILDREN WHO ARE 1 YEAR OLD

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

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 17-18/
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 19-20/
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	21-22/
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	23-24/
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	25-26/
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	27-28/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

PLEASE GO TO NEXT PAGE

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

(CIRCLE ONE)

Almost never	1	29-30/
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	31-32/
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	33-34/
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 QUESTIONS 10 AND 11 ARE DIFFERENT FROM THE REST.

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

(CIRCLE ONE)

Almost never	1	35-36/
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	37-38/
Less than average	2	
About average	3	
More than average	4	
Almost always	5	

MOTHER/GUARDIAN:
PLEASE GO TO SECTION 3, PAGE 47.

SECTION 2: HOW MY CHILD USUALLY ACTS

DECK 08

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 had** his/her **7th birthday.**
CHILD'S NAME

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 39-40/

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 41-42/

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	43-44/
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	45-46/
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	47-48/
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	49-50/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

PLEASE GO 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	51-52/
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	53-54/
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	55-56/
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	57-58/
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	59-60/
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	61-62/
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	63-64/
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	65-66/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

PLEASE GO TO NEXT PAGE

BEGIN DECK 09

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	11-12/
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	13-14/
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	15-16/
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	17-18/
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	19-20/
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	21-22/
Less than 1/2 the time	2	
1/2 the time	3	
More than 1/2 the time	4	
Almost always	5	

(1) IF YOUR CHILD <u>HAS NOT YET HAD</u> A 4th BIRTHDAY, PLEASE GO TO SECTION 3, PAGE 47.

(2) IF YOUR CHILD <u>IS 4 YEARS OR OLDER</u>, PLEASE GO TO SECTION 4, PAGE 65.

DECK 09

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

FOR CHILDREN WHO ARE LESS THAN 4 YEARS OLD

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. Please make sure you have filled out both the front and back of your page.

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 AGES . . .	FOUND ON . . .
0-3 MOS	Page 48
4-6 MOS	Page 50
7-9 MOS	Page 52
10-12 MOS	Page 54
1 YR, 1 MO - 1 YR, 3 MOS	Page 56
1 YR, 4 MOS - 1 YR, 6 MOS	Page 58
1 YR, 7 MOS - 1 YR, 9 MOS	Page 60
1 YR, 10 MOS - 3 YRS, 11 MOS	Page 62

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 09

PART A: (0 - 3 MONTHS)

MOTHER/GUARDIAN:

If _____ is **younger than 4 months**, please answer these 15 questions.
CHILD'S NAME

1.	When lying on his/her stomach, has your child ever turned his/her head from side to side?	Yes . . . . . 1 No 0 23-24/
2.	Have your child's eyes ever followed a moving object?	Yes . . . . . 1 No 0 25-26/
3.	When lying on his/her stomach on a flat surface, has your child ever lifted his/her head off the surface for a moment?	Yes . . . . . 1 No 0 27-28/
4.	Have your child's eyes ever followed a moving object all the way from one side to the other?	Yes . . . . . 1 No 0 29-30/
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 31-32/
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 33-34/
7.	Has your child ever turned his/her head around to look at something?	Yes . . . . . 1 No 0 35-36/

PLEASE GO TO NEXT PAGE

PART A: (0 - 3 MONTHS)
(CONTINUED)

DECK 09

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 37-38/
9.	Has your child ever laughed out loud without being tickled or touched?	Yes . . . . . 1 No 0 39-40/
10.	Has your child ever held in one hand a moderate size object such as a block or a rattle?	Yes . . . . . 1 No 0 41-42/
11.	Has your child ever rolled over on his/her own ON PURPOSE?	Yes . . . . . 1 No 0 43-44/
12.	Has your child ever seemed to enjoy looking in the mirror at himself or herself?	Yes . . . . . 1 No 0 45-46/
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 47-48/
14.	Has your child ever looked around with his/her eyes for a toy which was lost or not nearby?	Yes . . . . . 1 No 0 49-50/
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 51-52/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 09

PART B: (4 - 6 MONTHS)

MOTHER/GUARDIAN:

If _____ is at least **4 months old**, but not **yet 7 months** old,
CHILD'S NAME 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 53-54/
2.	Has your child ever laughed out loud without being tickled or touched?	Yes . . . . . 1 No 0 55-56/
3.	Has your child ever held in one hand a moderate size object such as a block or a rattle?	Yes . . . . . 1 No 0 57-58/
4.	Has your child ever rolled over on his/her own ON PURPOSE?	Yes . . . . . 1 No 0 59-60/
5.	Has your child ever seemed to enjoy looking in the mirror at himself or herself?	Yes . . . . . 1 No 0 61-62/
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 63-64/
7.	Has your child ever looked around with his/her eyes for a toy which was lost or not nearby?	Yes . . . . . 1 No 0 65-66/

PLEASE GO TO NEXT PAGE

PART B: (4 - 6 MONTHS)
(CONTINUED)

BEGIN DECK 10

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 11-12/
9.	Has your child ever sat for 10 minutes without any support at all?	Yes . . . . . 1 No 0 13-14/
10.	Has your child ever pulled himself/herself to a standing position without help from another person?	Yes . . . . . 1 No 0 15-16/
11.	Has your child ever crawled when left lying on his/her stomach?	Yes . . . . . 1 No 0 17-18/
12.	Has your child ever said any recognizable words such as "mama" or "dada"?	Yes . . . . . 1 No 0 19-20/
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 21-22/
14.	Has your child ever walked at least 2 steps with one hand held or holding on to something?	Yes . . . . . 1 No 0 23-24/
15.	Has your child ever waved good-bye without help from another person?	Yes . . . . . 1 No 0 25-26/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 10

PART C: (7 - 9 MONTHS)

MOTHER/GUARDIAN:

If _____ is at least **7 months old**, but not **yet 10 months** old, please answer these 15 questions.
CHILD'S NAME

1.	Has your child ever seemed to enjoy looking in the mirror at himself/herself?	Yes . . . . . 1 No 0 27-28/
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 29-30/
3.	Has your child ever looked around with his/her eyes for a toy which was lost or not nearby?	Yes . . . . . 1 No 0 31-32/
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 33-34/
5.	Has your child ever sat for 10 minutes without any support at all?	Yes . . . . . 1 No 0 35-36/
6.	Has your child ever pulled himself/herself to a standing position without help from another person?	Yes . . . . . 1 No 0 37-38/
7.	Has your child ever crawled when left lying on his/her stomach?	Yes . . . . . 1 No 0 39-40/

PLEASE GO TO NEXT PAGE

PART C: (7 - 9 MONTHS)
(CONTINUED)

DECK 10

8.	Has your child ever said any recognizable words such as "mama" or "dada"?	Yes . . . . . 1 No 0 41-42/
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 43-44/
10.	Has your child ever walked at least 2 steps with one hand held or holding on to something?	Yes . . . . . 1 No 0 45-46/
11.	Has your child ever waved good-bye without help from another person?	Yes . . . . . 1 No 0 47-48/
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 49-50/
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 51-52/
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 53-54/
15.	Has your child ever walked at least 2 steps without holding on to anything or another person?	Yes . . . . . 1 No 0 55-56/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 10

PART D: (10 - 12 MONTHS)

MOTHER/GUARDIAN:

If _____ is at least **10 months old**, but not **yet 13 months** old,
CHILD'S NAME please answer these 15 questions.

1.	Has your child ever crawled when left lying on his/her stomach?	Yes . . . . . 1 No 0 57-58/
2.	Has your child ever said any recognizable words such as "mama" or "dada"?	Yes . . . . . 1 No 0 59-60/
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 61-62/
4.	Has your child ever walked at least 2 steps with one hand held or holding on to something?	Yes . . . . . 1 No 0 63-64/
5.	Has your child ever waved good-bye without help from another person?	Yes . . . . . 1 No 0 65-66/
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 67-68/
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 69-70/

PLEASE GO TO NEXT PAGE

PART D: (10 - 12 MONTHS)
(CONTINUED)

BEGIN DECK 11

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 11-12/
9. Has your child ever walked at least 2 steps without holding on to anything or another person?	Yes . . . . . 1 No 0 13-14/
10. Has your child ever crawled up at least 2 stairs or steps?	Yes . . . . . 1 No 0 15-16/
11. Has your child said 2 recognizable words besides "mama" and "dada"?	Yes . . . . . 1 No 0 17-18/
12. Has your child ever run?	Yes . . . . . 1 No 0 19-20/
13. Has your child ever said the name of a familiar object, such as a ball?	Yes . . . . . 1 No 0 21-22/
14. Has your child ever made a line with a crayon or pencil?	Yes . . . . . 1 No 0 23-24/
15. Did your child ever walk up at least 2 stairs with one hand held or holding the railing?	Yes . . . . . 1 No 0 25-26/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART E: (1 YR, 1 MO - 1 YR, 3 MOS)

MOTHER/GUARDIAN:

If _____ is at least **13 months old**, but not **yet 16 months** old, please answer these 15 questions.
CHILD'S NAME

1.	Has your child ever waved good-bye without help from another person?	Yes . . . . . 1 No 0 27-28/
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 29-30/
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 31-32/
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 33-34/
5.	Has your child ever walked at least 2 steps without holding on to anything or another person?	Yes . . . . . 1 No 0 35-36/
6.	Has your child ever crawled up at least 2 stairs or steps?	Yes . . . . . 1 No 0 37-38/
7.	Has your child said 2 recognizable words besides "mama" and "dada"?	Yes . . . . . 1 No 0 39-40/

PLEASE GO TO NEXT PAGE

PART E: (1 YR, 1 MOS - 1 YR, 3 MOS)
(CONTINUED)

DECK 11

8. Has your child ever run?	Yes . . . . . 1 No 0 41-42/
9. Has your child ever said the name of a familiar object such as a ball?	Yes . . . . . 1 No 0 43-44/
10. Has your child ever made a line with a crayon or pencil?	Yes . . . . . 1 No 0 45-46/
11. Did your child ever walk up at least 2 stairs with one hand held or holding the railing?	Yes . . . . . 1 No 0 47-48/
12. Has your child ever fed himself/herself with a spoon or fork without spilling much?	Yes . . . . . 1 No 0 49-50/
13. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?	Yes . . . . . 1 No 0 51-52/
14. Has your child ever spoken a partial sentence of 3 words or more?	Yes . . . . . 1 No 0 53-54/
15. Has your child ever walked up stairs by himself/herself without holding on to a rail?	Yes . . . . . 1 No 0 55-56/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 11

PART F: (1 YR, 4 MOS - 1 YR, 6 MOS)

MOTHER/GUARDIAN:

If _____ is at least **16 months old**, but not **yet 19 months** old,
CHILD'S NAME 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 57-58/
2.	Has your child ever crawled up at least 2 stairs or steps?	Yes . . . . . 1 No 0 59-60/
3.	Has your child said 2 recognizable words besides "mama" and "dada"?	Yes . . . . . 1 No 0 61-62/
4.	Has your child ever run?	Yes . . . . . 1 No 0 63-64/
5.	Has your child ever said the name of a familiar object such as a ball?	Yes . . . . . 1 No 0 65-66/
6.	Has your child ever made a line with a crayon or pencil?	Yes . . . . . 1 No 0 67-68/
7.	Did your child ever walk up at least 2 stairs with one hand held or holding the railing?	Yes . . . . . 1 No 0 69-70/
8.	Has your child ever fed himself/herself with a spoon or fork without spilling much?	Yes . . . . . 1 No 0 71-72/

PLEASE GO TO NEXT PAGE

PART F: (1 YR, 4 MOS - 1 YR, 6 MOS) (CONTINUED) BEGIN DECK 12

9.	Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?	Yes . . . . . 1 No 0 11-12/
10.	Has your child ever spoken in a partial sentence of 3 words or more?	Yes . . . . . 1 No 0 13-14/
11.	Has your child ever walked upstairs by himself/herself without holding on to a rail?	Yes . . . . . 1 No 0 15-16/
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 17-18/
13.	Has your child ever counted 3 objects correctly?	Yes . . . . . 1 No 0 19-20/
14.	Has your child ever gone to the toilet alone?	Yes . . . . . 1 No 0 21-22/
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 23-24/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 12

PART G: (1 YR, 7 MOS - 1 YR, 9 MOS)

MOTHER/GUARDIAN:

If _____ is at least **19 months old**, but not **yet 22 months old**, please answer these 15 questions.
CHILD'S NAME

1. Has your child ever run?	Yes . . . . . 1 No 0 25-26/
2. Has your child ever said the name of a familiar object such as a ball?	Yes . . . . . 1 No 0 27-28/
3. Has your child ever made a line with a crayon or pencil?	Yes . . . . . 1 No 0 29-30/
4. Did your child ever walk up at least 2 stairs with one hand held or holding the railing?	Yes . . . . . 1 No 0 31-32/
5. Has your child ever fed himself/herself with a spoon or fork without spilling much?	Yes . . . . . 1 No 0 33-34/
6. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?	Yes . . . . . 1 No 0 35-36/
7. Has your child ever spoken in a partial sentence of 3 words or more?	Yes . . . . . 1 No 0 37-38/
8. Has your child ever walked up stairs by himself/herself without holding on to a rail?	Yes . . . . . 1 No 0 39-40/

PLEASE GO TO NEXT PAGE

PART G: (1 YR, 7 MOS - 1 YR, 9 MOS) DECK 12
(CONTINUED)

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	41-42/
10. Has your child ever counted 3 objects correctly?	Yes . . . . . 1 No 0	43-44/
11. Has your child ever gone to the toilet alone?	Yes . . . . . 1 No 0	45-46/
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	47-48/
13. Does your child know his/her own age AND sex?	Yes . . . . . 1 No 0	49-50/
14. Has your child ever said the names of at least 4 colors?	Yes . . . . . 1 No 0	51-52/
15. Has your child ever pedaled a tricycle at least 10 feet?	Yes . . . . . 1 No 0	53-54/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT DECK 12

PART H: (1 YR, 10 MOS - 3 YEARS, 11 MOS)

MOTHER/GUARDIAN:

If _____ is at least **22 months old**, but not **yet 4 years** old,
CHILD'S NAME 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 55-56/
2.	Has your child ever spoken a partial sentence of 3 words or more?	Yes . . . . . 1 No 0 57-58/
3.	Has your child ever walked up stairs by himself/herself without holding on to a rail?	Yes . . . . . 1 No 0 59-60/
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 61-62/
5.	Has your child ever counted 3 objects correctly?	Yes . . . . . 1 No 0 63-64/
6.	Has your child ever gone to the toilet alone?	Yes . . . . . 1 No 0 65-66/
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 67-68/
8.	Does your child know his/her own age AND sex?	Yes . . . . . 1 No 0 69-70/
9.	Has your child ever said the names of at least 4 colors?	Yes . . . . . 1 No 0 71-72/

PLEASE GO TO NEXT PAGE

PART H: (1 YR, 10 MOS - 3 YEARS, 11 MOS) (CONTINUED) BEGIN DECK 13

10. Has your child ever pedaled a tricycle at least 10 feet?	Yes . . . . . 1 No 0	11-12/
11. Has your child ever done a somersault without help from anybody?	Yes . . . . . 1 No 0	13-14/
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	15-16/
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	17-18/
14. Has your child ever counted out loud up to 10?	Yes . . . . . 1 No 0	19-20/
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	21-22/

MOTHER/GUARDIAN: PLEASE LOOK OVER ALL THE PAGES YOU FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER.

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SECTION 4: BEHAVIOR PROBLEMS INDEX

DECK 13

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 23-24/

Sometimes true 2

Not true 3

---

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

(CIRCLE **ONE**)

Often true 1 25-26/

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	27-28/
Sometimes true	2	
Not true	3	

---

4. He/She cheats or tells lies.

(CIRCLE ONE)

Often true	1	29-30/
Sometimes true	2	
Not true	3	

---

5. He/She is too fearful or anxious.

(CIRCLE ONE)

Often true	1	31-32/
Sometimes true	2	
Not true	3	

---

6. He/She argues too much.

(CIRCLE ONE)

Often true	1	33-34/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	35-36/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	37-38/
Sometimes true	2	
Not true	3	

PLEASE GO TO NEXT PAGE

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

(CIRCLE ONE)

Often true	1	39-40/
Sometimes true	2	
Not true	3	

---

10. He/She is disobedient at home.

(CIRCLE ONE)

Often true	1	41-42/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	43-44/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	45-46/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	47-48/
Sometimes true	2	
Not true	3	

---

14. He/She feels worthless or inferior.

(CIRCLE ONE)

Often true	1	49-50/
Sometimes true	2	
Not true	3	

PLEASE TURN TO NEXT PAGE

DECK 13

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

(CIRCLE ONE)

Often true	1	51-52/
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	53-54/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	55-56/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	57-58/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	59-60/
Sometimes true	2	
Not true	3	

---

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

(CIRCLE ONE)

Often true	1	61-62/
Sometimes true	2	
Not true	3	

PLEASE GO TO NEXT PAGE

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

(CIRCLE ONE)

Often true	1	63-64/
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	65-66/
Sometimes true	2	
Not true	3	

---

23. He/She clings to adults.

(CIRCLE ONE)

Often true	1	67-68/
Sometimes true	2	
Not true	3	

---

24. He/She cries too much.

(CIRCLE ONE)

Often true	1	69-70/
Sometimes true	2	
Not true	3	

---

25. He/She demands a lot of attention.

(CIRCLE ONE)

Often true	1	71-72/
Sometimes true	2	
Not true	3	

---

26. He/She is too dependent on others.

(CIRCLE ONE)

Often true	1	73-74/
Sometimes true	2	
Not true	3	

PLEASE TURN TO NEXT PAGE

BEGIN DECK 14

27. He/She feels others are out to get him/her.

(CIRCLE ONE)

Often true	1	11-12/
Sometimes true	2	
Not true	3	

---

28. He/She hangs around with kids who get into trouble.

(CIRCLE ONE)

Often true	1	13-14/
Sometimes true	2	
Not true	3	

---

29. He/She is secretive, keeps things to himself/herself.

(CIRCLE ONE)

Often true	1	15-16/
Sometimes true	2	
Not true	3	

---

30. He/She worries too much.

(CIRCLE ONE)

Often true	1	17-18/
Sometimes true	2	
Not true	3	

PLEASE GO TO NEXT PAGE

PLEASE ANSWER EVEN IF SCHOOL IS NOT IN SESSION

31. He/She is disobedient at school.

(CIRCLE ONE)

Often true 1 19-20/

Sometimes true 2

Not true 3

Child has **never** attended school 4

---

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

(CIRCLE ONE)

Often true 1 21-22/

Sometimes true 2

Not true 3

Child has **never** attended school 4

MOTHER/GUARDIAN:

(1) IF YOUR CHILD HAS NOT YET HAD A 10th BIRTHDAY, PLEASE STOP. PLEASE LOOK OVER THE PAGES YOU FILLED OUT. MAKE SURE YOU DID NOT SKIP ANY QUESTIONS BY MISTAKE. RETURN THE BOOKLET TO THE INTERVIEWER. IF ANY QUESTIONS WERE UNCLEAR, PLEASE ASK THE INTERVIEWER ABOUT THEM.

(2) IF YOUR CHILD IS 10 YEARS OR OLDER, PLEASE GO TO SECTION 5, PAGE 73.

PLEASE TURN TO NEXT PAGE

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DECK 14

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.
CHILD'S NAME

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?

(CIRCLE ONE)

Public 1 23-24/

Private 2

Religious 3

Does not attend school at all 4

---

2. If child attends school, is the school your child usually attends a . . .

(CIRCLE ONE)

regular public or private school? 1 25-26/

school for gifted children? 2

school for handicapped children? 3

Other (WRITE WHAT TYPE)

_____ 4

Does not attend school at all 5

PLEASE TURN TO NEXT PAGE

3. If your child does **not** attend school, what is the reason?

Unable to attend because of a physical, emotional, or mental condition 01	27-28/
Expelled or suspended 02	
School closed because of strike, physical damage, etc . . . 03	
Your child's father (step father or father-figure) won't let your child attend 04	
Other reasons (PLEASE SPECIFY) _____ 05	
Does not apply, child attends school 06	

---

4. Has your child repeated any grade(s) for any reason?

Yes 1	29-30/
No 0	

A. If so, what was the reason he or she repeated any grade?

(CIRCLE **ALL** THAT APPLY)

Never repeated any grade 00	31-32/
Academic failure or lack of ability 01	33-34/
Immature; acts too young 02	35-36/
Frequently absent (excused absence) 03	37-38/
Truancy (unexcused absence) 04	39-40/
Health reasons 05	41-42/
Moved into a more difficult school 06	43-44/
Other reason (PLEASE SPECIFY) _____ 07	45-46/

---

5. 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 1	47-48/
No 0	

A. If so, in what grade did this first happen?

GRADE = ☐☐ 49-50/

DOES NOT APPLY 95

PLEASE GO TO NEXT PAGE

DECK 14

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

Yes 1 51-52/

No 0

A. If so, in what grade did this first happen?

GRADE = ☐☐ 53-54/

NEVER SUSPENDED OR EXPELLED 95

---

7. Is your child . . .

(CIRCLE ONE)

one of the best students in the class? 01 55-56/

above the middle? 02

in the middle? 03

below the middle? 04

near the bottom of the class? 05

Does not attend school 06

---

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

Yes 1 57-58/

No 0

Does not attend school 4

---

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

Yes 1 59-60/

No 0

Does not attend school 4

PLEASE TURN TO NEXT PAGE

DECK 14

10. Now I'd like you to grade the school your child attends according to how well **you** think the school does its job. For each question, tell me whether you would give the school a grade of A, B, C, D, or Fail. What grade would you give for . . .

		A	B	C	D	Fail	
a.	how much the teachers care about the students?	5	4	3	2	1	61-62/
b.	how effective the principal is as the leader of the school?	5	4	3	2	1	63-64/
c.	the skill of the teachers?	5	4	3	2	1	65-66/
d.	how safe the school is for the students to attend?	5	4	3	2	1	67-68/
e.	letting parents know how their children are doing?	5	4	3	2	1	69-70/
f.	letting parents participate in decisions about how the school is run?	5	4	3	2	1	71-72/
g.	helping students learn the difference between right and wrong?	5	4	3	2	1	73-74/
h.	maintaining order and discipline?	5	4	3	2	1	75-76/
i.	does not attend school at all 6						77-78/

BEGIN DECK 15

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

(CIRCLE **ONE**)

leave high school before graduation? 01 11-12/

graduate from high school? 02

get some college or other training? 03

graduate from college? 04

take further training after college? 05

or something else? (PLEASE SPECIFY)

_____ 06

PLEASE GO TO NEXT PAGE

DECK 15

12. In general, how much trouble has your child been to bring up?

(CIRCLE **ONE**)

None 1 13-14/

Just a little 2

Quite a bit 3

A lot 4

---

13. Think now about how things are going in general in your child's life. Please rate each of the following parts of your child's life as either excellent, good, only fair, or poor. First . . .

		Excellent	Good	Fair	Poor		
a.	(His/Her) health.	4	3	2	1		15-16/
b.	(His/Her) friendships.	4	3	2	1		17-18/
c.	(His/Her) relationship with you.	4	3	2	1		19-20/
d.	(His/Her) Feelings about (himself/herself).	4	3	2	1		21-22/
e.	(His/Her) prospects for the future.	4	3	2	1		23-24/
f.	(His/Her) relationships with brothers, sisters, or other children (he/she) lives with	4	3	2	1	0 (No other children in the household)	25-26/

---

14. How many of your child's close friends do you know by sight **and** by first and last name? Do you know:

(CIRCLE **ONE**)

All of them 01 27-28/

Most of them 02

About half 03

Only a few 04

None of them 05

Child has no close friends 06

PLEASE TURN TO NEXT PAGE

15. About how often do you know who your child is **with** when (he/she) is not at home? Would you say you know who he/she is with . . . (READ)

(CIRCLE **ONE**)

All the time	1	29-30/
Most of the time	2	
Some of the time, or	3	
Only rarely?	4	

---

16. **In the past year,** how often has your child attended religious services, (including Sunday School, or other religious classes)?

(CIRCLE **ONE**)

About once a week	1	31-32/
At least once a month	2	
A few times a year	3	
Never	4	

---

17. Aside from attending religious services, how important is it to you to provide religious training for your child?

(CIRCLE **ONE**)

Very important	1	33-34/
Fairly important	2	
Not at all important	3	

MOTHER/GUARDIAN:

PLEASE LOOK OVER ALL THE PAGES YOU HAVE FILLED OUT. PLEASE MAKE SURE YOU DID NOT SKIP ANY ITEMS BY MISTAKE. RETURN THIS BOOKLET TO THE INTERVIEWER. IF ANY QUESTIONS WERE UNCLEAR, PLEASE ASK THE INTERVIEWER ABOUT THEM. THANK YOU.

SECTION 6: INTERVIEWER REMARKS

DECK 15

INTERVIEWER:

(1) REVIEW **ALL** SECTIONS AND MAKE SURE **ALL** APPROPRIATE PAGES ARE COMPLETELY FILLED OUT.

(2) CHECK MS CHART ON INSIDE COVER. CROSS OUT SECTION #'S OF PARTS COMPLETED.

(3) CHECK CHILD FACE SHEET TEST GRID.

(4) FILL OUT FOLLOWING ITEMS:

---

1. IN WHAT LANGUAGE WAS THIS **MOTHER SUPPLEMENT** ADMINISTERED?

ENGLISH 1 35-36/

OTHER (SPECIFY)

_____ 3

---

2. In general, was the respondent's understanding of the questions . . .

Good? 1 37-38/

Fair? 2

Poor? 3

---

3. List questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

None . . . . . (GO TO Q.4) 0 39-40/

or

	Section		Question	
A.	_____	41-42/	_____	43-45/
B.	_____	46-47/	_____	48-50/
C.	_____	51-52/	_____	53-55/

Describe Problem:_____

_____

4. PLEASE RECORD YOUR INTERVIEWER ID #: ☐☐☐☐☐☐ 56-61/

5. PLEASE SIGN YOUR NAME HERE: _____

_____

6. PLEASE AFFIX LABEL WITH YOUR SUPERVISOR'S NAME AND ID # BELOW:

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