

**Measures for Assessment of Functioning and Outcomes in
Longitudinal Research on Child Abuse
Volume 2: Middle Childhood**



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Abstract

LONGSCAN is a consortium of five longitudinal studies of the antecedents and consequences of child abuse and neglect with common measurement and data collection procedures. The consortium came together and developed interview protocols for measuring etiologic and outcome variables related to child maltreatment in response to a call from the National Research Council for longitudinal research in child abuse and neglect. This manual, the second of two volumes, describes measures used by the LONGSCAN consortium at major interviews at Ages 6 and 8 and at annual contact interviews at Ages 5, 7, 9, 10, and 11. The first volume described measures used by the LONGSCAN consortium at the Age 4 interview, and at major interviews before Age 4 for the two studies who joined the consortium with children younger than 4. Each entry includes a description of the measure, its origin, administration and scoring information, norms and comparative data, descriptive statistics from the LONGSCAN samples, data on reliability and validity, and a copy of the instrument itself (as used in LONGSCAN), when permissible. The manual serves as an essential reference for users of LONGSCAN data, as well as for all researchers who seek useful measures related to child and family well-being.

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Introduction

Background

In 1991, the National Academy of Sciences, at the request of the Administration for Children, Youth, and Families, charged an expert panel with evaluating the strengths and weaknesses of current research on child maltreatment and developing a research agenda (National Research Council, 1993). The panel concluded that methodology and instrumentation issues were some of the most significant barriers to the conduct of useful research in the area of child abuse and neglect. Their recommendations called for attention to the development of techniques to measure individual experiences of maltreatment (as opposed to reliance on data from agency records), use of well-established instrumentation to measure etiologic or outcome variables, and the development of new measures accompanied by clear descriptions of the measures' development, administration and scoring protocols, and information on reliability and validity whenever possible (*See Recommendation 8-7, p. 317*).

Others have noted the extent to which inadequate measures have led to meaningless or misleading results in maltreatment research (Fantuzzo & Twentyman, 1986; Milner, 1991). Fantuzzo and his colleagues have specifically noted the absence of ecological validity and inappropriate measurement in much of the research on maltreatment. In fact, lack of attention to reliability, validity, and cultural sensitivity in the selection and development of research instruments is a common criticism of social science research, especially in studies focused on disadvantaged, minority populations (Garcia Coll et al., 1996; McGuire & Earls, 1993). Ecological validity and cultural sensitivity are enhanced by gathering information in the child's typical contextual settings and from multiple natural respondents. Testing of maltreating families in unfamiliar settings (clinics, shelters, crisis centers, etc.) may distort the responses of both children and their parents (Fantuzzo & Twentyman, 1986).

There has also been inadequate attention paid to the processes by which effects occur, such as the influence of age, social class, and gender. Cultural and developmental validity for ethnic minority populations are dependent on the measurement tools that are used (Fantuzzo, Weiss, Atkins, Meyers, & Noone, 1998). Reviews suggest that available rating scales for preschool children have poor psychometric properties, especially with respect to low-income or

ethnic minority children (Garcia Coll, et al., 1996), probably because scale developers have frequently failed to include these groups in test development.

The Consortium of Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) was formed in 1990, bringing together five long-term studies of child maltreatment which use common procedures and instrumentation. The consortium has sought to identify or develop appropriate instrumentation for the measurement of etiologic and outcome variables related to child maltreatment. Several preexisting instruments have been modified, expanded, or otherwise adapted for LONGSCAN use in an effort to improve measurement. This volume describes the measures used at the Age 6, Age 8, and Annual Contact interviews at Ages 5, 7, 9, 10, and 11. Descriptive and psychometric data are presented and summarized for each measure.

LONGSCAN - An Overview

Each of five LONGSCAN study sites (located in the East [EA], Midwest [MW], South [SO], Southwest [SW], and Northwest [NW]) is conducting a separate and unique research project on the etiology and impact of child maltreatment. While each project can stand alone on its own merits, the use of common assessment measures, similar data collection methods and schedules, and pooled analyses make LONGSCAN a collaborative effort that is greater than the sum of its parts. In addition to the specific focus of the individual sites, the coordinated LONGSCAN design permits a comprehensive exploration of many critical issues in child abuse and neglect on a combined sample of sufficient size for unprecedented statistical power and flexibility. Built into the LONGSCAN design is the ability to replicate and extend findings across a variety of ethnic, social and economic subgroups.

Each site is following a sample of children who were identified in the first years of life as being maltreated or at high risk for maltreatment. The findings of LONGSCAN will provide a scientific basis for policy-making, program planning, and targeting service delivery by increasing our understanding of the following:

- the child, family, and community factors which increase the risk for maltreatment in its different forms;
- the differential consequences of maltreatment, depending upon its timing, duration, severity, and nature, and upon the child's age and cultural environment;

- the child, family, and community factors (e.g., chronic exposure to violence, parental substance abuse) that increase the harm caused by different forms of maltreatment;
- the factors that increase the probability of positive child outcomes despite maltreatment and other adverse life circumstances;
- the strengths and weaknesses of various societal interventions such as child welfare programs, foster care, mental health services, parenting classes, etc. Some of the sites are involved in intervention research and evaluation of services, expediting the integration of research findings into policy and practice.

The goal of LONGSCAN is to follow these children and their families until the children themselves become young adults. Comprehensive assessments of children, their parents, and their teachers are scheduled to occur at recruitment into LONGSCAN (where ages of children range from infancy to five years old) and again at child ages 4, 6, 8, 12, 14, 16, and in young adulthood. The first interview following enrollment into the LONGSCAN protocol was scheduled to occur within three months before or after the child's 4th birthday, except at two sites, NW and MW, which administered a pre-Age 4 interview in addition to the Age 4 interview. Because of delays in start-up, some children, mostly at the SO site, were older than 4 years of age at the first interview. Also, because of attrition after the first initial interview, some families were recruited for the study at the Age 6 interview.

Maltreatment data are collected from multiple sources, including Child Protective Services (CPS) and state Central Registry records, at least every two years. Yearly telephone interviews allow the sites to track families and assess yearly service utilization and important life events. A more detailed description of the Consortium's conceptual model, methods, and organization can be found in Runyan et al. (1998).

The LONGSCAN samples

The five LONGSCAN samples vary in their risk status and their exposure to maltreatment. At the most extreme level, the SW site focuses exclusively on children who were removed from their families and placed into foster care during the first 42 months of life because of child maltreatment (See Landsverk, Davis, Ganger, Newton, & Johnson, 1996). Children enrolled in the LONGSCAN protocol are followed, regardless of whether they remain in the

foster care system or return to their family of origin. Even though data were collected on the SW sample in an earlier study, these children were first enrolled into the LONGSCAN protocol at Age 4.

Three of the sites recruited children based on referral to CPS. In the NW sample, all LONGSCAN participants were reported to CPS when they were less than 5 years old and were judged to be at moderate risk for maltreatment based on a state risk assessment system. The MW site recruited three groups of infants, two of which were from families who had recently been reported to CPS for maltreatment. Of these two groups, one received six months of therapeutic intervention and the other received standard care. The third group, a matched comparison group, consisted of neighborhood families, who were matched according to children's age, ethnicity, and family socioeconomic status (see Curtis, Schneider, & Calica, 1995). All children in the SO site were originally recruited from a statewide High Priority Infant Program, which defined risk status based on medical and sociodemographic criteria (see Kotch et al., 1995; Kotch, Browne, Ringwalt, Dufort, Stewart, & Jung, 1997). Like the SW study, the SO site had collected data on these children prior to the onset of LONGSCAN. When the SO site joined the LONGSCAN Consortium, two groups of children were selected from the original sample for long-term study. One group included children who had been reported to CPS prior to their fourth birthdays. The other, a 2:1 comparison group, consisted of non-reported children who were matched with the reported children on income, race, and sex.

The EA site includes low-income children who were recruited during infancy from primary health care clinics (see Black, Dubowitz, Hutcheson, Berenson-Howard, & Starr, 1995; Black, Hutcheson, Dubowitz, & Berenson-Howard, 1994; Black, Hutcheson, Dubowitz, Starr, & Berenson-Howard, 1996). At recruitment, there were two risk groups: one defined by a child factor (inadequate growth in the first two years of life), and the other defined by a parent factor (HIV infection or drug use). The comparison group had no identified risk factors beyond their low-income status. This pre-existing sample joined the LONGSCAN Consortium when the children were four years of age.

Sociodemographic characteristics of the children and their primary caregivers in the five samples at the time of the initial LONGSCAN interview are displayed in Tables 1 and 2. Racial differences across the five samples are notable. The proportion of Black children ranged from 21% at the NW site to 93% at the EA site. The proportion of White children ranged from 5% at

the EA site to 51% at the NW site. Only the MW and SW sites had significant percentages of Hispanic children, 15% and 16% respectively. The percentages of children with mixed racial backgrounds were higher than for their caregivers across all sites, especially for the MW, SW and NW sites. The SO site had more children characterized by low birth weight (31%) than the other four sites, probably because low birth weight was one of the risk factors that made a child eligible for recruitment at that site.

Tables 1 and 2 about here

The primary caregivers (who served as principal respondents at the pre-Age 4 and Age 4 interviews) tended to be the children's biological mothers at all sites but the SW site (only 31% biological mothers), where children were recruited based on early placement into foster care. In the NW sample, the percentage of biological mothers who were primary caregivers at the initial LONGSCAN interview was only 73%, compared to 89% in the SO sample, 91% in the EA sample, and 99% in the MW sample. The differences observed here are probably due to sample characteristics at the NW and MW sites: all children at the NW site were recruited based on a recent report to CPS, and all the children in the MW sample were infants at the time of the initial interview. When biological mothers were not the primary caregivers, this role was most likely filled by grandmothers, other female relatives, or fathers. Only the SW sample had a notable percentage of foster mothers (19%). There was also wide variation in the educational and marital status of the primary caregivers. The MW site had the highest proportion of caregivers who had not finished high school (61%), and along with the EA site, the highest percentage of mothers who had never been married (69%). In the SW sample, where there was the highest proportion of substitute caregivers, educational status and marital status were higher than at other sites. More than half the families at all the sites were receiving Medicaid assistance, and 47% (SW) to 80% (EA) were receiving Aid to Families with Dependent Children (AFDC) reflecting the generally low socioeconomic status of all the samples.

Application of ecological-developmental theory

The Consortium has incorporated the research recommendations of the National Research Council (1993) by relying on an ecological-developmental framework to define the theoretical domains, to determine the data collection schedule, and to construct the age-specific interview

protocols. Both ecological theory and extant empirical research have suggested salient risk and protective factors to be examined at the child, parent, family, neighborhood, and cultural levels. The longitudinal design of the project reflects the developmental changes in risk and protective factors that occur as children grow and change from early childhood through young adult years. Because factors and processes influencing resilience can be instrumental in intervention programs, LONGSCAN investigators are committed to the investigation of outcomes suggesting resilience as well as poorer outcomes. Figure 1 portrays LONGSCAN's conceptualization of the ecological-developmental theory that guides data collection as the children experience changing relationships with their social ecology over time.

LONGSCAN's Ecological-Developmental conceptual model about here

Age-specific data collection points were selected to correspond to critical periods in children's development, regardless of their exposure to child maltreatment. Because the sample includes children with prior maltreatment histories, children who will first experience maltreatment during the course of the project, and children who may never experience maltreatment, LONGSCAN has the opportunity to examine both antecedents and consequences.

Selection and development of LONGSCAN measures

In addition to choosing measures based on ecological-development theory, the LONGSCAN investigators have also sought, whenever possible, to include only measures that are easy to use, culturally sensitive, repeatable, reliable, and valid. Thus, measures selection has been based on the following guidelines:

1. Measures of child characteristics and experiences at major data collection points must reflect the salient developmental issues for children of that age (See Cicchetti & Toth, 1981, for conceptualization of the etiology and consequences of child abuse and neglect from a developmental psychopathology perspective.).
2. Measurement batteries for each data collection point must reflect each layer of the nested social systems within which children of that age typically grow and develop, with greater emphasis on family variables in the early childhood years and increasing emphasis on extrafamilial variables as the child ages.

3. Priority is given to well-established and standardized measures with documented reliability and validity across settings, type of interview, and test population.

4. Multiple natural informants (typically parent, child, and teacher) are used, whenever possible, to take into account possible situational specificity of child behavior and performance in different settings and to assess constructs from differing perspectives. Data gathered from different respondents on the same measure also allow for the examination of instrument validity.

5. The research protocol includes multiple indicators of constructs and external sources of information, such as geocodes to describe neighborhood economic, crime, and social indices. Data on maltreatment are collected from official records as well as from the children and caregivers themselves.

6. Whenever possible, measures are repeated over time for the domains that continue to be theoretically important. Repeated measures allow for the detection of change in subjects or in their environments from one data point to the next.

7. Instruments are selected, developed, and administered with attention to cultural and ethnic relevance, and sensitivity and to other human subjects issues, such as safeguarding privacy and avoiding potential trauma to subjects.

8. Whenever possible, interviews with children and their caregivers take place within familiar environments (e.g. home or school) to enhance the likelihood of ecological validity. Only the EA site has performed interviews within a clinic setting, but this clinic is neighborhood-based and one to which the families have been coming for well-child care since the birth of the subject children.

9. The protocol has been designed to incorporate assessments of social desirability and ratings from the interviewers regarding the validity of the responses.

For the pre-Age 4 and Age 4 protocols, primary caregivers are the principal respondents. At Age 6, primary caregivers continue to provide information on parent and household variables, teachers complete forms on the children's academic performance and social adjustment, and the children provide information related to their developmental status, mental health, self perceptions, exposure to violence, and perceptions of support. At Age 8 the protocol incorporates tasks of middle childhood, including relationships with family and peers, academic achievement, and adaptive behavior (see Table 3). At Age 12, during the transition to adolescence, youth are

asked about personal experiences with maltreatment. This age level was chosen partially because 12-year-old children have the cognitive and emotional skills to make informed responses to health care issues (Weithorn & Campbell, 1982), and should be able to answer sensitive questions about maltreatment. The Age 14 interview is funded by a supplemental grant from NICHD, and focuses on lifetime experiences of parental neglect and delinquent and other problem behaviors. At Age 16, the protocol will focus on educational achievement, occupational plans, and relationships with peers. For the final interview in young adulthood, measurement will be focused on the transition to adult roles including family, financial, and community responsibility.

Table 3 (LONGSCAN Measures) about here

The cultural and developmental appropriateness of the questions is determined by conducting pre-tests and qualitative interviews which assess the acceptability, sensitivity, comprehensibility and comprehensiveness of the measures prior to adopting the final battery for each major data collection point. The goal is to develop interview protocols that are culturally and developmentally appropriate, but not so specific that they would be unique to only one community. In keeping with the recommended emphasis on transactions between the child and the social ecology, questions are focused on children's experiences within the family, school, neighborhood, and service system. LONGSCAN also contributes toward the definition of maltreatment by relying on an ecological-developmental framework to examine maltreatment from children directly at age 12, in addition to gathering information on reports from others.

About This Manual

Purpose

This manual, the second of two volumes, provides descriptions of all measures used during middle childhood, at major interviews at Ages 6 and 8, and Annual Contact interviews through Age 11. Volume 1 described measures administered in early childhood, at the baseline or Age 4 interviews. These manuals were prepared as essential references for LONGSCAN investigators and other investigators who use LONGSCAN data. It should also serve as a useful reference for all researchers who seek to assess variables related to child and family well-being, especially those engaged in child maltreatment research.

Presentation

The measures included are presented alphabetically by measure name. Each entry includes a description of the measure, as well as a copy of the instrument itself (as used in LONGSCAN), when permissible. Copyrighted instruments are not included, but information is provided within the description about how to obtain copies of these instruments and further documentation and scoring information.

The instrument descriptions are organized in a standard format that includes in the title heading the instrument's name, authors, and development or publication dates. When the measure was developed by LONGSCAN, the referenced author is LONGSCAN since the development of any new measure was led by the LONGSCAN Measures Committee which includes representatives from each site. The description of each measure includes the purpose, conceptual organization, item origin or selection, materials needed, time required for administration, and training needed for examiners. This overview is followed by scoring information (i.e., scoring protocols as developed by author or in subsequent research studies including score types and score interpretation); norms and comparative data (as reported by author or other researchers), and psychometric support (as reported by author or other researchers).

LONGSCAN Use

A separate section on LONGSCAN's use of the measure follows the more general description of its development and prior use in empirical studies. Here we describe specifically how we have used each instrument, including data points at which the instrument is used; the respondent or informant for the measure, information about different versions of the form that were used at different data points and their corresponding mnemonics. The rationale for selecting the measure is also given. A section on administration and scoring notes describes any variations in administration or scoring from that specified by the authors or other researchers. We also describe any deviations across LONGSCAN sites in the administration or scoring of the instrument.

Descriptive statistics from LONGSCAN data are also provided. For comparison purposes, data are presented by race and by study site. Pre-age 4 data are only presented for the

MW and NW sites because these were the only two sites that collected LONGSCAN data on children younger than four years of age.

Evidence of instrument reliability and validity were examined using LONGSCAN data and the results of these analyses are described. The degree of internal consistency of scales was typically assessed by Cronbach's alpha coefficient (Cronbach, 1951). Split-half reliability was used when appropriate; for example, for developmental tests where items become increasingly more difficult (e.g., Wechsler Preschool and Primary Scale of Intelligence—Revised).

When possible, we also report initial examinations of the validity of these measures using data from the LONGSCAN samples. Criterion, concurrent, and predictive validity are reported as correlation coefficients. In a few instances, construct validity is examined by using factor analysis. Within LONGSCAN data, one can also look for evidence of internal validity when comparing the association between risk and protective variables and maltreatment. The more similar the groups are on variables other than maltreatment the greater the certainty that observed differences in outcome are attributable to maltreatment.

Future instrumentation from LONGSCAN

The LONGSCAN ecological-developmental model suggests increasing emphasis on child- or youth-self report as children age, concurrent with increasing emphasis on cultural, community and peer risk and protective factors relative to family or primary caregiver variables. In recognition of the sensitive nature of youth self-report of maltreatment or engagement in risk behaviors adolescent measures are administered using a project-developed Audio-Computer Assisted Self Interview (A-CASI) system from Age 12 forward. The Age 12, Age 14, and Age 16 interviews include extensive project-developed child self-report measures of maltreatment, assault, and witnessed violence history. Other domains include the continued assessment of risk and protective factors related to child outcomes, and assessments of key developmental tasks for mid- to late adolescence. These include assessments of: developing autonomy and separation from caregiver; the development of healthy self-identity; pro-social behavior vs. antisocial and delinquent or violent behavior; peer relations; future orientation and preparation for adulthood, including academic performance and school orientation; and aspiration and planning towards vocation and other adult roles.

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Table 1. Child Characteristics by Sample at LONGSCAN Baseline**(Does not include subjects added to samples at the Age 6 interview)*

Characteristic	EA (232)	MW (317)	SO (221)	SW (318)	NW (261)
<i>Age</i>	4 years old	infants	5 years old	4 years old	0-4 years old
<i>Birth Year</i>	1987-1991	1990-1995	1986-1987	1987-1991	1988-1992
<i>Sex</i>					
Male	54%	49%	45%	45%	51%
Female	46%	51%	55%	55%	49%
<i>Race</i>					
Black	93%	49%	62%	37%	21%
White	5%	14%	37%	29%	52%
Hispanic	<1%	15%	--	16%	2%
Multiracial	1%	20%	1%	15%	21%
Other	1%	2%	--	3%	4%
<i>Low Birth Weight</i>	19%	19%	31%	7%	14%

* Based on data collected through July 1996.

Table 2: Primary Caregiver Characteristics at LONGSCAN Baseline**(Does not include subjects added to samples at the Age 6 interview)*

Caregiver Characteristic	EA (232)	MW (317)	SO (221)	SW (318)	NW (261)
<i>Relationship to Child</i>					
Biological Mother	91%	99%	89%	31%	73%
Adoptive Mother	-	-	.5%	16%	1%
Grandmother	4%	-	6%	11%	7%
Other Female/ Kin	2%	.3%	2%	9%	4%
Foster Mother	1%	.3%	1%	19%	7%
Other Female/ Non-kin	.4%	-	-	6%	.4%
<i>Male Primary Caregiver</i>	2%	.6%	1%	8%	7%
<i>Race</i>					
Black	93%	53%	61%	36%	22%
White	5%	23%	38%	36%	63%
Hispanic	.4%	15%	.5%	17%	2%
Mixed Race	.4%	7%	.5%	4%	8%
Other	1%	3%	.5%	7%	5%
<i>Education</i>					
≤ 11 years	44%	61%	43%	29%	39%
12 years	42%	26%	39%	30%	30%
>12 years	14%	14%	18%	41%	31%
<i>Marital Status</i>					
Married	16%	19%	38%	50%	31%
Single/ Never Married	69%	69%	45%	19%	38%
Separated/Divorced	13%	11%	17%	27%	31%
Widowed	2%	1%	.5%	4%	.4%
<i>Welfare Support</i>					
AFDC	77%	80%	48%	47%	63%
Medicaid	72%	80%	69%	63%	70%

* Based on data collected through July 1996.

LONGSCAN's Ecological - Developmental Conceptual Model

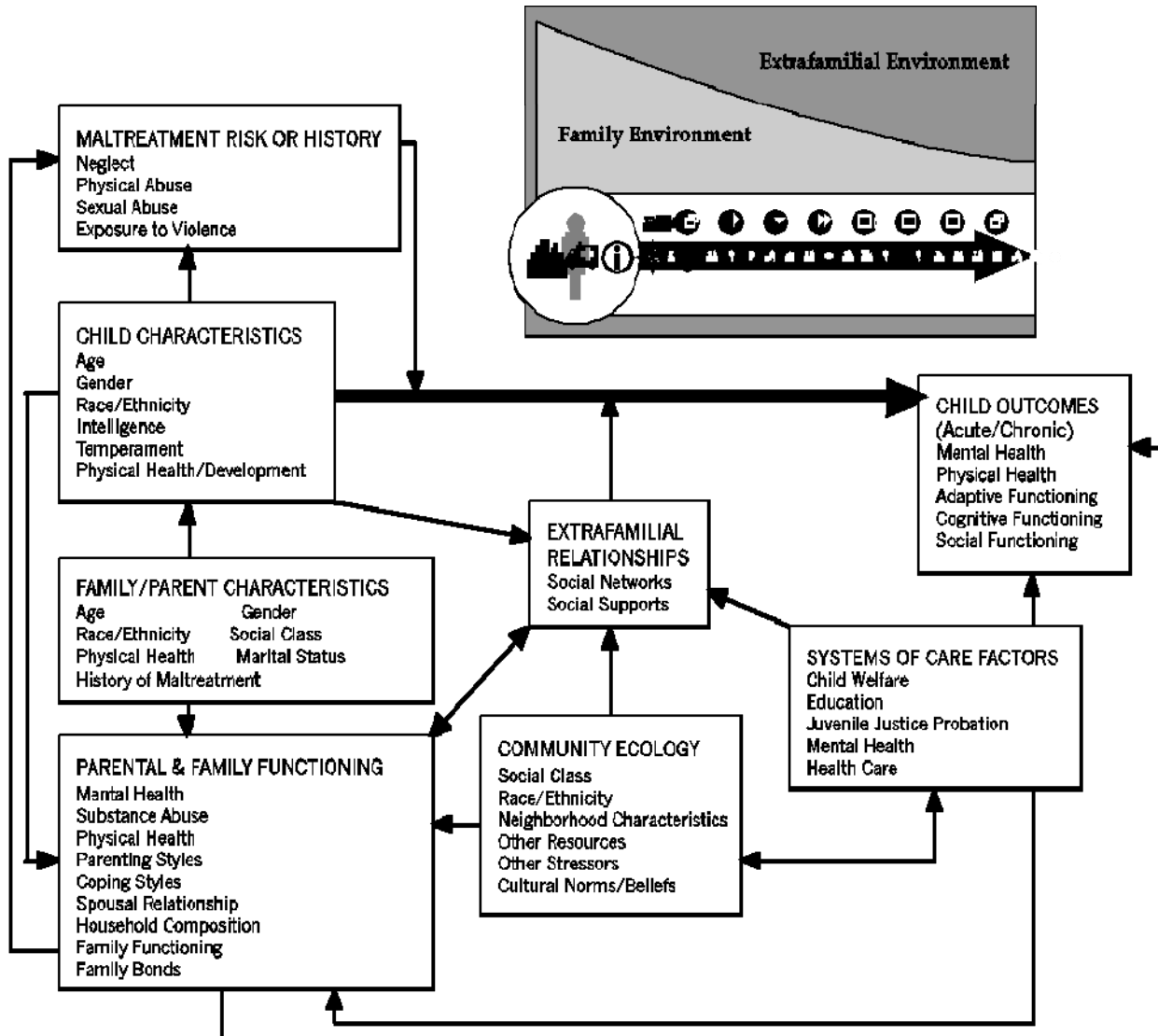


Table 3. LONGSCAN Measures: Pre-Age 4 through Age 14

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Child Characteristics									
demographics	Child Demographics (1991)	x	x	x					P
birthweight/prematurity	Perinatal Form (1991)	x	x						P
separation from caregiver in first year of life	Separation from Caregiver (1991)	x	x						P
day care utilization	Daycare (1991)	x	x						P
social competence	Child Behavior Checklist (Achenbach, 1991)				x	x	O*	Age 10	P
	Youth Self-Report (Achenbach, 1991)					x			C
health/handicapping conditions/injury	Child Health Status (1991, 1993, 1998)	x	x	x	x	x	x	x	P
	Child Health & Development (1998)					x	x**		C
	Child Injury Questionnaire (1991)	x	x						P
	Child Life Events (1992)			x	x	x	x	x	P
temperament	Infant Characteristics Questionnaire (Bates et al., 1979)	x							P
developmental status	Battelle Developmental Inventory Screening Test (Newborg et al., 1988)	x	x						P & C
cognitive functioning	PPVT-R (Dunn & Dunn, 1981)	x	x						C
	WPPSI (Wechsler, 1989)			x					C
	WRAT-III-Reading & Arithmetic (Wilkinson, 1993)					x			C

¹ No author indicates that the measure was project-developed.

² P = parent; C = child; T = teacher ratings; I = interviewer ratings; R=record abstraction

O*=indicates a measure in the common battery that is optional.

**=Data collection on partial sample funded by National Institutes for Health.

(Note: The Age 13 Annual Contact Interview is optional by site with Executive Committee Approval; the SO, EA, and SW sites are not administering this interview.)

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Child Characteristics (cont'd)									
adaptive behavior & development	Battelle Developmental Inventory Screening Test (Newborg et al., 1988) Vineland Screener (Sparrow, 1993)	x	x						P & C
				x	x	x	O*		P
global report of child's well-being	Parent Global Report							Ages 10,11,13	P
behavior problems	Child Behavior Checklist (Achenbach, 1992, 1991) Youth Self-Report (Achenbach, 1991) Teacher Report Form (Achenbach, 1991)	x	x	x	x	x	x	Age 10	P
						x			C
				x	x	x	x**	Age 10, O*	T
aggressive behavior	Child Aggressive Behavior Inventory (1992)							x	P
affective symptoms	Preschool Symptom Self-Report (Martini, et al., 1990) Trauma Symptom Checklist for Children (Briere, 1996) Youth Self-Report (Achenbach, 1991) CBCL Internalizing Scale (Achenbach, 1991) Teacher Report Form (Achenbach, 1991)	x	x	x					C
					x	x			C
						x			C
			x	x	x	x	x**		P
				x	x	x	x**	Age 10, O*	T
pubertal development	Child Health & Development (1998)					x	x**		C

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Child Characteristics (cont'd)									
ethnic identity	Multigroup Ethnic Identity Measure (Phinney, 1992)					x			C
sexual behavior	Child Sexual Behavior Inventory (Friedrich, 1991)				x				P
	Adolescent Sexual Experiences Inventory (adapted from CHAMPS, 1999^)					x	x**		C
parent expectations (re: education)	Parent Expectations for Child Mother-Child Relationship Father-Child Relationship (adapted from ADD Health Study, 1998)					x	x		P
						x	x**		C
						x	x**		C
perceived competence	Pictorial Scale of Perceived Competence (Harter & Pike, 1984)			x					C
social problem solving	Behavioral Intent Scale (Slaby & Guerra, 1989)				x				C
peer relationships	Teacher Estimation of Peer Status (Lemerise & Dodge, 1990)			x	x	x	x**		T
	Loneliness & Social Dissatisfaction Scale (Asher et al., 1984)			x					C
	Peer Relationships (1998)					x	x**		C
social development	Vineland Screener (Sparrow,1993) Battelle Developmental Inventory Screening Test (Newborg,et al., 1988)	x	x	x	x	O*	O*		P P & C
exposure to alcohol & illicit drugs	Exposure to Substances (1994)				x				C
	Adolescent Substance Involvement (1998)					x			C
	Risk Behaviors of Family & Friends (adapted from CHAMPS, 1999^)					x	x**		C

^ CHAMPS = Computerized Health Assessment using Multimedia Processing Systems

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Child Characteristics (cont'd)									
exposure to violence	Things I've Seen & Heard (Richters & Martinez, 1993)			x	x				C
	History of Witnessed Violence (1998)					x	x**		C
	Child Life Events, (1992)			x	x	x	x	Ages 7, 9, 10, 11	P
resilience	Resilience Factors (1998)					x	x**		C
school orientation	School Orientation (1998)					x	x**		C
school absenteeism, tardiness	School Information Form (1993)			x	x	x	x**	Age 10, O*	T
school suspensions	School Information Form-revised (1998)					x	x**		T
	Teacher Report Form (Achenbach, 1991)			x	x	x	x**		T
delinquency	Adolescent Delinquency Survey (adapted from CHAMPS, 1999)					x			C
psychological maltreatment self-report	History of Psychological Abuse (1998)					x			C
physical abuse self-report	History of Physical Abuse (1998)					x			C
neglect self-report	About My Parents (modified from Straus, 1996)					x	x**		C
sexual abuse self-report	History of Sexual Abuse (1998)					x			C
sexual abuse parent report	Child Sexual Behavior (Friedrich, 1991)				x				P
central registry maltreatment reports	Maltreatment Data Forms	records review 1994 – 1995; 1996 – 1997 site-specific schedule 2000-2005; O*							R
lifetime history of CPS allegations and substantiations	Case Narrative Record Reviews	records review 1997-99 two reviews to be conducted 2000-2005 age 14 record review **							R

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Child Characteristics (cont'd)									
psychopathology (NIMH, 1998)	DISC: Diagnostic Interview Schedule for Children IV, Youth Information Modules: 1. Anxiety disorders (social phobia, separation anxiety disorder, specific phobia, panic disorder, obsessive-compulsive disorder, PTSD) 2. Mood disorders (major depression, dysthymic disorder, mania, hypomania) 3. Disruptive Disorders (attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder) 4. Alcohol/substance abuse						x**		C
	DISC, Parent Informant Modules: Disruptive Behavior Disorders						x		P

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Caregiver Characteristics									
demographics	Caregiver Demographics (1991, 1993)	x	x	x	x	x	x		P
physical health	Caregiver Physical Health (1991, 1994)	x	x	x	x	x	x		P
caregiver history of loss and victimization	Caregiver’s History of Loss & Victimization (Hunter & Everson, 1991)	x	x	x (only new care-giver)					P
parenting attitudes	Adult-Adolescent Parenting Inventory (Bavolek, 1979)	x	x						P
substance use/abuse	CAGE (Mayfield, et al., 1974) Caregiver Substance Use (1994)	x	x		x		x		P P
mental health	CES-D (Radloff, 1977)	x	x	x		x	O**		P
	Health Opinion Survey (Macmillan, 1957)	x	x						P
	Brief Symptom Inventory (Derogatis, 1975)				x				P

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Family Microsystem									
family composition	Household Composition and Family Chart (1992)	x	x	x	x	x	x		P
family income	Caregiver Demographics (1991)	x	x	x	x	x	x	x	P
family satisfaction	FAPGAR (Smilkstein et al., 1978)	x	x						P
family functioning	Self-Report Family Inventory (Beavers et al., 1985)			x	x	x	x	x	P
father involvement in parenting	Father Involvement Form (1992)			x	x				P
quality of spouse/partner relationship	Autonomy & Relatedness Inventory (Schaefer & Edgerton, 1982)	x	x						P
quality of child’s relationship with caregiver	Mother-Child Relationship Form Father-Child Relationship Form Parent-Child Relationship Form (adapted from ADD Health Study, 1997)					x	x**		C
						x	x**		C
						x	x		P
parent involvement/support related to school	School Information Form (1993)			x	x				T
	School Information Form-Revised (1998)					x	x**	Age 10, O*	T
daily stressors	Everyday Stressors Inventory (Hall, 1985)			x					P
services utilization	Service Utilization (1991, 1992, 1994, 1997)	x	x	x	x	x	x	x	P
	Perinatal Form (1991)	x	x						P

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Family Microsystem (cont'd)									
domestic violence	Conflict Tactics Scale (Straus, 1979) Conflict Tactics Scale 2 (Straus, 1996)			x	x	x	O*		P P
life events	Life Experiences Survey (Sarason et al.,1978) Child Life Events (1992)	x	x						P P
caregiver organizational affiliation	Neighborhood & organizational affiliation (1997)					x	x	Age 13	P
accessibility of guns in home	Accessibility of guns in home (1999)						O*		C
use of physical discipline	Conflict Tactics Scale (Straus, 1979)*** (Age 8 = LONGSCAN modified version) Discipline Methods (1994) CTSPC (Straus et al., 1998)	x	x	x	x*** x	 x	 x		P P
risk behaviors: presence of drugs/alcohol use in home	Risk Behaviors of Family and Friends (adapted from CHAMPS, 1999)					x	x**		C
parental monitoring of child	Parental Monitoring (Patterson and Stouthamer-Loeber, 1984) After School Activity & Supervision, (1998)					x x	x x	Age 13 Ages 11, 13	P, C P, C
household rules & routines	Family Routines Scale (from Jensen, 1983)					x	x		P, C
hunger and poverty	Poverty Measure (Wehler, Scott, & Anderson, 1992; partly project developed)					x	x		P

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Family Microsystem (cont'd)									
home environment	Interviewer Ratings of Home Environment (1991)	x	x	x	x	x	x		I
income supports	Demographics (1991, 1993) Poverty Measure (Wehler, Scott, & Anderson, 1992; also partly project developed)	x	x	x	x	x x	x x		P P

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Exosystem									
unemployment	Demographics (1991, 1993)	x	x	x	x	x	x		P
family income	Demographics (1991, 1993)	x	x	x	x	x	x		P
impact of welfare reform	Welfare Reform Measure (1998)		Administered yearly beginning 9/1/98						P
neighborhood characteristics and social environment	Neighborhood Short Form (1991)	x	x		x				P
	Neighborhood Risk Factors (1992)			x					P
	Neighborhood and Organization Affiliation (1997)					x	x		P
	1990 census geocoding of 200 variables								R
school safety	School Safety Questionnaire (1992)			x	x				T
social support of caregiver	Duke-UNC Functional Social Support Questionnaire (Broadhead et al., 1988)	x	x	x					P
	Social Provisions Scale (Russell & Cutrona, 1984)				x	x	x		P
social support of child	Inventory of Supportive Figures (Hunter & Everson, 1990)			x					C
	My Family & Friends (Reid et al., 1989)				x				C

VARIABLE/DOMAIN	MEASURE (AUTHOR ¹ , DATE)	LONGITUDINAL DATA POINTS							DATA SOURCE ²
		PRE-AGE 4	AGE 4	AGE 6	AGE 8	AGE 12	AGE 14	ANNUAL	
Macrosystem									
risk behaviors of family and peers	Risk Behaviors of Family and Friends (adapted from CHAMPS, 1999^)					x	x**		C
ethnic minority status	Parent Demographics (1991, 1992)	x	x	x		x	x		P
	Child Demographics	x	x	x					P
	Multigroup Ethnic Identity Measure (Reid et al., 1989)					x			C
child’s first language	Child Demographics	x	x	x		x			P
Other									
social desirability/caregiver	SDRS-5 (Hays et al., 1989)				x	x			P
social desirability/child	Lie Scale, Revised Children’s Manifest Anxiety Scale (Reynolds & Richmond, 1994)				x	x			C
relationship of respondent to child	Interview cover sheets	x	x	x	x	x	x	x	P

[^] CHAMPS = Computerized Health Assessment using Multimedia Processing Systems

After-School Activity and Supervision
LONGSCAN
1997

Description of Measure

Purpose

To obtain the caregiver's report of what the child does after school and the type of supervision involved.

Conceptual Organization

This single-item form is administered immediately after item IV of the CBCL. Interviewer probes as necessary to determine which of 7 types of after-school situations to code.

Item Origin/Selection Process

This item was project-developed to complement the parental monitoring measures.

Materials

Non-copyrighted LONGSCAN version of the measure, included in this manual.

Time Required

2 minutes

Administration Method

Interviewer-administered

Training

Minimal

LONGSCAN Use

Data Points

Ages 10 & 11

Respondent

Caregiver

Mnemonic and Version

AAA

Administration and Scoring Notes

The following individual item (What does _____ do most days after school?) was administered immediately after item four of the Child Behavior Checklist. If after-school activities vary from day to day, interviewer probes to assess the most common place and type of supervision.

Results

Descriptive Statistics

Table 1 provides the frequency of after-school activities reported by caregivers by gender, race, and site, and the percentage in each situation. Categories 2 and 3, supervised at neighbor or relative's home, were combined. At the age 10 interview, a majority (73.5%) of caregivers reported that their child was supervised at home or were under the supervision of another adult (i.e., neighbor, relative, or friend). A little over 17% (n=147) reported that their child was involved in a supervised school-related activity. Only 35 children (4.3%) were reportedly unsupervised.

Table 1 about here

Table 2 provides the frequency of after-school activities reported by caregivers at the age 11 interview. A majority (71.4%) of caregivers reported that their child was supervised at home or were under the supervision of another adult, while a little over 20.2% (n=82) reported that their child was involved in a supervised school-related activity. Only 30 children (7.4%) were reportedly unsupervised.

Table 2 about here

Table 1. Frequency of After-School Activities by Gender, Race, and Study Site. Age 10 Interview

	N	At Home with parent or other adult N (%)	Supervised at neighbor/relative/ friend's home N (%)	Supervised at school N (%)	Unsupervised at home N (%)	Unsupervised at friend's house N (%)	Unsupervised "hanging out" N (%)
Total	848	621 (73.2)	45 (5.3)	147 (17.3)	20 (2.4)	4 (0.5)	11 (1.3)
Gender							
Boys	410	302 (35.6)	23 (2.7)	62 (7.3)	10 (1.2)	3 (0.4)	10 (1.2)
Girls	438	319 (37.6)	22 (2.6)	85 (10.0)	10 (1.2)	1 (0.1)	1 (0.2)
Race							
White	252	200 (23.6)	13 (1.4)	27 (3.2)	8 (0.9)	1 (0.1)	3 (0.4)
Black	417	296 (35.0)	21 (2.5)	84 (9.9)	10 (1.2)	2 (0.2)	4 (0.5)
Hispanic	56	37 (4.4)	7 (0.8)	11 (1.3)	--	--	1 (0.1)
Multiracial	110	78 (9.2)	3 (0.3)	23 (2.7)	2 (0.2)	1 (0.1)	3 (0.4)
Other	12	9 (1.1)	1 (0.1)	2 (0.2)	--	--	--
Site							
EA	137	105 (12.4)	2 (0.2)	28 (3.3)	2 (0.2)	--	--
MW	54	36 (4.3)	7 (0.8)	7 (0.8)	2 (0.2)	1 (0.1)	1 (0.1)
SO	174	122 (14.4)	15 (1.7)	28 (3.3)	9 (1.1)	--	--
SW	271	204 (24.1)	11 (1.1)	50 (5.9)	1 (0.1)	--	5 (0.6)
NW	212	154 (18.2)	10 (1.0)	34 (4.0)	6 (0.7)	3 (0.4)	5 (0.6)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 2. Frequency of After-School Activities by Gender, Race, and Study Site. Age 11 Interview

	N	At Home with parent or other adult N (%)	Supervised at neighbor/relative/ friend's home N (%)	Supervised at school N (%)	Unsupervised at home N (%)	Unsupervised at friend's house N (%)	Unsupervised "hanging out" N (%)
Total	406	271 (66.8)	23 (5.6)	82 (20.2)	25 (6.2)	2 (0.5)	3 (0.7)
Gender							
Boys	198	140 (34.5)	8 (2.0)	38 (9.4)	10 (2.5)	--	2 (0.5)
Girls	208	131 (32.3)	15 (3.1)	44 (10.8)	15 (3.7)	2 (0.5)	1 (0.3)
Race							
White	137	97 (23.9)	10 (2.4)	18 (4.4)	9 (2.2)	2 (0.5)	1 (0.3)
Black	228	149 (36.7)	12 (2.8)	53 (13.1)	13 (3.2)	--	1 (0.3)
Hispanic	4	2 (0.5)	--	1 (0.3)	1 (0.3)	--	--
Multiracial	32	20 (4.9)	1 (0.3)	10 (2.5)	1 (0.3)	--	--
Other	5	3 (0.7)	--	--	1 (0.3)	--	1 (0.3)
Site*							
EA	113	79 (19.5)	3 (0.7)	26 (6.4)	5 (1.2)	--	--
SO	146	104 (25.6)	9 (2.2)	21 (5.2)	11 (2.7)	--	1 (0.3)
NW	147	88 (21.7)	11 (2.6)	35 (8.6)	9 (2.2)	2 (0.5)	2 (0.5)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. *MW and SW are not included because data collection was insufficiently complete.

After-school Activity and Supervision
Age 10 and Age 11 Interviews
AAA

These items are to be administered immediately after item IV of the CBCL (Please list any jobs or chores your child has.).

1. What does _____ do most days after school?

If necessary, probe for:

Σ Where child goes each day: WHERE DOES CHILD GO AFTER SCHOOL EACH DAY?
ON MONDAY, TUESDAY? WHAT DOES S/HE DO AFTER SCHOOL EACH DAY?

Σ Is there on-site supervision by someone at least 15 years old? WHO IS CHILD WITH
EACH AFTERNOON? ABOUT HOW OLD ARE THEY?

If different activities daily, ask about each one and assess for common patterns related to place and supervision. If respondent is unsure about supervision, code as unsupervised.

Code the most prevalent supervision situation.

CODE:

- 1 Home with parent, other adult or relative
- 2 Supervised at neighbor or relative's home
- 3 Supervised at friend's home
- 4 Supervised activities at school or other organization (includes after-school programs, team sports, Boys Club, YMCA, etc.)
- 5 Unsupervised at home
- 6 Unsupervised at friend's (or friends') home (s)
- 7 Unsupervised "hanging out" (alone or with friends, but not at an identified home; around the neighborhood, malls, etc.—not exactly sure of whereabouts)

Behavioral Intent Scale
Adapted from Slaby, R. G. and Guerra, N. G.
1988

Description of Measure

Purpose

To assess children's problem-solving strategies.

Conceptual Organization

Imaginary scenarios are presented in which the subject child is confronted with a social problem. The child is asked to describe what he or she would do in such a situation. After providing a first response the child is then asked “what else” he or she might do, in order to assess the ability to generate alternative solutions to social problems.

Item Origin/Selection Process

The scenarios were adapted from the Social Problem Solving Assessment developed by Slaby and Guerra (1988; Guerra & Slaby, 1990) who adapted their measure from Marsh’s (1982) Interpersonal Problem Solving Analysis.

Slaby modified the instrument for pre- and post-measure in a 1989 violence intervention project by adding 5 alternative responses to each of seven scenarios: physical aggression, verbal aggression, help-seeking, avoiding the problem, and pro-social behavior (Slaby & Stringham, 1994; R. Slaby, personal communication, February 28, 1994).

Materials

Non-copyrighted LONGSCAN version of the measure, included in this manual.

Time Required

10 minutes

Administration Method

Interviewer-administered

Training

Approximately 2-3 hours of training are required to teach proper administration methods, including probing strategies. It is necessary to establish high inter-rater reliability among coders during the training phase.

Scoring

Score Types

In the authors' original work (Slaby & Guerra, 1988, 1989), responses were scored as non-effective (aggressive) or effective (non-aggressive). The number of secondary responses that are non-duplicative with the first response is an indicator of the child's ability to generate alternative solutions. Non-duplicative responses may be in the same category of response as the first.

In the 1989 intervention study, Slaby computed rankings of the types of responses across the seven items and average ranking scores for each of the five types of behavioral responses (R. Slaby, personal communication, February 28, 1994).

Psychometric Support

Reliability

In the 1989 intervention study, alphas for the average ranking scores of each category of response were between .60 - .70. Interrater reliability for coding of responses as effective or non-effective and secondary responses as non-duplicative was .94. (R. Slaby, personal communication, February 28, 1994).

Validity

Slaby & Guerra (1988) found that the effectiveness of the first solution, effectiveness of the second solution, and the number of solutions generated were positively correlated with each other as well as with the number of potential consequences the child could generate (What are all the things that could happen if you do this?), and inversely correlated with the child's perceived hostility in defining the problem and identifying the goal in solving the problem.

LONGSCAN Use

Data Points

Age 8

Respondent

Child

Mnemonic and Version

BIA

Administration and Scoring Notes

In order to avoid the possibility of socially desirable response sets and because LONGSCAN is interested in children's ability to generate responses, Slaby's seven scenarios were used, but open-ended responses were used rather than rankings of different possible responses as were used by Slaby & Stringham (1994).

Interviewers read each scenario to the child and queried, "What would you do?" The child was then asked, "What else might you do?" Children's responses were recorded verbatim. A duplicative response (i.e., the exact same response) was not included as a legitimate secondary response. All responses were later coded to one of seven categories: (1) verbal assertion, (2) physical aggression, (3) verbal aggression, (4) help-seeking, (5) avoidance/ non-confrontation, (6) bargaining or compromise, (7) physical assertion. Secondary responses could be classified in the same category as the first responses.

In scoring, verbal assertion (1), bargaining/compromise (6), and physical assertion (7) may be combined into a single prosocial category. Help seeking (4) may also be included in this category.

Rationale

The literature suggests that physically abused children may be biased toward attributing hostile intent to ambiguous provocations, and are less likely to generate competent solutions to social problems than children who have not been abused (Dodge, Bates, & Pettit, 1990).

Results

Descriptive Statistics

Table 1 gives the means and standard deviations of the ratios of the number of first responses to all responses for each of the seven response categories. These are derived by dividing the number of responses of each type by the number of Slaby's seven scenarios for which the child gave a response. Verbal assertion was the most frequent response, followed by avoidance and then help seeking. A number of children also gave responses classified as physical aggression. Results were fairly consistent across race. Black children were most likely to give a physically aggressive response. The results were similar by site, except that the children from the EA site, which has the highest proportion of Blacks (94%) and is located in an urban area, gave the highest proportion of responses classified as physically aggressive. In this sample the proportion of responses classified as physically aggressive was higher than the proportion of responses classified as help seeking.

Table 1 about here

Reliability

Inter-rater reliability was assessed by blind coding a random sample of 20% of the forms collected at each site by the trainer at the LONGSCAN Coordinating Center.

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Table 1. Means and Standard Deviations for First Responses (Ratio of 1st Respondents to All Responses) to Slaby's 7 Scenerios by Race and Study Site. Age 8 Interview

	N	Verbal Assertion M (SD)	Physical Aggression M (SD)	Verbal Aggression M (SD)	Help Seeking M (SD)	Response Avoidance M (SD)	Compro- mise M (SD)	Physical Assertion M (SD)
Total	1000	0.35 (0.24)	0.12 (0.19)	0.03 (0.08)	0.19 (0.20)	0.24 (0.17)	0.01 (0.04)	0.06 (0.11)
Race								
White	272	0.37 (0.23)	0.09 (0.16)	0.03 (0.08)	0.19 (0.19)	0.25 (0.18)	0.01 (0.05)	0.05 (0.08)
Black	542	0.33 (0.23)	0.14 (0.20)	0.04 (0.07)	0.18 (0.20)	0.23 (0.17)	0.01 (0.03)	0.08 (0.12)
Hispanic	59	0.40 (0.26)	0.06 (0.12)	0.02 (0.07)	0.22 (0.24)	0.24 (0.18)	0.01 (0.03)	0.05 (0.08)
Multiracial	115	0.41 (0.24)	0.11 (0.20)	0.04 (0.08)	0.18 (0.20)	0.22 (0.16)	0.02 (0.06)	0.03 (0.07)
Other	12	0.35 (0.22)	0.08 (0.14)	0.01 (0.04)	0.23 (0.27)	0.22 (0.16)	0.01 (0.04)	0.10 (0.15)
Site								
EA	233	0.29 (0.23)	0.19 (0.23)	0.04 (0.08)	0.14 (0.18)	0.22 (0.18)	0.01 (0.05)	0.10 (0.14)
MW	102	0.36 (0.25)	0.15 (0.19)	0.04 (0.07)	0.19 (0.20)	0.19 (0.17)	0.01 (0.03)	0.07 (0.10)
SO	183	0.36 (0.20)	0.09 (0.14)	0.03 (0.07)	0.20 (0.20)	0.24 (0.15)	0.01 (0.03)	0.08 (0.11)
SW	264	0.38 (0.24)	0.09 (0.14)	0.03 (0.07)	0.20 (0.20)	0.24 (0.15)	0.01 (0.03)	0.08 (0.11)
NW	218	0.39 (0.24)	0.08 (0.16)	0.04 (0.09)	0.20 (0.19)	0.25 (0.18)	0.02 (0.06)	0.03 (0.07)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Behavioral Intent Scale BIA

“Here are some things that might happen to a child. I’m going to read to you about each one and ask you to tell me what you would do if this happened to you.”

1. Tomorrow there will be tryouts for the basketball team. You go out to the basketball court to practice, but you don’t have a ball. You see a kid just sitting on the court, twirling a basketball. When you ask the kid if you can use the ball for a while, the kid just says “No”. What would you do? *[Record child’s response verbatim; probe for sufficient information to enable you to assign one of the codes listed below]*

1a. _____

1b. __ __ (CODE)

What else might you do?

1c. _____

1d. __ __ (CODE)

2. You’re walking down the sidewalk. Some kid walks up to you, looking mad. You think the kid might hit you. What would you do?

2a. _____

2b. __ __ (CODE)

What else might you do?

2c. _____

2d. __ __ (CODE)

01	Verbal assertion/seeking information
02	Physical aggression
03	Verbal aggression
04	Help-seeking behavior
05	Avoidance/non-confrontation
06	Bargaining or compromise
07	Physical assertion
22	Insufficient information to code

3. You're playing a game at the park. When the game is over, you're very thirsty. You remember that you have just enough money in your pocket for a soda, so you go to a nearby soda machine. While you're waiting in line another kid comes up to you and says, "Give me your money." What would you do?

3a. _____

3b. ____ (CODE)

What else might you do?

3c. _____

3d. ____ (CODE)

4. You've just heard that another kid has been making up nasty stories about you behind your back. What would you do?

4a. _____

4b. ____ (CODE)

What else might you do?

4c. _____

4d. ____ (CODE)

01	Verbal assertion/seeking information
02	Physical aggression
03	Verbal aggression
04	Help-seeking behavior
05	Avoidance/non-confrontation
06	Bargaining or compromise
07	Physical assertion
22	Insufficient information to code

5. You're standing in line for a drink of water. A kid comes along and just pushes you out of line. What would you do?

5a. _____

5b. __ __ (CODE)

What else might you do?

5c. _____

5d. __ __ (CODE)

6. You're at the park and you see two other kids start fighting by pushing and hitting each other. What would you do?

6a. _____

6b. __ __ (CODE)

What else might you do?

6c. _____

6d. __ __ (CODE)

01	Verbal assertion/seeking information
02	Physical aggression
03	Verbal aggression
04	Help-seeking behavior
05	Avoidance/non-confrontation
06	Bargaining or compromise
07	Physical assertion
22	Insufficient information to code

7. You're walking to the park when you see your friend fighting with another kid. What would you do?

7a. _____

7b. __ __ (CODE)

What else might you do?

7c. _____

7d. __ __ (CODE)

01	Verbal assertion/seeking information
02	Physical aggression
03	Verbal aggression
04	Help-seeking behavior
05	Avoidance/non-confrontation
06	Bargaining or compromise
07	Physical assertion
22	Insufficient information to code

Brief Symptom Inventory (BSI)

Derogatis, L.
1975

Description of Measure

Purpose

To identify self-reported clinically relevant psychological symptoms in adolescents and adults.

Conceptual Organization

The Brief Symptom Inventory (BSI) consists of 53 items covering nine symptom dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation and Psychoticism; and three global indices of distress: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. The global indices measure current or past level of symptomatology, intensity of symptoms, and number of reported symptoms, respectively.

Item Origin/Selection Process

The BSI is the short version of the SCL-R-90 (Derogatis, 1975, 1977), which measures the same dimensions. Items for each dimension of the BSI were selected based on a factor analysis of the SCL-R-90, with the highest loading items on each dimension selected for the BSI (Derogatis, 1993; Derogatis & Cleary, 1977; Derogatis & Spencer, 1982).

Materials

Copyrighted forms and the BSI manual (Derogatis, 1993) are available from the publisher.

Time Required

8-12 minutes

Administration Method

Self- or interviewer-administered

Training

Minimal

Scoring

Score Types

Respondents rank each feeling item (e.g., “your feelings being easily hurt”) on a 5-point scale ranging from 0 (not at all) to 4 (extremely). Rankings characterize the intensity of distress during the past seven days.

The items comprising each of the 9 primary symptom dimensions are as follows:

- Somatization: Items 2, 7, 23, 29, 30, 33, and 37
- Obsession-Compulsion: Items 5, 15, 26, 27, 32, and 36
- Interpersonal Sensitivity: Items 20, 21, 22, and 42
- Depression: Items 9, 16, 17, 18, 35, and 50
- Anxiety: Items 1, 12, 19, 38, 45, and 49
- Hostility: Items 6, 13, 40, 41, and 46
- Phobic Anxiety: Items 8, 28, 31, 43, and 47
- Paranoid Ideation: Items 4, 10, 24, 48, and 51
- Psychoticism: Items 3, 14, 34, 44, and 53.

Items 11, 25, 39, and 52 do not factor into any of the dimensions, but are included because they are clinically important. For example, the presence of conscious feelings of guilt is useful information to a clinician. These items are included when calculating Grand Total Scores.

Dimension scores are calculated by summing the values for the items included in that dimension and dividing by the number of items endorsed in that dimension.

Calculating scores for the three global indices is done as follows:

1. Global Severity Index (GSI). The GSI is calculated using the sums for the nine symptom dimensions plus the four additional items not included in any of the dimension scores, and dividing by the total number of items to which the individual responded. If no items were skipped the GSI will be the mean for all 53

items. Of the three global indices the GSI is the most sensitive indicator of the respondent's distress level and combines information about the number of symptoms and the intensity of distress.

2. Positive Symptom Total (PST). The PST is a count of all the items with non-zero responses and reveals the number of symptoms the respondent reports experiencing.
3. Positive Symptom Distress Index (PSDI). The PSDI is the sum of the values of the items receiving non-zero responses divided by the PST. This index provides information about the average level of distress the respondent experiences.

Raw scores should be converted to T scores using the tables provided in the BSI manual.

Score Interpretation

Scores are interpreted by comparison to age-appropriate norms. Normative data are available for both clinical and non-clinical samples of adolescents (over 13 years) and adults (Derogatis, 1993; Derogatis & Spencer, 1982). This appropriate comparison group for LONGSCAN caregiver respondents is non-patient adult females. For this group, a T-score of 60 corresponds to the 84th percentile, a T-score of 70 corresponds to the 93rd percentile, and a T-score of 80 corresponds to the 98th percentile.

Norms and/or Comparative Data

The BSI Administration, Scoring, and Procedures Manual (Derogatis, 1993) provides normative data for four different samples, including non-patient adults, adolescents aged 13-17, adult psychiatric outpatients, and adult psychiatric inpatients. Tables 16 through 19 in the manual (pp. 35-36) list the BSI mean raw scores for the 9 dimensions and 3 globals for each of the four samples.

Psychometric Support

Reliability

The authors report good internal consistency reliability for the nine dimensions, ranging from .71 on Psychoticism to .85 on Depression. Good internal consistency reliability is supported by several other independent studies (Croog et al., 1986; Aroian & Patsdaugher, 1989 in Derogatis, 1993). No alpha reliability is reported for the three global indices.

Test-retest reliability for the nine symptom dimensions ranges from .68 (Somatization) to .91 (Phobic Anxiety), and for the three Global Indices from .87 (PSDI) to .90 (GSI).

Validity

Correlations between the BSI and the Wiggins content scales and the Tryon cluster scores from the MMPI ranged from .30 to .72 with the most relevant score correlations averaging above .50 (Conoley & Kramer, 1989; Derogatis, Rickles, & Rock, 1976 in Derogatis, 1993). Factor analysis results confirmed the a priori construction of the symptom dimensions. In addition, correlations between the BSI and SCL-R-90 were .92 to .99 (Derogatis, 1993).

References to other studies attesting to the validity of the BSI are found in the manual (Derogatis, 1993).

LONGSCAN Use

Data Points

Age 8

Respondent

Primary maternal caregiver

Mnemonic and Version

BSA

Rationale

At the Age 8 interview, the BSI was administered rather than the previously used CES-D (Center for Epidemiological Studies Depression Scale) to measure a broader range of

symptomatology. Parental psychopathology may interact with other characteristics of the child's environment to increase the likelihood of child maltreatment or developmental problems. Maternal psychopathology has also been shown to be associated with maternal perceptions of child behavior problems (Estroff, Herrera, Gaines, Shaffer, Gould, & Green, 1984).

Administration and Scoring Notes

LONGSCAN scoring follows the procedure recommended by the author (Derogatis, 1993). See SCORING above.

Note about missing data: Scores should not be calculated if more than 13 of the 53 items are missing. If 12 or fewer items are missing, and missing items are randomly distributed, scores should be based on the number of non-missing items. For symptom dimensions, scores should not be calculated if more than one item is missing.

Results

Descriptive Statistics

Table 1 shows the means and standard deviations for global index scores by caregiver race and study site. None of the mean scores approach clinical significance. T-scores are similar by race, with the Hispanic population revealing a slightly lower tendency toward psychopathology. T-scores are also similar by site, although the Southwest site reveals a decreased rate of psychopathology in comparison to the other sites. This may be attributable to the high proportion of substitute caregivers at the SW site.

Table 1 about here

Table 2 shows results that are similar across race. Results differ by site in that the Northwest seems to have the highest levels of psychopathology, whereas the southwest has the lowest levels.

Table 2 about here

Table 3 shows that whites have an overall tendency toward higher levels of psychopathology. Specifically whites scored higher on measures of somatization, depression,

hostility, and psychoticism. Blacks suffer from more paranoid ideation than other groups, and Hispanics experience greater levels of anxiety.

Table 3 about here

Publisher Information

National Computer Systems, Inc.

P.O. Box 1416

Minneapolis, MN 55440

1 (800) NCS-7271

<http://www.ncs.com>

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Table 1. Mean Global Index Scores on the Brief Symptom Inventory by Caregiver Race and Study Site. Age 8 Interview

		Global Severity Index (GSI)		Positive Symptom Distress Index (PSDI)		Positive Symptom Total (PST)	
	N	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore
<i>Total</i>	1037	0.34 (0.42)	48.04	1.45 (0.54)	53.13	11.15 (10.67)	47.31
<i>Race</i>							
White	281	0.39 (0.46)	49.39	1.42 (0.51)	52.66	12.52 (10.81)	49.01
Black	419	0.36 (0.43)	48.48	1.50 (0.57)	54.16	11.45 (11.03)	47.48
Hispanic	47	0.26 (0.34)	46.09	1.42 (0.51)	52.32	8.79 (9.00)	45.43
Multiracial	24	0.42 (0.43)	49.71	1.45 (0.56)	53.41	14.08 (10.99)	50.71
Other	18	0.35 (0.57)	47.17	1.57 (0.81)	54.91	9.67 (10.29)	45.06
<i>Site</i>							
EA	236	0.31 (0.38)	47.38	1.47 (0.59)	53.35	10.20 (10.17)	46.19
MW	127	0.34 (0.40)	48.16	1.52 (0.58)	54.27	10.87 (10.71)	46.98
SO	183	0.37 (0.45)	48.49	1.56 (0.58)	55.25	11.41 (11.20)	47.15
SW	270	0.28 (0.39)	45.75	1.33 (0.45)	50.86	9.74 (9.99)	45.93
NW	221	0.43 (0.48)	51.04	1.45 (0.51)	53.29	13.82 (11.12)	50.49

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Mean Symptom Dimension Scores on the Brief Symptom Inventory by Caregiver Race and Study Site. Age 8 Interview

	N	Somatization		Obsession Compulsion		Interpersonal Sensitivity		Depression		Anxiety	
		<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore
<i>Total</i>	1037	0.32 (0.53)	48.87	0.48 (0.63)	48.76	0.35 (0.56)	48.66	0.31 (0.53)	48.94	0.33 (0.51)	46.43
<i>Race</i>											
White	281	0.36 (0.58)	49.62	0.62 (0.73)	51.13	0.40 (0.64)	49.32	0.35 (0.54)	49.90	0.42 (0.61)	47.93
Black	419	0.34 (0.53)	48.93	0.42 (0.58)	47.77	0.39 (0.56)	49.42	0.34 (0.56)	49.35	0.30 (0.47)	45.89
Hispanic	47	0.31 (0.57)	48.31	0.41 (0.60)	47.78	0.27 (0.49)	47.17	0.21 (0.36)	47.43	0.34 (0.52)	47.11
Multiracial	24	0.32 (0.47)	49.91	0.58 (0.61)	51.00	0.42 (0.67)	49.75	0.47 (0.49)	53.22	0.41 (0.57)	48.04
Other	18	0.29 (0.55)	49.44	0.53 (1.04)	47.24	0.25 (0.53)	46.39	0.32 (0.78)	47.22	0.43 (0.60)	49.17
<i>Site</i>											
EA	236	0.29 (0.47)	48.25	0.35 (0.48)	46.31	0.33 (0.50)	48.30	0.29 (0.52)	48.76	0.25 (0.44)	44.48
MW	127	0.34 (0.54)	49.12	0.43 (0.63)	47.73	0.39 (0.54)	49.61	0.30 (0.45)	49.30	0.29 (0.44)	45.55
SO	183	0.34 (0.53)	49.03	0.47 (0.65)	48.49	0.38 (0.60)	48.92	0.35 (0.59)	49.09	0.35 (0.52)	46.73
SW	270	0.31 (0.56)	48.24	0.45 (0.61)	48.45	0.27 (0.52)	47.24	0.22 (0.44)	47.47	0.33 (0.54)	46.59
NW	221	0.36 (0.55)	50.04	0.68 (0.74)	52.56	0.42 (0.64)	50.02	0.41 (0.61)	50.64	0.43 (0.58)	48.66
	N	Hostility		Phobic anxiety		Paranoid Ideation		Psychoticism			
		<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore	<u>M</u> (<u>SD</u>)	Tscore		
<i>Total</i>	1037	0.34 (0.48)	50.17	0.18 (0.39)	50.05	0.50 (0.66)	53.31	0.22 (0.42)	52.33		
<i>Race</i>											
White	281	0.40 (0.47)	52.14	0.18 (0.41)	50.19	0.47 (0.64)	52.78	0.26 (0.47)	52.98		
Black	419	0.34 (0.48)	49.91	0.21 (0.42)	50.64	0.63 (0.73)	55.15	0.23 (0.42)	52.65		
Hispanic	47	0.23 (0.45)	47.04	0.12 (0.24)	49.11	0.26 (0.46)	49.19	0.16 (0.28)	52.11		
Multiracial	24	0.52 (0.71)	53.00	0.17 (0.33)	49.96	0.55 (0.67)	54.08	0.33 (0.39)	55.88		
Other	18	0.37 (0.87)	48.83	0.30 (0.61)	51.56	0.49 (0.70)	51.67	0.16 (0.30)	51.39		
<i>Site</i>											
EA	236	0.34 (0.46)	49.72	0.18 (0.34)	50.48	0.57 (0.67)	54.77	0.20 (0.39)	52.01		
MW	127	0.29 (0.44)	48.64	0.18 (0.38)	50.04	0.57 (0.73)	54.03	0.23 (0.42)	52.76		
SO	183	0.39 (0.59)	50.22	0.21 (0.42)	50.38	0.57 (0.76)	53.74	0.23 (0.43)	52.61		
SW	270	0.27 (0.36)	49.15	0.14 (0.36)	49.00	0.34 (0.52)	50.59	0.16 (0.36)	51.12		
NW	221	0.43 (0.52)	52.72	0.20 (0.44)	50.62	0.55 (0.66)	54.33	0.28 (0.50)	53.66		

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Percent of Respondents Classified as Symptomatic on the Brief Symptom Inventory based on T-Scores for Symptom Dimensions and those classified as a “Case” based on Derogatis’ criteria by Caregiver Race and Study Site. Age 8 Interview

	N	Somatization %	Obsession Compulsion %	Interpersonal Sensitivity %	Depression %	Anxiety %
<i>Total</i>	1037	8.5	13.6	13.2	8.8	7.8
<i>Race</i>						
White	281	10.7	18.5	15.0	10.0	10.0
Black	419	8.6	11.5	16.0	10.3	7.0
Hispanic	47	8.5	12.8	10.6	2.1	10.6
Multiracial	24	4.2	12.5	12.5	16.7	12.5
Other	18	5.6	11.1	11.1	11.1	11.1
<i>Site</i>						
EA	236	6.8	7.6	13.1	8.9	5.1
MW	127	8.7	13.4	16.5	7.1	7.9
SO	183	10.9	15.3	14.2	10.4	8.7
SW	270	7.4	11.9	9.3	4.4	8.5
NW	221	9.5	20.8	15.4	13.6	9.1
	N	Hostility %	Phobic Anxiety %	Paranoid Ideation %	Psychoticism %	Case %
<i>Total</i>	1037	9.5	12.8	21.2	15.0	22.9
<i>Race</i>						
White	281	11.4	11.0	18.9	18.9	25.6
Black	419	10.0	15.5	27.7	16.0	24.6
Hispanic	47	6.4	10.6	8.5	8.5	17.0
Multiracial	24	16.7	12.5	20.8	29.2	25.0
Other	18	5.6	16.7	27.8	5.6	22.2
<i>Site</i>						
EA	236	9.3	16.1	23.3	14.0	21.6
MW	127	6.3	13.4	25.2	15.8	22.8
SO	183	14.2	13.1	26.2	16.9	29.0
SW	270	5.6	10.0	13.3	10.4	15.2
NW	221	12.2	12.2	22.2	19.9	28.5

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Brief Symptom Inventory

BSA

"Here I have a list of problems people sometimes have. As I read each one to you, I want you to tell me **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.** These are the answers I want you to use. *[Hand card and read answers.]*

Do you have any questions?"

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = Extremely

R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

1. Nervousness or shakiness inside	0	1	2	3	4	R
2. Faintness or dizziness	0	1	2	3	4	R
3. The idea that someone else can control your thoughts	0	1	2	3	4	R
4. Feeling others are to blame for most of your troubles	0	1	2	3	4	R
5. Trouble remembering things	0	1	2	3	4	R
6. Feeling easily annoyed or irritated	0	1	2	3	4	R
7. Pains in the heart or chest	0	1	2	3	4	R
8. Feeling afraid in open spaces	0	1	2	3	4	R
9. Thoughts of ending your life	0	1	2	3	4	R

DURING THE PAST 7 DAYS, how much were you distressed by:

10. Feeling that most people cannot be trusted	0	1	2	3	4	R
11. Poor appetite	0	1	2	3	4	R
12. Suddenly scared for no reason	0	1	2	3	4	R
13. Temper outbursts that you could not control	0	1	2	3	4	R
14. Feeling lonely even when you are with people	0	1	2	3	4	R
15. Feeling blocked in getting things done	0	1	2	3	4	R
16. Feeling lonely	0	1	2	3	4	R
17. Feeling blue	0	1	2	3	4	R
18. Feeling no interest in things	0	1	2	3	4	R

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

19. Feeling fearful	0	1	2	3	4	R
20. Your feelings being easily hurt	0	1	2	3	4	R
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4	R
22. Feeling inferior to others	0	1	2	3	4	R
23. Nausea or upset stomach	0	1	2	3	4	R
24. Feeling that you are watched or talked about by others	0	1	2	3	4	R
25. Trouble falling asleep	0	1	2	3	4	R
26. Having to check and double check what you do	0	1	2	3	4	R
27. Difficulty making decisions	0	1	2	3	4	R

DURING THE PAST 7 DAYS, how much were you distressed by:

28. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4	R
29. Trouble getting your breath	0	1	2	3	4	R
30. Hot or cold spells	0	1	2	3	4	R
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4	R
32. Your mind going blank	0	1	2	3	4	R
33. Numbness or tingling in parts of your body	0	1	2	3	4	R
34. The idea that you should be punished for your sins	0	1	2	3	4	R
35. Feeling hopeless about the future	0	1	2	3	4	R
36. Trouble concentrating	0	1	2	3	4	R

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = Extremely

R = Refused

DURING THE PAST 7 DAYS, how much were you distressed by:

37. Feeling weak in parts of your body	0	1	2	3	4	R
38. Feeling tense or keyed up	0	1	2	3	4	R
39. Thoughts of death or dying	0	1	2	3	4	R
40. Having urges to beat, injure, or harm someone	0	1	2	3	4	R
41. Having urges to break or smash things	0	1	2	3	4	R
42. Feeling very self-conscious with others	0	1	2	3	4	R
43. Feeling uneasy in crowds	0	1	2	3	4	R
44. Never feeling close to another person	0	1	2	3	4	R
45. Spells of terror or panic	0	1	2	3	4	R

DURING THE PAST 7 DAYS, how much were you distressed by:

46. Getting into frequent arguments	0	1	2	3	4	R
47. Feeling nervous when you are left alone	0	1	2	3	4	R
48. Others not giving you proper credit for your achievements	0	1	2	3	4	R
49. Feeling so restless you couldn't sit still	0	1	2	3	4	R
50. Feelings of worthlessness	0	1	2	3	4	R
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4	R
52. Feeling of guilt	0	1	2	3	4	R
53. The idea that something is wrong with your mind	0	1	2	3	4	R

Caregiver Demographics

LONGSCAN

1991

Description of Measure

Purpose

To gather demographic information from caregivers.

Conceptual Organization

The form begins with a series of items to gather information on the respondent's educational background, followed by the current employment status and occupations of both maternal caregivers and husbands or partners who are living in the home. Respondents are then asked to report their total family income, collapsed into a number of ranges, and to indicate each source of that income. The number of persons dependent upon this income is also gathered so that per capita household income may be calculated. The last section gathers basic demographic information including age, race, marital status, and religious affiliation and involvement.

Materials

Non-copyrighted form is included in this manual.

Time Required

10 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Individual item scores are most useful. Occupational status is scored using the 9-point

Hollingshead Occupational Scale (Hollingshead, 1975). Education was measured by number of years of schooling as well as by degrees or certification attained. Annual income was measured in \$5,000 increments up to 'greater than \$50,000 per year.'

Score Interpretation

The Hollingshead Occupational Scale ranges from 1 (menial jobs) to 9 (major professional jobs) (Hollingshead, 1975). Explicit coding instructions are found in the LONGSCAN scoring manual.

LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 6, 8, 12, 14: all sites

Respondent

Primary maternal caregiver

Mnemonic and Version

Pre-Age 4/Age 4: DEMA.

Age 6: DE6A. Modified to include questions about the educational status of the caregiver's partner. Also, the order of the questions was changed slightly.

Age 8: DEA. Caregiver race is omitted.

Age 12 & 14: DEMB. Racial/ethnic background is included again. Also asks for the number of rooms in the caregiver's home.

Rationale

Information gathered on this form is needed to examine research questions and variation in abuse and neglect rates by the socio-demographic characteristic of the child's caregiver(s). The Hollingshead Index (1975) is widely used as a measure of socioeconomic status.

Results

Race/Ethnicity

Due to space considerations, data for Age 4, which were reported in Volume I, are not repeated here. Table 1 shows that the racial distribution of caregivers remained stable at Age 6, except that the percentage in the other category decreased slightly. At Age 6 the percentage of Black caregivers increased slightly at EA, SO, and SW, and the percentage Hispanic increased slightly at NW.

Table 1 about here

Caregiver race was imputed from a previous interview when it was determined that the respondent was the same. Table 2 shows that the racial distribution of caregivers remained stable at Age 8, except that the percentage in the Hispanic category decreased slightly. At Age 8 the percent of White caregivers increased at all five sites, and the percent of decreased slightly across all sites but the EA sites.

Table 2 about here

Age Distribution

Table 3 displays the mean age of LONGSCAN caregivers by race and site at the Age 6 interview. Mean age was lowest for SO caregivers, while caregivers from the SW site have the highest mean age. The relatively high mean age of caregivers for the SW site may be due to the fact that many caregivers were foster parents, relatives, or other substitute caregivers. Higher mean age was also observed among the Hispanic caregivers. Age was not asked at the Age 8 interview.

Table 3 about here

Educational Attainment

Tables 4 and 5 show selected caregiver educational attainment by race and study site, based on responses at the Age 6 and 8 interviews. About 69% of LONGSCAN caregivers had obtained a high school diploma or equivalency certificate (GED). At Age 4, Caregivers at the

NW and SW sites had the highest levels of educational attainment at both interviews, while MW caregivers had the lowest. This trend for caregivers at the SW and NW sites to have the highest levels of educational attainment continues, however, it is the caregivers at the EA site rather than the MW site that have the lowest at this interview. Hispanic caregivers tended to have lower educational attainment than other racial/ethnic groups.

Table 4 about here

Table 5 about here

Tables 6 and 7 display caregiver occupational data. The percentage of caregivers who were working increased from 32% at Age 4 to 39% by Age 6 (Table 6) and to 47% by Age 8 (Table 7). At all three interviews, about half of the caregivers described themselves as neither working nor looking for work. The vast majority of these classified themselves as homemakers. At all three interviews, caregivers of White and Other racial designations were more likely to be employed. Black caregivers were most likely to be "unemployed, but seeking employment" at all time points.

Approximately one-quarter of the EA, MW, and SO caregivers were unemployed and looking for work at the time of the Age 4 interview. At the Age 6 and Age 8 interviews, a smaller percentage of caregivers at the SO site were unemployed. The proportion of caregivers at the SW and NW sites who were looking for work at the time of both the Age 4, 6, and 8 interview was relatively low.

Among the caregivers who were employed, the distribution of occupational status did not change substantially across the three interview times. There was a slight decrease in those with Level 4 or 5 jobs (skilled workers; clerical; sales) with a similar increase in those with Level 6-9 (technicians; semi-professionals; managers; professionals) jobs from Age 4 to Age 8 (Levels 1-3 on the Hollingshead Occupational Scale include menial service and unskilled or semi-skilled labor (Hollingshead, 1975)). The proportion of caregivers in the lowest level jobs (approximately 43%) remained fairly stable.

Table 6 about here

Table 7 about here

The data for occupational status of the caregivers' spouses/partners are not tabulated here. However, of those with a spouse or partner at Age 4 (N = 412), only 1/3 of the partners had full-time employment.

Tables 8 and 9 display data related to family income and financial assistance by race and study site. On average, LONGSCAN families had slightly more than 4 household members dependent upon the family's total yearly income between all interview times. For the Hispanic families, the number of dependents was closer to 5, at all interviews. These numbers remain fairly stable over time.

Table 8 about here

Table 9 about here

The median annual family income for LONGSCAN households was between \$10,000-\$15,000 at the Age 4 and 6 interviews, and increased to \$15,000- \$20,000 for the Age 8 interview. While the median family income and the proportion of families earning less than \$5000 per year did not change very much from Age 4 to Age 6, the percentage of families earning less than \$5,000 decreased at the Age 8 interview. It is also worth noting that the percentage of families receiving Aid for Families with Dependent Children (AFDC) decreased by roughly 8% between the Age 4, 6, and Age 8 interviews. Welfare reform initiatives that took place in the midst of the Age 6 data collection period may account for some of the decline.

Across all three interviews, Black families were more likely to earn less than \$5000 per year than any other racial group. All racial groups except Black families saw a decline in this indicator of extreme poverty by the Age 8 interview. This may be attributable, in part, to changes in marital status (the number of single/never married mothers decreased from Age 4 to Age 8) and to mothers reentering the labor force as their children started school.

EA, one of the sites with a large proportion of Black participants, had much lower family incomes than any of the other sites at all three interviews. At the EA site, close to one-quarter of

the families had annual incomes of less than \$5000, compared to NW and SW. SW was the only site where a significant proportion (22%) of families reported earning more than \$40,000 per year at the Age 4 and Age 6 interviews, and 27% at the Age 8 interview. The relatively high-income status of SW caregivers combined with the observation that a significant number were receiving AFDC benefits may be due to the fact that many caregivers were foster parents, relatives, or other guardians.

Marital Status

Tables 10 and 11 provide data on caregiver marital status. Overall, approximately 38% of the maternal caregivers reported that they were single and had never married, while almost 37% were currently married. The remaining 25% were divorced, separated, or widowed. The proportion of caregivers who were divorced or widowed increased slightly from Age 4 to Age 8. The proportion of White and Hispanic caregivers who had never married (approximately 23% at Age 4) was much lower than the proportion for Blacks (roughly 60%). Black caregivers had strikingly different marital status characteristics from other groups: They were more likely to be single or widowed, and were less likely to be divorced. Among the sites, SW caregivers were most likely to be married at all interview times. This may be a reflection of the large proportion of substitute, and older, caregivers at this site.

Table 10 about here

Table 11 about here

Religious Affiliation

Tables 12 and 13 present data on the religious characteristics of the caregivers at each of the three interview points. Twenty-nine percent of LONGSCAN caregivers reported having no religious affiliation at Age 4. This percentage dropped to 16% at Age 6 and then to 12% at Age 8. Of those who reported religious affiliation, more than 45% reported being Protestant at the Age 4 interview. This proportion increased to greater than 60% by the Age 6 and Age 8 interviews. The category “Other” affiliation included Judaism, Islam, Christian non-denominational respondents. Black and Hispanic caregivers consistently report attending church

more regularly than White and Multiracial caregivers. The SW site reported the highest frequency of church attendance.

Table 12 about here

Table 13 about here

References and Bibliography

Hollingshead, A. B. (1975). Four-factor Index of Social Status. Unpublished manuscript, Yale University, New Haven, CT.

Table 1. Race/Ethnicity of Caregivers by Study Site. Age 6 Interview

	N	White %	Black %	Hispanic %	Multiracial %	Other %
Total	1215	32.5	54.7	7.6	2.8	2.5
Site						
EA	251	5.2	94.4	0.0	0.4	0.0
MW	213	21.1	58.2	16.0	2.8	1.9
SO	220	35.5	64.6	0.0	0.0	0.0
SW	297	37.4	37.4	17.2	3.0	5.1
NW	234	63.3	21.4	3.0	7.7	4.7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Race/Ethnicity of Caregivers by Study Site. Age 8 Interview

	N	White %	Black %	Hispanic %	Multiracial %	Other %
Total	794	35.6	53.2	5.9	3.0	2.3
Site						
EA	184	4.9	94.6	0.0	0.5	0.0
MW	114	23.7	55.3	16.7	3.5	0.9
SO	161	36.0	64.0	0.0	0.0	0.0
SW	163	44.8	33.1	13.5	3.1	5.5
NW	172	67.4	16.3	3.5	8.1	4.7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Age Distribution of Caregivers by Study Site. Age 6 Interviews

	Age 6 Interview	
	N	<u>M</u> (<u>SD</u>)
Total	1214	34.17 (11.15)
Site		
EA	250	31.50 (10.61)
MW	213	31.30 (6.68)
SO	219	29.84 (12.37)
SW	298	41.17 (12.37)
NW	234	34.81 (10.23)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. Date of birth not asked at Age 8.

Table 4. Caregiver Educational Attainment by Caregiver Race and Study Site. Age 6 Interview

	N	Less than HS %	HS Diploma/GED %	Some College %
Total	1216	31.9	39.1	29.0
Race				
White	395	23.8	40.3	36.0
Black	664	35.7	38.6	25.8
Hispanic	92	44.6	34.8	20.7
Multiracial	34	20.6	44.1	35.3
Other	30	30.0	43.3	26.7
Site				
EA	251	44.2	38.3	17.5
MW	213	39.0	38.0	23.0
SO	220	38.2	46.4	15.5
SW	298	23.2	31.9	45.0
NW	234	17.5	43.2	39.3

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

**Table 5. Caregiver Educational Attainment by Caregiver Race and Study Site.
Age 8 Interview**

	N	Less than HS %	HS Diploma/GED %	Some College %
Total	1045	27.9	39.1	32.9
Race				
White	283	20.9	34.6	44.5
Black	422	33.4	42.4	24.2
Hispanic	47	40.4	34.0	25.5
Multiracial	24	37.5	29.2	33.3
Other	18	16.7	55.6	27.8
Site				
EA	237	39.7	43.5	16.9
MW	130	31.5	38.5	30.0
SO	184	34.2	48.4	17.4
SW	271	19.9	31.0	49.1
NW	223	17.9	37.2	44.8

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 6. Occupational Status of Caregiver by Caregiver Race and Study Site. Age 6 Interview

	N	Unemployed/ Seeking Work %	Employed (Full/Part-time) %	Occupational Status of Employed Caregivers		
				HOS 1-3 %	HOS 4-5 %	HOS 6-9 %
Total	1215	13.3	39.6	44.3	35.4	20.3
Race						
White	394	6.9	43.4	33.3	41.0	25.7
Black	664	17.6	37.8	52.0	33.0	15.0
Hispanic	92	13.0	41.3	38.5	25.6	35.9
Multiracial	34	11.8	20.6	37.5	37.5	25.0
Other	30	6.7	46.7	57.1	35.7	7.1
Site						
EA	251	21.1	33.5	46.6	37.5	15.9
MW	213	22.1	42.3	46.5	36.4	17.2
SO	219	11.0	45.7	64.6	25.5	10.0
SW	298	5.7	39.6	39.3	31.2	29.5
NW	234	9.0	38.0	23.5	49.0	27.6

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 7. Occupational Status of Caregiver by Caregiver Race and Study Site. Age 8 Interview

	N	Unemployed/ Seeking Work %	Employed (Full/Part-time) %	Occupational Status of Employed Caregivers		
				HOS 1-3 %	HOS 4-5 %	HOS 6-9 %
Total	1045	11.5	47.7	41.0	35.0	24.0
Race						
White	283	5.7	53.7	29.3	38.9	31.9
Black	422	18.7	45.3	51.3	33.0	15.7
Hispanic	47	8.5	42.6	27.3	40.9	31.8
Multiracial	24	0.0	50.0	30.8	53.9	15.4
Other	18	0.0	55.6	40.0	30.0	30.0
Site						
EA	237	19.8	45.6	48.5	36.9	14.6
MW	130	15.4	46.9	42.0	40.6	17.4
SO	184	6.5	52.7	63.4	25.7	10.9
SW	271	8.5	41.3	31.7	29.2	39.2
NW	223	8.1	53.8	25.0	43.6	31.5

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 8. Income and Financial Assistance by Caregiver Race and Study Site. Age 6 Interview

	N	Dependents M (SD)	Annual Income			AFDC Recipients %
			Median (k)	<\$5,000 %	>\$40,000 %	
Total	1208	4.3 (1.7)	10-15	12.6	11.3	51.3
Race						
White	392	4.4 (1.7)	15-20	4.6	19.3	33.9
Black	660	4.3 (1.8)	10-15	19.0	6.0	62.0
Hispanic	92	4.8 (1.8)	10-15	6.6	12.1	50.0
Multiracial	33	4.3 (1.3)	10-15	0.0	19.4	55.9
Other	30	4.3 (1.7)	10-15	6.7	13.3	43.3
Site						
EA	250	3.9 (1.5)	5-10	24.2	4.8	63.4
MW	213	4.7 (2.0)	10-15	14.6	8.9	53.5
SO	219	4.0 (1.4)	10-15	20.2	3.2	46.4
SW	294	4.7 (2.0)	20-25	2.8	21.8	46.0
NW	232	4.3 (1.5)	15-20	3.0	15.2	47.8

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 9. Income and Financial Assistance by Caregiver Race and Study Site. Age 8 Interview

	N	Dependents M (SD)	Annual Income			AFDC Recipients %
			Median (k)	<\$5,000 %	>\$40,000 %	
Total	1039	4.4 (1.8)	15-20	10.1	14.7	41.0
Race						
White	282	4.5 (1.7)	5-10	6.1	25.5	23.1
Black	420	4.3 (1.8)	10-15	16.9	3.9	52.6
Hispanic	47	4.8 (1.8)	15-20	4.3	10.6	43.5
Multiracial	24	4.2 (1.2)	15-20	8.3	16.7	54.2
Other	18	3.9 (1.5)	5-10	5.6	16.7	38.9
Site						
EA	236	4.1 (1.6)	10-15	12.9	5.6	48.1
MW	130	4.7 (2.1)	10-15	19.2	10.8	36.2
SO	184	4.1 (1.4)	10-15	15.9	4.4	40.2
SW	268	4.8 (2.0)	5-10	2.3	27.2	42.7
NW	221	4.4 (1.5)	20-25	6.3	20.4	34.7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 10. Caregiver Marital Status by Caregiver Race and Study Site. Age 6 Interview

	N	Marital Status				
		Single/ Never Married %	Married %	Separated %	Divorced %	Widowed %
Total	1215	33.0	42.5	8.0	13.7	2.8
Race						
White	395	21.3	52.7	6.3	19.0	0.8
Black	664	58.4	18.8	9.0	9.6	4.4
Hispanic	92	25.0	53.3	6.5	13.0	2.2
Multiracial	34	35.3	35.3	8.8	20.6	0.0
Other	30	33.3	26.7	10.0	30.0	0.0
Site						
EA	251	19.1	19.1	10.0	5.2	3.6
MW	213	23.5	23.5	6.6	9.4	1.9
SO	220	38.6	38.6	8.2	8.6	1.8
SW	298	46.3	46.3	8.4	18.8	4.7
NW	234	34.2	34.2	6.4	25.2	1.3

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 11. Caregiver Marital Status by Caregiver Race and Study Site. Age 8 Interview

	N	Marital Status				
		Single/ Never Married %	Married %	Separated %	Divorced %	Widowed %
Total	794	39.5	36.0	8.9	12.6	3.0
Race						
White	283	19.4	57.6	7.1	15.6	0.4
Black	422	59.2	18.5	9.0	9.7	3.6
Hispanic	47	27.7	51.1	4.3	12.8	4.3
Multiracial	24	45.8	25.0	8.3	20.8	0.0
Other	18	27.8	33.3	0.0	38.9	0.0
Site						
EA	237	60.8	19.4	8.9	8.0	3.0
MW	130	54.6	26.9	9.2	9.2	0.0
SO	184	39.1	37.0	14.7	6.0	3.3
SW	271	19.2	50.6	7.8	17.0	5.5
NW	223	33.2	40.4	5.4	19.7	1.4

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 12. Caregiver Religious Affiliation by Caregiver Race and Study Site. Age 6 Interview

	N	Catholic %	Protestant %	Other %	“No Religious Affiliation” %	Attend Religious Services...	
						Never %	Regularly %
Total	1211	13.5	61.6	8.8	16.1	20.8	42.6
Race							
White	392	17.1	57.7	8.2	17.1	26.9	37.7
Black	663	4.8	71.5	7.7	16.0	18.0	44.6
Hispanic	92	57.6	20.7	12.0	9.8	13.0	50.0
Multiracial	34	8.8	55.9	11.8	23.5	29.4	41.2
Other	29	31.0	27.6	24.1	17.2	17.2	41.4
Site							
EA	251	8.0	67.7	5.2	19.1	20.7	37.1
MW	211	26.1	57.8	1.0	15.2	22.4	38.1
SO	220	2.3	79.1	1.4	17.3	17.8	47.0
SW	297	19.2	50.5	20.5	9.8	13.8	54.9
NW	232	11.6	56.0	11.6	20.7	31.3	33.1

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 13. Caregiver Religious Affiliation by Caregiver Race and Study Site. Age 8 Interview

	N	Catholic %	Protestant %	Other %	“No Religious Affiliation” %	Attend Religious Services...	
						Never %	Regularly %
Total	1039	12.2	65.9	9.7	12.1	19.6	46.3
Race							
White	283	13.4	62.2	9.9	14.5	26.9	41.0
Black	418	4.8	73.2	9.1	12.9	18.3	44.3
Hispanic	47	57.5	25.5	10.6	6.4	10.6	53.2
Multiracial	24	8.3	79.2	0.0	12.5	25.0	58.3
Other	18	33.3	27.8	16.7	22.2	22.2	38.9
Site							
EA	236	8.9	67.4	11.4	12.3	20.7	39.2
MW	130	24.6	63.9	3.1	8.5	16.9	36.2
SO	182	2.8	79.7	2.8	14.8	18.0	55.7
SW	269	16.4	57.7	17.8	8.2	15.0	58.1
NW	222	11.3	64.4	7.7	16.7	27.0	37.8

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Parent Demographics DE6A

I WANT TO START BY ASKING YOU SOME VERY GENERAL QUESTIONS ABOUT YOURSELF.

I. YOUR DATE OF BIRTH? ____/____/____
mm dd yy

II. (*Hand Card*) LOOKING AT THIS CARD, PLEASE TELL ME YOUR RACIAL OR ETHNIC BACKGROUND.

- (a) White 5 Asian
(b) Black 6 Mixed Race
(c) Hispanic 7 Other _____ [*Specify*]

III. WHAT IS YOUR CURRENT LEGAL MARITAL STATUS?

- 1 Married
2 Single, Never Married
3 Separated
4 Divorced
5 Widowed

IV. WHAT IS THE HIGHEST GRADE IN SCHOOL OR YEAR OF COLLEGE THAT YOU HAVE COMPLETED? [*Circle Highest Year Completed*]

None.....0
Elementary-High School.....1 2 3 4 5 6 7 8 9 10 11 12 [*Go to Question 5*]
College.....13 14 15 16+ [*Go to Question 6*]
Graduate/Professional.....17 18 19 20+ [*Go to Question 6*]
DK/NA

V. DID YOU GET A HIGH SCHOOL DIPLOMA OR PASS A HIGH SCHOOL EQUIVALENCY TEST?

- 0 NO
1 Yes, received diploma
2 Yes, passed equivalency test, or got GED

VI. SINCE HIGH SCHOOL HAVE YOU RECEIVED ANY OTHER EDUCATIONAL OR TRAINING DEGREES OR CERTIFICATES? IF SO, WHAT? [*Do not read list. Record highest level.*]

- 0 None (Or Part College)
1 Vocational Certificate
2 Associate (AA, JR. College)

- 3 Bachelor's (BA, AB, or BS)
- 4 Master's (MA, MS, MBA, MPH, etc.)
- 5 Doctoral (PhD, MD, JD, DDS, etc)

6a. ARE YOU CURRENTLY A STUDENT?

- 0 No
- 1 Yes ----->

6a1.	Full Time?
0	No
1	Yes

VII. WHICH ONE OF THESE BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS?
[Hand card and read answers out loud for respondent]

- 1 Regularly work full-time, 35 or more hours/week
- 2 Regularly work part-time, less than 35 hours/week
- 3 Work sometimes, when work is available
- (d) Unemployed, looking for work
- (e) Don't work because of family responsibilities
- (f) Don't work because retired
- (g) Don't work because of illness or disability
- (h) Don't work because don't want to work
- (i) Don't work because currently a student
- (j) Other _____ [specify]

Interviewer: The next 2 questions are only for those employed full-time (1), part-time (2), or intermittently (3). For respondents who do not work, skip to Question 9a.

- VIII. DO YOU HAVE MORE THAN ONE JOB?**
- | | |
|---|-----|
| 0 | No |
| 1 | Yes |

IX. WHAT KIND OF WORK DO YOU DO ON YOUR (MAIN) JOB? WHAT ARE YOUR MAIN DUTIES?

[Get type of work & position] _____

WHAT KIND OF COMPANY OR PLACE DO YOU WORK FOR?

Employment Code ____ [Hollingshead Index; office use only]

Spouse/Partner's Educational Status

*Interviewer: Questions 9a-12 are only for respondents who live with a spouse/partner.
Otherwise, skip to Question 13.*

THESE QUESTIONS ARE ABOUT YOUR HUSBAND (or BOYFRIEND).

9a. WHAT IS THE HIGHEST GRADE IN SCHOOL OR YEAR OF COLLEGE THAT HE HAS COMPLETED? *[Circle Highest Year Completed]*

None.....0 *[Go to Question 10]*

Elementary - High School.....1 2 3 4 5 6 7 8 9 10 11 12

College.....13 14 15 16+

DK/NA

9b. DID HE GET A HIGH SCHOOL DIPLOMA OR PASS A HIGH SCHOOL EQUIVALENCY TEST?

- 0 No
- 1 Yes, received Diploma
- 2 Yes, passed Equivalency Test, or got GED

9c. SINCE HIGH SCHOOL HAS HE RECEIVED ANY OTHER EDUCATIONAL OR TRAINING DEGREES OR CERTIFICATES? IF SO, WHAT? *[Do not read list. Record highest level.]*

- 0 None (Or Part College)
- 1 Vocational Certificate
- 2 Associate (AA, Jr. College)
- 3 Bachelor's (BA, AB, or BS)
- 4 Master's (MA, MS, MBA, MPH, etc.)
- 5 Doctoral (PhD, MD, JD, DDS, etc.)

9d. IS HE CURRENTLY A STUDENT?

- 1 No
- 2 Yes -----> a. Full-time
 b. Part-time

Interviewer: Questions 10-12 are only for respondents who live with a spouse/partner. Otherwise, skip to Question 13.

X. WHICH OF THESE BEST DESCRIBES HIS CURRENT EMPLOYMENT STATUS? [*Hand card*]

- | | | | |
|-----|--|---|-----|
| XI. | DOES HE HAVE MORE THAN ONE JOB? | 0 | No |
| | | 1 | Yes |

- ### WHAT KIND OF COMPANY OR PLACE DOES HE WORK FOR?

Employment Code ____ [Hollingshead Index; office use only]

XIII. HERE I WANT YOU TO THINK ABOUT YOUR FAMILY'S TOTAL INCOME FROM ALL SOURCES, AFTER ALL TAXES AND DECUDCTIONS ARE TAKEN OUT. COULD YOU ESTIMATE HOW MUCH IT IS: PER YEAR OR PER MONNTH OR PER WEEK? WHICH OF THE FOLLOWING BEST DESCRIBES YOUR FAMILY'S TAKE-HOME PAY? IF YOU DON'T KNOW EXACTLY, YOUR BEST GUESS IS OKAY. [Hand Card]

[Help the respondent focus on the column that best fits how she thinks of family's take-home pay. Circle the number in the left-hand column that corresponds to salary level.]

	<u>Per Year</u>	<u>Per Month</u>	<u>Per Week</u>
1	Less than \$5,000	Less than 418\$	Less than 97\$
2	\$5,000 - \$9,999	\$418 - \$833	\$97 - \$192
3	\$10,000 - \$14,999	\$834 - \$1250	\$193 - \$288
4	\$15,000 - \$19,999	\$1251 - \$1666	\$289 - \$384
5	\$20,000 - \$ 24,999	\$1667 - \$2083	\$385 - \$480
6	\$25,000 - \$29,999	\$2084 - \$2500	\$481 - \$576
7	\$30,000 - \$34,999	\$2501 - \$2916	\$577 - \$673
8	\$35,000 - \$39,999	\$2917 - \$3333	\$674 - \$769
9	\$40, 000 - \$44,999	\$3334 - \$3750	\$770 - \$865
10	\$45,000 - \$49,999	\$3751 - \$4166	\$866 - \$961
11	\$50,000 or more	More than \$4166	More than \$961
--	DK; NR		

XIV. HOW MANY PEOPLE, INCLUDING YOURSELF, ARE DEPENDENT ON THIS INCOME?

__ __ = Total # of people [2 digits]

XV. AS I READ THESE, TELL ME WHICH ONES ARE SOURCES ON INCOME FOR YOUR HOUSEHOLD? [Circle "No" if respondent says "Don't Know"]

	<u>No</u>	<u>Yes</u>
a. WORK DONE BY YOU	0	1
b. WORK BY OTHER ADULTS IN HOME	0	1
c. WORK BY ADULTS <u>NOT</u> IN HOME [not child support]	0	1
d. WORK DONE BY CHILDREN (UNDER 18)	0	1
e. CHILD SUPPORT FOR ANY CHILD	0	1
f. AFDC	0	1
g. DISABILITY CHECK	0	1
h. UNEMPLOYMENT	0	1
i. WORKMAN'S COMPENSATION	0	1
j. SOCIAL SECURITY RETIREMENT	0	1
k. OTHER _____ [SPECIFY]	0	1

WHAT RELIGION ARE YOU?

- No Religion
- Catholic
- Jewish
- Islamic (Moslem)
- Protestant: Denomination? _____
- Christian - Non-Denominational
- Other _____ [*Specify*]

XVI. IN THE LAST YEAR, HOW OFTEN DID YOU ATTEND RELIGIOUS OR SPIRITUAL SERVICES?

[Read response choices, only if necessary.]

- 0 Never
- 1 1-2 times
- 2 3-12 times
- 3 2-3 times a month
- 4 Once a week
- 5 More than once a week

XVII. HOW IMPORTANT ARE YOUR RELIGIOUS OR SPIRITUAL BELIEFS IN THE WAY YOU RAISE YOUR CHILD(REN)?

[Read response choices.]

- 1 NOT IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 VERY IMPORTANT

Parent Demographics DEA

"As usual, we'll start with some very general questions about yourself. "

1. Who lives in your household right now? *[See chart on next page.]*

2. Does _____ live with you all the time?

1 Yes *[Go to Q. 3.]*

2 No -----> 2a. How much of the time does s/he live with you? *[Do not read responses. Obtain adequate information to circle one of the response*

choices.]

R Refused

1 More than half the time

2 About half the time

3 Less than half the time

R Refused

2b. When not living with you, where else does _____ live?

[Circle ALL that apply.]

A with Biologic Parent

B with Grandparent

C with Aunt

D with Other Relative

E with Friend of respondent

F in Non-kinship Foster Care

G in Group Home or other Institution Care

H Other

3. What is your legal marital status right now?

1 Married

2 Single; never married

3 Separated

4 Divorced

- 5 Widowed
- R Refused

4. What is the highest grade in school or year of college that you have completed? [Circle highest year completed.]

- None 0 [Go to Q. 5.]
- Elementary - High School..... 1 2 3 4 5 6 7 8 9 10 11 12 [Go to Q. 5.]
- College 13 14 15 16+ [Go to Q. 6.]
- Graduate/Professional 17 18 19 20+ [Go to Q. 6.]
- Refused..... R

5. Did you get a high school diploma or pass a high school equivalency test?

- 0 No
- 1 Yes, received Diploma
- 2 Yes, passed Equivalency Test, or got GED
- R Refused

6. Since high school have you received any other educational or training degrees or certificates? If so, what? [Do not read list. Record highest level.]

- 0 None (Or Part College)
- 1 Vocational Certificate
- 2 Associate (AA, Jr. College)
- 3 Bachelor's (BA, AB, or BS)
- 4 Master's (MA, MS, MBA, MPH, etc.)
- 5 Doctoral (PhD, MD, J.D., D.D.S, etc.)
- R Refused

7. Are you currently a student?

- 0 No
- 1 Yes -----> **7a. 1 Full-time?**
- R Refused **2 Part-Time?**

8. Which one of these best describes your current employment status?

[Hand card & read answers out loud for respondent.]

- 1 Regularly work full-time, 35 or more hours/week
- 2 Regularly work part-time, less than 35 hours/week
- 3 Work sometimes, when work's available
- 4 Unemployed, looking for work
- 5 Don't work because of family responsibilities
- 6 Don't work because retired
- 7 Don't work because of illness or disability
- 8 Don't work because don't want to work
- 9 Don't work because currently a student
- 10 Other *[specify]* **8a.** _____
- R Refused

8b. *[If unemployed]* Have you been employed any time in the last 6 months?

0 No

1 Yes----->

8c. What kind of work did you do? _____

R Refused

Employment Code **8d.** ____ *[Hollingshead code; office use only]*

Interviewer: The next 2 questions are only for those who are employed full-time (1), part-time (2), or intermittently (3). For respondents who do not work, skip to Question 11.

9. Do you have more than one job?

0 No

1 Yes

R Refused

10. What kind of work do you do on your (main) job? What are your main duties ?

[Get type of work, position, & responsibilities.]

10a. _____

What kind of company or place do you work for?

10b. _____

Employment Code **10c.** ____ *[Hollingshead code; office use only]*

SPOUSE/PARTNER'S EDUCATIONAL AND EMPLOYMENT STATUS

[Interviewer: Questions 11-17 are only for respondents who live with a spouse/partner. Otherwise, skip to Question 18.]

"These questions are about your husband (or boyfriend)."

11. What is the highest grade in school or year of college that he has completed? *[Circle highest year completed.]*

None 0 *[Go to Q. 5.]*
Elementary - High School..... 1 2 3 4 5 6 7 8 9 10 11 12 *[Go to Q. 5.]*
College 13 14 15 16+ *[Go to Q. 6.]*
Graduate/Professional 17 18 19 20+ *[Go to Q. 6.]*
Refused..... R

12. Did he get a high school diploma or pass a high school equivalency test?

0 No
1 Yes, received Diploma
2 Yes, passed Equivalency Test, or got GED
R Refused

13. Since high school has he received any other educational or training degrees or certificates? If so, what? *[Do not read list. Record highest level.]*

0 None (Or Part College)
1 Vocational Certificate
2 Associate (AA, Jr. College)
3 Bachelor's (BA, AB, or BS)
4 Master's (MA, MS, MBA, MPH, etc.)
5 Doctoral (PhD, MD, J.D., D.D.S, etc.)
R Refused

14. Is he currently a student?

0 No
1 Yes -----> **14a. 1 Full-time?**
R Refused **2 Part-Time?**

15. Which one of these best describes his current employment status? *[Hand card.]*

- 1 Regularly works full-time, 35 or more hours/ week
- 2 Regularly works part-time, less than 35 hours/ week
- 3 Works sometimes, when work's available

- 4 Unemployed, looking for work
- 5 Doesn't work because of family responsibilities
- 6 Doesn't work because retired
- 7 Doesn't work because of illness or disability
- 8 Doesn't work because doesn't want to work
- 9 Doesn't work because currently a student
- 10 Other *[specify]* **15a.** _____
- R Refused

15b. *[If unemployed]* **Has he been employed any time in the last 6 months?**

- 0 No
- 1 Yes-----> **15c. What kind of work did she do?** _____
- R Refused **Employment Code 15d.** __ __ *[Hollingshead code; office use only]*

[Interviewer: The next 2 questions are only for those who are employed full-time (1), part-time (2), or intermittently (3). For those who do not work, skip to Question 18.]

16. Does he have more than one job?

- 0 No
- 1 Yes
- R Refused

17. What kind of work does he do on his (main) job? *[Get type of work, position, & responsibility]*

17a. _____

What kind of company or place does he work for?

17b. _____

17c. Employment Code **17d.** __ __ *[Hollingshead code; office use only]*

18. Here I want you to think about your family's total income from all sources after all taxes and deductions are taken out.

Could you estimate how much it is: per YEAR or per MONTH or per WEEK?

Which of the following best describes your family's take-home pay? If you don't know exactly, your best guess is okay.

[Hand card and help the respondent focus on the column that best fits how she thinks of family's take-home pay.

Circle the number in the left-hand column that corresponds to salary level.]

	<u>Per YEAR</u>	<u>Per MONTH</u>	<u>Per WEEK</u>
1	Less than \$5,000	Less than \$418	Less than \$97
2	\$5,000 - \$9,999	\$418 - \$833	\$97 - \$192
3	\$10,000-\$14,999	\$834- \$1250	\$193- \$288
4	\$15,000-\$19,999	\$1251 -\$1666	\$289 - \$384
5	\$20,000-\$24,999	\$1667 - \$2083	\$385 - \$480
6	\$25,000-\$29,999	\$2084 - \$2500	\$481 - \$576
7	\$30,000-\$34,999	\$2501 - \$2916	\$577 - \$673
8	\$35,000-\$39,999	\$2917 - \$3333	\$674 - \$769
9	\$40,000-\$44,999	\$3334 - \$3750	\$770 - \$865
10	\$45,000-\$49,999	\$3751 - \$4166	\$866 - \$961
11	\$50,000 or more	More than \$4166	More than \$961
D	DK / Not Sure		
R	Refused/No response		

19. How many people, including yourself, are dependent on this income?

__ __ = Total # of people [2 digits]

20. As I read these, tell me which ones are sources of income for your household?

	<u>NO</u>	<u>YES</u>	<u>DK</u>	<u>NA</u>	<u>Refused</u>
a. Work done by you	0	1	D	N	R
b. Work by other adults in home	0	1	D	N	R
c. Work by adults <u>not</u> in home (not child support)	0	1	D	N	R
d. Work done by children (under 18)	0	1	D	N	R
e. Child support for any child	0	1	D	N	R
f. AFDC	0	1	D	N	R
g. Disability check (SSI)	0	1	D	N	R
h. Unemployment	0	1	D	N	R
i. Workman's compensation	0	1	D	N	R
j. Social security / retirement	0	1	D	N	R
k. Other [specify] 20k1. _____	0	1	D	N	R

21. Besides the income we just talked about, does anyone in your household receive....?

	<u>NO</u>	<u>YES</u>	<u>DK</u>	<u>NA</u>	<u>Refused</u>
a. Medicaid	0	1	D	N	R
b. WIC	0	1	D	N	R
c. Food Stamps	0	1	D	N	R
d. Free school lunch or breakfast	0	1	D	N	R
e. Help with Utility Payments	0	1	D	N	R
f. Housing Support (like public housing or Section 8)	0	1	D	N	R

22. What religion are you?

- 0 No Religion
- 1 Catholic
- 2 Jewish
- 3 Islamic (Muslim)
- 4 Protestant: Denomination?[specify] 22a. _____
- 5 Christian--Non-Denominational
- 6 Other [specify] 22b. _____
- R Refused

23. In the last year, how often did you attend religious or spiritual services?

[Read response choices ONLY if necessary.]

- 0 Never
- 1 1-2 times
- 2 3-12 times
- 3 2-3 times a month
- 4 Once a week
- 5 More than once a week
- R Refused

24. How important are your religious or spiritual beliefs in the way you raise your child(ren)?

[Read response choices.]

- 1 Not Important
- 2 Somewhat Important
- 3 Very Important
- R Refused

Caregiver Physical Health Assessment

LONGSCAN

1991

Description of Measure

Purpose

To obtain a brief global self-report of a caregiver's recent health status.

Conceptual Organization

The assessment consists of three questions: one global question about current health status (Excellent, Good, Fair, or Poor), one about major illnesses in the past year, and one about the extent to which poor health affected the caregiver's ability to care for the child. The CAGE Questionnaire, an alcoholism screening tool, is included in the health assessment at the Pre-age 4 and Age 4 interviews. (See CAGE for a description of that measure.)

Item Origin/Selection Process

The global health rating was selected as one of the most reliable and widely used indicators of physical health (Krause & Jay 1994). The other items were chosen as indicators of the caregiver's experience of morbidity, which has implications for the ability to provide adequate care to the study child.

Materials

Non-copyrighted form is included in this manual.

Time Required

Less than 5 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Individual items.

LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 6, 8, 12: all sites. At Age 8, the caregiver health assessment questions were incorporated into the services utilization form (SUA).

Respondent

Primary maternal caregiver

Mnemonic and Version

Pre-Age 4 and Age 4: MHLA.

Age 6: MH6A. Does not include the CAGE Questionnaire; no other modifications.

Age 8: SUA questions 24-25. The question, "Has illness affected your ability to care for your child", is omitted.

Age 12: MHLB, MHLC. B is the paper version and C is the audio-CASI version.

Age 14: MHLC.

Rationale

A caregiver's health may affect her ability to care for her child. The global health rating has been shown elsewhere to be one the most reliable indicators of physical health (Krause & Jay, 1994).

Results

Table 1 presents Pre-Age 4 data collected at the MW and NW sites. Approximately one-quarter (27.3%) of the MW caregivers reported their health status as fair or poor, and slightly less than one-quarter (23.2%) had experienced a major illness in the past year. At the NW site,

approximately one-third (31.8%) of the participants reported fair or poor health, and almost one-half (47.9%) reported a major illness in the past year. Of those reporting major illness at the NW site, 61.5% said the illness affected their ability to care for their child(ren). Analysis by racial group showed that White, Multiracial, and Other racial groups reported worse health than Blacks and Hispanics.

Table 1 about here

At Age 4 (Table 2) Hispanic caregivers reported poorer health status than the other racial groups, although White caregivers were more likely to report a major illness. When analyzed by site, the poorest health status on all three indicators was observed at the NW site.

Table 2 about here

At Age 6 (Table 3), 25.1% of the entire sample reported having fair or poor health, and 32.5% of the caregivers reported a major illness in the past year. Interestingly, there was little relationship between having had a major illness in the past year and a report of one's health as fair or poor. While Hispanic caregivers reported poorer health than caregivers of other racial groups, they were less likely to report a major illness. Caregivers from the MW site reported the worst overall health status in terms of global health ratings and the incidence of a major illness or injury affecting their ability to care for their child.

Table 3 about here

At Age 8 (Table 4), 31.7% of the total sample reported having experienced fair or poor health. White caregivers reported poorer health than caregivers of other racial groups. Caregivers from the NW (38.4%) and MW sites (38.3%) reported the poorest overall health.

Table 4 about here

Validity

Numerous studies have documented a relationship between physical health and mental health, particularly depression (Brown, Ahmed, Gary, & Milburn, 1995; Flaskerud & Tabora, 1998; Hays, Krishnan, George, Pieper, Flint, & Blazer, 1997; Heidrich, 1998). We examined

concurrent validity of the Caregiver Physical Health Assessment by comparing scores on the four categories of the global health rating to the caregivers' mean scores on the Center for Epidemiologic Studies Depression Scale (CES-D) at the Age 4 interview. Primary caregivers who reported poor health were significantly more likely to report higher depression scores compared to those who report fair, good, or excellent health ($F(3,709) = 13.8, p < .0001$). The mean depression score among primary caregivers reporting "poor" health was 23, compared to a mean of 10.2 among those reporting excellent health ($p = 0.0003$).

References and Bibliography

Brown, D. R., Ahmed, F., Gary, L. E., & Milburn, N. G. (1995). Major depression in a community of African Americans. American Journal of Psychiatry, 152, 373-378.

Flaskerud, J., & Tabora, B. (1998). Health problems of low-income female caregivers with HIV/AIDS. Health Care for Women International, 19, 23-36.

Hays, J. C., Krishnan, K. R., George, L. K., Pieper, C., Flint, E. P., & Blazer, D. G. (1997). Psychosocial and physical correlates of chronic depression, Psychiatry Research, 72, 149-159.

Heidrich, S. M. (1998). Older women's lives through time. Advances in Nursing Science, 20, 65-75.

Krause, N., & Jay, G. (1994). What do global health items measure? Medical Care, 9, 930-942.

Table 1. Caregiver Health Status by Caregiver Race and Study Site. Pre-Age 4 Interview (MW and NW sites)

	N	Health Reported as Fair or Poor %	Major Illness/Injury in Past Year %	Major Illness/Injury Affected Childcare %
Total	536	29.1	33.2	52.8
Race				
White	215	31.6	40.9	55.7
Black	208	26.9	28.4	52.5
Hispanic	52	19.2	17.3	33.3
Multiracial	42	35.7	42.9	55.6
Other	19	78.9	21.1	25.0
Site				
MW	319	27.3	23.2	40.5
NW	217	31.8	47.9	61.5

Source. Based on data received at the LONGSCAN Coordinating Center through 7/8/97.

Note. SW, SO, and EA did not collect data at the Pre-Age 4 interview.

Table 2. Caregiver Health Status by Caregiver Race and Study Site. Age 4 Interview

	N	Health Reported as Fair or Poor %	Major Illness/Injury in Past Year %	Major Illness/Injury Affected Childcare %
Total	1148	24.7	30.1	47.0
Race				
White	397	23.9	36.3	53.5
Black	584	24.4	25.9	43.0
Hispanic	82	29.3	29.3	37.5
Multiracial	37	21.6	37.8	28.6
Other	44	27.9	27.3	58.3
Site				
EA	237	25.4	23.6	44.6
MW	123	30.9	24.4	50.0
SO	221	21.8	21.8	50.0
SW	317	18.4	28.2	33.7
NW	250	31.6	43.2	56.5

Source. Based on data received at the LONGSCAN Coordinating Center through 7/8/97.

Table 3. Caregiver Health Status by Caregiver Race and Study Site. Age 6 Interview

	N	Health Reported as Fair or Poor %	Major Illness/Injury in Past Year %	Major Illness/Injury Affected Childcare %
Total	1217	25.1	32.5	48.7
Race				
White	394	24.6	37.6	52.7
Black	663	24.3	29.9	45.7
Hispanic	91	35.2	27.5	60.0
Multiracial	34	26.5	44.1	40.0
Other	30	13.3	26.7	25.0
Site				
EA	250	23.2	27.6	42.7
MW	216	32.9	30.6	59.1
SO	220	20.9	28.6	41.3
SW	297	22.9	30.6	46.2
NW	234	26.5	45.3	52.8

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 4. Caregiver Health Status by Caregiver Race and Study Site. Age 8 Interview

	N	Health Reported as Fair or Poor %
Total	1036	31.7
Race		
White	283	36.4
Black	418	33.7
Hispanic	46	21.7
Multiracial	23	34.8
Other	17	35.3
Site		
EA	235	31.1
MW	128	38.3
SO	184	28.8
SW	270	25.6
NW	219	38.4

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. At Age 8 Interview data were not gathered on major illnesses and injuries.

Caregiver Physical Health Assessment MH6A

1. Compared to others your age, would you say that your health is:
 - 1 EXCELLENT
 - 2 GOOD
 - 3 FAIR
 - 4 POOR

2. During the past year was there a period of a week or more when you had to stop or cut down on your regular work, school or housekeeping because of an illness or injury?
 - 0 NO ---->(GO TO Q. 4)
 - 1 YES

3. Did this condition affect your ability to care for your children?
 - 0 NO
 - 1 YES

Caregiver Substance Use

LONGSCAN

1995

Description of Measure

Purpose

To assess caregiver's use of licit and illicit substances.

Conceptual Organization

Substance use was conceptualized broadly to include commonly used drugs such as tobacco and alcohol, and illicit drugs such as marijuana, cocaine, hallucinogens, heroin, stimulants, and tranquilizers. Questions related to these substances included current use, age at first use, age at last use, current frequency, and most frequent use ever.

Materials

Non-copyrighted LONGSCAN form is included in this manual.

Time Required

5-10 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Individual items. Summative indexes can be created by combining responses across substances.

Score Interpretation

Scores may be compared to data gathered through the National Household Survey on Drug Use (see Turner, Lessler, & Gfroerer, 1992).

LONGSCAN Use

Data Point

Age 8

Respondent

Primary maternal caregiver

Mnemonic and Version

CSA

Rationale

Past or current parental substance abuse has been shown to be a risk factor for child maltreatment (Cohn & Daro, 1987; Dore, Doris, & Wright, 1995), however the exact role that substance abuse plays is unclear. Maltreatment risk may be increased when substance use is accompanied by mental disorder of the parent or a history of maltreatment (English & Pecora, 1994).

Results

Table 1 presents the frequency of use of various substances by race and by site. Alcohol was the most commonly used substance and cocaine or "crack" was the least commonly used. White caregivers were more likely to report cigarette and alcohol use than black caregivers. The NW site had the highest rates of cigarette and alcohol use.

Table 1 about here

References and Bibliography

Cohn, A. H., & Daro, D. (1987). Is treatment too late: What ten years of evaluative research tells us. Child Abuse & Neglect, 11, 433-442.

Dore, M. M., Doris, J. M., & Wright, P. (1995). Identifying substance abuse in maltreating families: A child welfare challenge. Child Abuse & Neglect, 19, 531-543.

English, D., & Pecora, P. (1994). Risk assessment as a practice method in child protective services. Child Welfare, 73 (special issue), 451-475.

Turner, C. F., Lessler, J. T., & Gfroerer, J. C. (1992). Survey measurement of drug use: Methodological studies. Washington, DC: U.S. Department of Health and Human Services.

Table 1. Caregivers Substance Use: Current and History, by Substance by Caregiver Race and Study Site. Age 8 Interview

		Cigarettes		Alcohol		Marijuana		Cocaine, including Crack		Other Drugs	
	N	%		%		%		%		%	
		Current	Ever	Current	Ever	Current	Ever	Current	Ever	Current	Ever
Total	1044	46.5	69.4	49.7	81.2	5.4	53.5	1.4	23.6	4.6	24.7
Race											
White	283	50.4	78.1	55.5	89.1	5.3	67.1	1.1	27.9	3.2	39.6
Black	421	47.6	61.2	48.8	78.1	6.2	49.1	1.7	22.9	6.9	18.9
Hispanic	47	38.3	74.5	46.8	78.7	0.0	31.9	0.0	14.9	4.3	14.9
Multiracial	24	54.2	87.5	62.5	91.7	4.2	62.5	8.3	45.8	16.7	45.8
Other	18	55.6	72.2	38.9	77.8	11.1	44.4	0.0	38.9	5.6	27.8
Site											
EA	236	48.1	62.8	46.8	76.6	5.5	48.1	3.4	20.4	10.2	23.0
MW	128	50.8	69.5	46.1	79.7	6.3	56.3	1.6	22.7	6.3	16.4
SO	184	42.4	57.6	39.7	72.3	5.4	39.1	0.5	8.7	3.8	12.0
SW	272	40.5	74.4	51.1	84.8	4.4	56.3	0.0	27.4	1.5	26.4
NW	224	53.2	79.7	61.3	90.1	5.9	66.2	1.8	35.1	2.3	39.6

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Caregiver Substance Use CSA

"This section is about cigarettes, alcohol, and drugs. By drugs, I don't mean the kind prescribed by a doctor, but drugs that are typically used for pleasure, or to get relaxed, or to get high, etc. Remember that anything you tell us will be kept strictly confidential and will not be shared with anyone else."

Frequency code:	1 = 1-2 times per month (or less)	D = Don't know
	2 = 3-5 times per month	R = Refused/ no response
	3 = More than 5 times per month	
	4 = Daily	

1a. Do you smoke cigarettes? *(Circle 0 for No or 1 for Yes.)*

1 YES-->1b. How old were you when you started? ____ 1c. How often do you smoke? ____

0 NO-->1d. Have you ever smoked cigarettes?

0 NO

1 YES--> 1e. How old were you when you started? ____

1f. How old were you when you stopped? ____

1g. What was the most you ever smoked? ____

2a. Do you drink alcoholic beverages at all (like beer, wine, wine coolers, liquor)? *(Circle 0 for No or 1 for Yes.)*

1 YES-->2b. How old were you when you started? ____ 2c. How often do you drink? ____

0 NO-->2d. Have you ever drunk alcoholic beverages?

0 NO

1 YES--> 2e. How old were you when you started? ____

2f. How old were you when you stopped? ____

2g. What was the most often you ever drank alcoholic beverages? ____

3a. Do you smoke marijuana (grass, weed, pot, hash)? *(Circle 0 for No or 1 for Yes.)*

1 YES-->3b. How old were you when you started? ____ 3c. How often do you smoke it? ____

0 NO-->3d. Have you ever smoked marijuana?

0 NO

1 YES--> 3e. How old were you when you started? ____

3f. How old were you when you stopped? ____

3g. What was the most often you ever smoked it? ____

Frequency code:	1 = 1-2 times per month (or less)	D = Don't know
	2 = 3-5 times per month	R = Refused/ no response
	3 = More than 5 times per month	
	4 = Daily	

4a. Do you use regular cocaine (powder)? *(Circle 0 for No or 1 for Yes.)*

1 YES-->4b. How old were you when you started? ____ 4c. How often do you use it? ____

0 NO-->4d. Have you ever used regular cocaine?

0 NO

1 YES--> 4e. How old were you when you started? ____

4f. How old were you when you stopped? ____

4g. What was the most often you ever used it? ____

5a. Do you use crack or freebase cocaine? *(Circle 0 for No or 1 for Yes.)*

1 YES-->5b. How old were you when you started? ____ 5c. How often do you use it? ____

0 NO-->5d. Have you ever used crack or freebase cocaine?

0 NO

1 YES--> 5e. How old were you when you started? ____

5f. How old were you when you stopped? ____

5g. What was the most often you ever used it? ____

6a. Do you use PCP or LSD (acid, mushrooms, dust)? *(Circle 0 for No or 1 for Yes.)*

1 YES-->6b. How old were you when you started? ____ 6c. How often do you use them? ____

0 NO-->6d. Have you ever used PCP or LSD?

0 NO

1 YES--> 6e. How old were you when you started? ____

6f. How old were you when you stopped? ____

6g. What was the most you ever used them? ____

Frequency code:	1 = 1-2 times per month (or less)	D = Don't know
	2 = 3-5 times per month	R = Refused/ no response
	3 = More than 5 times per month	
	4 = Daily	

7a. Do you use methadone, either on your own or through a program? *(Circle 0 for No or 1 for Yes.)*

1 YES-->7b. How old were you when you started? ____ 7c. How often do you use it? ____

0 NO-->7d. Have you ever used methadone?

0 NO

1 YES--> 7e. How old were you when you started? ____

7f. How old were you when you stopped? ____

7g. What was the most often you ever used it? ____

8a. Do you use heroin? *(Circle 0 for No or 1 for Yes.)*

1 YES-->8b. How old were you when you started? ____ 8c. How often do you use it? ____

0 NO-->8d. Have you ever used heroin?

0 NO

1 YES--> 8e. How old were you when you started? ____

8f. How old were you when you stopped? ____

8g. What was the most often you ever used it? ____

9a. Do you use speed or uppers (amphetamines, bennies, whites, black beauties)? *(Circle 0 for No or 1 for Yes.)*

1 YES-->9b. How old were you when you started? ____ 9c. How often do you use them? ____

0 NO-->9d. Have you ever used speed or uppers?

0 NO

1 YES--> 9e. How old were you when you started? ____

9f. How old were you when you stopped? ____

9g. What was the most often you ever used them? ____

10a. Do you use tranquilizers or downers ('ludes, yellows, reds, rainbows, sopers)? *(Circle 0 for No or 1 for Yes.)*

1 YES-->10b. How old were you when you started? ____ 10c. How often do you use them? ____

0 NO-->10d. Have you ever used tranquilizers or downers?

0 NO

1 YES--> 10e. How old were you when you started? ____

10f. How old were you when you stopped? ____

10g. What was the most often you ever used them? __

Frequency code:	1 = 1-2 times per month (or less)	D = Don't know
	2 = 3-5 times per month	R = Refused/ no response
	3 = More than 5 times per month	
	4 = Daily	

11a. Do you use some other kind of drug that I haven't asked about? (Circle 0 for No or 1 for Yes.)

1 YES-->11a1. What drug? _____

[If drug mentioned falls into one of the categories, go back and code the information for the correct item. Change response to this item to "NO."]

11b. How old were you when you started? __ __

11c. How often do you use it? __

0 NO-->Have you ever used another kind of drug that I haven't asked about?

0 No

1 Yes--> 11d1. What drug/s? _____

11e. How old were you when you started? __ __

11f. How old were you when you stopped? __ __

11g. What was the most often you ever used it? [name of drug/s] __

Center for Epidemiologic Studies Depression Scale

Radloff, L. S.

1977

Description of Measure

Purpose

To measure self-reported symptoms associated with depression experienced in the past week.

Conceptual Organization

The Center for Epidemiologic Studies Depression Scale (CES-D) includes 20 items comprising six scales reflecting major dimensions of depression: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance.

Item Origin/Selection Process

The items were selected from a pool of items from previously validated depression scales (e.g., Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Gardner, 1968; Raskin, Schulterbrandt, Reatig, & McKeon, 1969; Zung, 1965). The main components of depressive symptomatology (depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance) were identified from clinical literature and factor analyses.

Materials

Non-copyrighted form is included in this manual. Also see Radloff (1977).

Time Required

5 minutes.

Administration Method

The CES-D may be self or interviewer-administered. If all the respondents in a study are literate, the form may be self-administered with appropriate instructions. If the inventory is

interviewer-administered, it is helpful for the interviewer to give the respondent a card listing the response choices.

Training

Minimal

Scoring

Score Types

Response categories indicate the frequency of occurrence of each item, and are scored on a 4-point scale ranging from 0 (rarely or none of the time) to 3 (most or all of the time). Scores for items 4, 8, 12, and 16 are reversed before summing all items to yield a total score. Total scores can range from 0 to 60.

Score Interpretation

Higher scores (both item and total scores) indicate more depressive symptoms. A score of 16 or higher has been used extensively as the cut-off point for high depressive symptoms on this scale (Radloff, 1977). However, false positives on the order of 15% to 20% have resulted from use of this cut-off point, leading some researchers to suggest that a higher cut-off point be used (Boyd, Weissman, Thompson, & Myers, 1982; Zich, Attkisson, & Greenfield, 1990).

Psychometric Support

Reliability

The CES-D has been shown to be a reliable measure for assessing the number, types, and duration of depressive symptoms across racial, gender, and age categories (Knight, Williams, McGee & Olan, 1997; Radloff, 1977; Roberts, Vernon, & Rhoades, 1989). High internal consistency has been reported with Cronbach's alpha coefficients ranging from .85 to .90 across studies (Radloff, 1977).

Validity

Concurrent validity by clinical and self-report criteria, as well as substantial evidence of construct validity have been demonstrated (Radloff, 1977). However, there is evidence that the

CES-D, while a useful measure of the level of depressive symptoms, may not be a good tool for screening for clinical depression or major depression (Roberts, Vernon, & Rhoades, 1989).

LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 6, 12: all sites

Age 14: Optionally administered by sites

Respondent

Primary maternal caregiver

Mnemonic and Version

DEPA: Pre-Age 4, Age 4, & Age 6

DEPB: Age 12 & 14. No change. Version was changed because of a change in the data entry system.

Rationale

Depression is a well-established risk factor for inadequate care giving (Downey & Coyne, 1990). The CES-D was selected for the LONGSCAN study because it is one of the best known and most widely used measures of depressive symptomatology in the general population, with documented reliability and validity in the published literature.

Administration and Scoring Notes

The CES-D was administered to primary caregivers in the LONGSCAN consortium at the Age 12 interview using an audio-computer administered self-interview (A-CASI). Prior to this administration was done using a paper and pencil format. A study comparing the administration of the CES-D by conventional versus the computerized method found no significant differences between reported means and variances of the two methods. Equivalent form reliability and internal consistency of the two CES-D forms were both very high (Gonzalez, Spiteri, and Knowlton, 1995).

Results

Descriptive Statistics

Table 1 provides the mean scores on the CES-D based on the responses of caregivers who were administered this instrument at the Age 4 and Age 6 interview by race and study site. Variation in scores are seen across racial categories and study sites. Black caregivers had higher scores than any other race at both interviews. Mean scores on the measure were lowest in the SW site. These lower scores are likely due to the fact that over two-thirds of the children were living with substitute caregivers (relative and non-relative guardians, and adoptive and foster parents), who presumably have greater protective resources than the biological caregivers in LONGSCAN.

Table 1 about here

Table 2 displays the percentages of caregivers scoring at or above the cutoff point at the Age 4 and 6 interviews. Black caregivers showed the highest rates of depressive symptoms at both time points, while Multiracial and caregivers of “Other” races showed the lowest. The EA site, the sample with the greatest percentage of Black respondents, had the highest rates of possible clinical depression. Consistent with the results shown in Table 1, the SW site showed the lowest rates of depressive symptomatology.

Table 2 about here

Reliability

Table 3 provides an assessment of internal consistency of the CES-D, as measured by Cronbach’s alpha, for respondents at the Age 4 and Age 6 interviews. Alpha coefficients, presented by caregiver race and by study site, range from .84 to .92 across the two data points. Like other researchers (See Psychometric Support.), we observed evidence of high internal consistency for the CES-D across all groups at both data points.

Table 3 about here

Validity

To assess the validity of the CES-D, we examined the relationship between scores on the CES-D and scores on two other measures: the Everyday Stressors Index and history of consumption of alcoholic beverages. It was hypothesized that primary caregivers who report more stress on the Everyday Stressors Index (at the Age 4 interview) would also report higher depressive symptoms. This was supported: the estimated correlation between the two measures was .57 ($p < .0001$). We also compared the total scores on the CES-D of primary caregivers who reported having ever drunk alcoholic beverages ($M = 13.0$, $SD = 11.1$) at the Age 4 interview, to those who did not ($M = 11.25$, $SD = 10.39$). We found that caregivers reporting a history of alcoholic beverage consumption were significantly more depressed ($\chi^2(1, 1134) = 6.67$, $p < .01$).

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Table 1. Mean Scores on the CES-D by Caregiver Race and by Study Site. Ages 4 and 6 Interviews

	Age 4 Interview			Age 6 Interview		
	N	<u>M</u>	(<u>SD</u>)	N	<u>M</u>	(<u>SD</u>)
Total	1246	12.50	(10.87)	1218	11.92	(10.51)
Race						
White	415	11.43	(11.09)	394	11.40	(10.85)
Black	648	13.55	(10.99)	663	12.74	(10.63)
Hispanic	96	10.99	(9.16)	91	10.25	(8.78)
Multiracial	37	12.54	(8.23)	34	9.79	(7.90)
Other	46	10.96	(11.35)	30	9.50	(9.68)
Site						
EA	237	14.11	(10.42)	251	13.28	(9.93)
MW	222	13.86	(11.24)	216	12.75	(10.45)
SO	221	13.91	(11.85)	220	13.53	(12.55)
SW	316	8.72	(9.53)	297	9.09	(9.14)
NW	250	13.33	(10.56)	234	11.74	(10.02)

Source. Age 4 and 6: Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Percentage of Caregivers Scoring above the Cutpoint for High Depressive Symptoms by Caregiver Race and Study Site. Ages 4 and 6 Interviews

	Age 4 Interview		Age 6 Interview	
	N	%	N	%
Total	1246	30.6	1218	30.1
Race				
White	415	27.7	394	27.4
Black	648	33.8	663	32.7
Hispanic	96	27.1	91	28.6
Multiracial	37	24.3	34	23.5
Other	46	26.1	30	23.3
Site				
EA	237	35.9	251	35.5
MW	222	33.8	216	33.3
SO	221	33.5	220	34.6
SW	316	18.7	297	20.2
NW	250	35.2	234	29.5

Source. Age 4 and Age 6: Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Cronbach's Alpha Coefficients for the CES-D by Caregiver Race and by Study Site. Ages 4 and 6 Interviews

	Age 4 Interview α	Age 6 Interview α
Total	.90	.90
Race		
White	.92	.92
Black	.89	.89
Hispanic	.86	.87
Multiracial	.84	.85
Other	.92	.89
Site		
EA	.86	.86
MW	.90	.89
SO	.90	.92
SW	.90	.89
NW	.90	.91

Source. Age 4 and Age 6: Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Center for Epidemiologic Studies Depression Scale DEPA

THESE QUESTIONS ARE ABOUT HOW YOU HAVE BEEN FEELING LATELY.
AS I READ THE FOLLOWING STATEMENTS, PLEASE TELL ME HOW OFTEN YOU FELT OR
BEHAVED THIS WAY IN THE LAST WEEK. [*Hand card*]. FOR EACH STATEMENT, DID YOU FEEL
THIS WAY: [Interviewer: You may help respondent focus on the whichever “style” answer is easier]

0 = Rarely or none of the time (or less than 1 day)?

1 = Some or a little of the time (or 1-2 days)?

2 = Occasionally or a moderate amount of time (or 3-4 days)?

3 = Most or all of the time (or 5-7 days)?

	<u>R</u>	<u>S</u>	<u>O</u>	<u>M</u>	<u>NR</u>
1. I WAS BOTHERED BY THINGS THAT USUALLY DON'T BOTHER ME.	0	1	2	3	--
2. I DID NOT FEEL LIKE EATING; MY APPETITE WAS POOR.	0	1	2	3	--
3. I FELT THAT I COULD NOT SHAKE OFF THE BLUES EVEN WITH HELP FROM MY FAMILY AND FRIENDS.	0	1	2	3	--
4. I FELT THAT I WAS JUST AS GOOD AS OTHER PEOPLE.	0	1	2	3	--
5. I HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING.	0	1	2	3	--
6. I FELT DEPRESSED.	0	1	2	3	--
7. I FELT THAT EVERYTHING I DID WAS AN EFFORT.	0	1	2	3	--
8. I FELT HOPEFUL ABOUT THE FUTURE.	0	1	2	3	--
9. I THOUGHT MY LIFE HAD BEEN A FAILURE.	0	1	2	3	--
10. I FELT FEARFUL.	0	1	2	3	--
11. MY SLEEP WAS RESTLESS.	0	1	2	3	--
12. I WAS HAPPY.	0	1	2	3	--
13. I TALKED LESS THAN USUAL.	0	1	2	3	--
14. I FELT LONELY.	0	1	2	3	--
15. PEOPLE WERE UNFRIENDLY.	0	1	2	3	--
16. I ENJOYED LIFE.	0	1	2	3	--
17. I HAD CRYING SPELLS.	0	1	2	3	--
18. I FELT SAD.	0	1	2	3	--
19. I FELT PEOPLE DISLIKED ME.	0	1	2	3	--
20. I COULD NOT GET GOING.	0	1	2	3	--

Child Aggressive Behavior
LONGSCAN (1992)
Achenbach (1991)

Description of Measure

Purpose

To obtain caregivers' report of aggressive and other negative behavior exhibited by the subject child.

Conceptual Organization

The measure consists of an initial open-ended question about behavior problems occurring in the past six months, and 13 other questions inquiring about specific problem behaviors.

Item Origin/Selection Process

The 13 items are derived primarily from the Child Behavior Checklist (Achenbach et al., 1991). Nine of the items (items 2-8, 10, 13 and 14) are very similar to, or derived from, the CBCL Aggressive Behavior subscale; one item (item 9) is from the CBCL "Other Problems" subscale. The other three items (6, 11, and 12) developed by LONGSCAN were designed to capture sexual perpetration and defiant behavior. The intent was to capture a range of problem behaviors without using the CBCL.

Materials

The Child Aggressive Behavior form, included in this manual.

Time Required

Less than five minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Items 2-14 can be summed for a composite score. Factor analyses conducted at the LONGSCAN Coordinating Center have revealed three subscales. The subscale names and the items that comprise them are listed below.

- Defiant behavior: Items 2, 3, 4, 5, and 6
- Destructive/Cruel behavior: Items 7, 8, 9, and 10
- Perpetrating behavior: Items 11, 12, 13, and 14

Although the factors were not stable over time, there is some degree of face validity. Confirmatory factor analysis or Cronbach's Alpha statistics should be run prior to using these scales in analyses.

Score Interpretation

Higher scores indicate higher reported levels of problem behavior.

LONGSCAN Use

Data Points

Annual contacts at ages 5, 7, and 9

Respondent

Primary maternal caregiver

Mnemonic and Version

Ages 5, 7: CABA

Age 9: ABA

Rationale

The Child Aggressive Behavior Form was originally administered as part of LONGSCAN's participation in a short-term study investigating the impact of witnessed violence on very young children. Annual tracking of witnessed violence with the Child Life Events Questionnaire and the child's problem behavior allows testing of the hypothesis that witnessed violence in the preschool years is correlated with problem behavior. The CBCL is administered to LONGSCAN caregivers at each major interview. Administering a measure of externalizing behavior in the annual contact interviews allows tracking of this type of behavior from year to year.

Administration and Scoring Notes

The Child Aggressive Behavior form was administered as part of the annual contact telephone interview. The EA site did not conduct annual contact interviews at age 5. The SO site was only able to administer the annual contact interview to a subset of their subjects at Age 5 because of the short interval between interviews resulting from having entered the field at Age 4 at a time when most of the subjects were already over the age of 5.

Results

Descriptive Statistics

Table 1 shows the means and standard deviations on the Child Aggressive Behavior composite scale for the Age 5, 7, and 9 annual contact interviews, by race and study site. Overall, reported behavior problems remain stable across the three annual contact interviews. Caregivers of Multiracial children reported the highest levels of problem behavior in their children at all three time points, while caregivers of children of other races reported the lowest levels.

At the Age 5 annual contact interview scores for children at the NW site are higher than scores for children at the other sites. However, these children's scores decrease over time, and by the Age 9 interview are comparable with scores of children at other sites. Caregivers of children at the SO site report the fewest problem behaviors across the age 5 and 7 interviews, while caregivers at the MW site report the fewest problems at the age 9 interview.

Table 1 about here

Tables 2 to 4 display means and standard deviations for the three subscales by race and study site at each of the three annual contact interviews. Caregivers report more behavior problems related to Defiant behavior than to either Destructive/Cruel behavior or Perpetrating behavior at all three times. Furthermore, caregivers reported the fewest behavior problems related to Perpetrating behavior across all interviews. Total scores on Defiant behavior remain stable at Ages 5 and 7, and increase slightly at Age 9, while scores on the other two subscales decrease over time.

Table 2 about here

At all three interview times, caregivers of White and Multiracial children report more behavior problems related to Defiant Behavior than caregivers of children of other races and ethnicities. Caregivers of Multiracial and Other racial children report the highest levels of both Destructive/ Cruel behavior and Perpetrating behavior at all three interviews. These scores remain relatively stable over time. The lowest levels of Perpetrating behavior are reported by caregivers of Black children at Age 5, Black and Hispanic children at Age 7, and Hispanic children at Age 9.

Across all three of the interview times, caregivers at the SW and NW site report the highest levels of behavior problems on all of the subscales. Caregivers at the SO site report the fewest behavior problems at the age 5 interview, while caregivers at the MW site report the fewest problems at the age 7 and 9 interviews.

Table 3 about here

Table 4 about here

Reliability

Table 5 gives the Cronbach's Alpha internal consistency reliability statistic for the Child Aggressive Behavior Composite Scale at each of three annual contact interviews by race and study site. The total alpha coefficient for the instrument at each of the three interview points is .84 indicating good internal consistency reliability. Alpha coefficients for race are good and

range from .68 to .85 at Age 5, .62 to .86 at Age 7, and .78 to .90 at Age 9. Alpha coefficients remain good when analyzed by study site and range from .78 to .85 at Age 5, .81 to .86 at Age 7, and .76 to .86 at Age 9.

Alpha coefficients for the internal consistency reliability of Child Aggressive Behavior subscales for the three interviews can be seen in Tables 6 through 8. Total alpha coefficients for the subscales are variable, with the Defiant and Destructive behavior subscales demonstrating the highest internal consistency reliability across the three interviews. The Perpetrating behavior subscale demonstrates moderate internal consistency reliability at Age 5 and poor reliability at Ages 7 and 9. Poor reliability for this subscale may reflect the fact that these behaviors are rarely endorsed and hence statistical power is compromised.

Table 5 about here

Table 6 about here

Table 7 about here

Table 8 about here

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Table 1. Means and Standard Deviations for Child Aggressive Behavior Composite Scale by Race and Study Site.

	N	Age 5 Interview M (SD)	N	Age 7 Interview M (SD)	N	Age 9 Interview M (SD)
Total	767	5.21 (3.91)	1038	5.02 (3.85)	833	5.05 (3.89)
Race						
White	256	5.73 (3.87)	295	5.64 (3.98)	243	5.44 (3.68)
Black	306	4.53 (3.86)	541	4.60 (3.77)	438	4.66 (3.91)
Hispanic	61	4.95 (3.54)	62	4.34 (3.24)	41	4.59 (3.44)
Multiracial	129	6.09 (4.10)	130	5.77 (3.96)	103	6.03 (4.09)
Other	15	3.67 (2.64)	10	3.90 (2.42)	8	4.50 (5.58)
Site*						
EA	*	*	182	4.89 (3.87)	164	4.59 (3.85)
MW	208	4.58 (3.35)	188	4.15 (3.40)	71	4.00 (2.95)
SO	88	3.41 (3.08)	186	4.11 (3.27)	179	4.63 (4.04)
SW	219	5.56 (4.27)	239	5.79 (4.24)	217	5.69 (4.12)
NW	252	6.06 (4.01)	243	5.74 (3.91)	202	5.49 (3.66)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *The EA site did not conduct annual interviews at Age 5.

**Table 2. Mean Scores on the Child Aggressive Behavior subscales by Race and Study Site.
Age 5 Interview**

	N	Defiant Behavior <u>M</u> (<u>SD</u>)	Destructive/Cruel Behavior <u>M</u> (<u>SD</u>)	Perpetrating Behavior <u>M</u> (<u>SD</u>)
Total	767	3.73 (2.22)	1.11 (1.54)	0.36 (0.87)
Race				
White	256	4.25 (2.11)	1.02 (1.46)	0.45 (1.01)
Black	306	3.23 (2.27)	1.07 (1.56)	0.24 (0.67)
Hispanic	61	3.48 (1.95)	1.16 (1.61)	0.31 (0.70)
Multiracial	129	4.16 (2.20)	1.40 (1.67)	0.53 (1.05)
Other	15	2.53 (1.30)	0.87 (1.25)	0.27 (0.70)
Site*				
MW	208	3.34 (1.97)	0.97 (1.31)	0.27 (0.68)
SO	88	2.72 (1.96)	0.66 (1.42)	0.03 (0.18)
SW	219	3.79 (2.28)	1.27 (1.74)	0.49 (1.06)
NW	252	4.36 (2.24)	1.25 (1.55)	0.45 (0.95)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *The EA site did not conduct annual contact interviews at Age 5.

Table 3. Mean Scores on the Child Aggressive Behavior Subscales by Race and Study Site. Age 7 Interview

	N	Defiant Behavior M (SD)	Destructive/Cruel Behavior M (SD)	Perpetrating Behavior M (SD)
Total	1038	3.68 (2.32)	1.06 (1.49)	0.27 (0.70)
Race				
White	295	4.23 (2.24)	1.04 (1.52)	0.37 (0.92)
Black	541	3.37 (2.35)	1.03 (1.46)	0.20 (0.54)
Hispanic	62	3.15 (2.19)	0.98 (1.21)	0.21 (0.55)
Multiracial	130	4.05 (2.20)	1.35 (1.66)	0.36 (0.73)
Other	10	2.90 (1.29)	0.50 (0.97)	0.50 (0.97)
Site				
EA	182	3.59 (2.38)	1.13 (1.57)	0.18 (0.53)
MW	188	3.16 (2.29)	0.84 (1.29)	0.15 (0.44)
SO	186	3.24 (2.06)	0.70 (1.13)	0.17 (0.70)
SW	239	4.09 (2.51)	1.31 (1.58)	0.39 (0.81)
NW	243	4.11 (2.14)	1.23 (1.64)	0.40 (0.81)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

**Table 4. Mean Scores on the Child Aggressive Behavior Subscales by Race and Study Site.
Age 9 Interview**

	N	Defiant Behavior M (SD)	Destructive/Cruel Behavior M (SD)	Perpetrating Behavior M (SD)
Total	833	3.84 (2.44)	0.99 (1.51)	0.21 (0.58)
Race				
White	243	4.21 (2.20)	0.95 (1.42)	0.27 (0.69)
Black	438	3.58 (2.51)	0.92 (1.49)	0.16 (0.50)
Hispanic	41	3.73 (2.75)	0.80 (1.01)	0.05 (0.22)
Multiracial	103	4.22 (2.40)	1.44 (1.75)	0.37 (0.67)
Other	8	2.75 (2.55)	1.50 (2.73)	0.25 (0.71)
Site				
EA	164	3.53 (2.55)	0.93 (1.54)	0.14 (0.42)
MW	71	3.15 (2.09)	0.73 (0.98)	0.11 (0.40)
SO	179	3.72 (2.58)	0.73 (1.44)	0.18 (0.59)
SW	217	4.13 (2.46)	1.26 (1.67)	0.30 (0.67)
NW	202	4.15 (2.25)	1.08 (1.46)	0.25 (0.61)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 5. Cronbach's Alpha for the Child Aggressive Behavior Composite Scale by Race and Study Site.

	Age 5 Interview <i>α</i>	Age 7 Interview <i>α</i>	Age 9 Interview <i>α</i>
Total	.84	.84	.84
Race			
White	.85	.86	.83
Black	.83	.84	.85
Hispanic	.81	.77	.78
Multiracial	.84	.84	.82
Other	.68	.62	.90
Site*			
EA	*	.83	.83
MW	.78	.81	.76
SO	.78	.82	.86
SW	.85	.86	.84
NW	.84	.84	.81

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *The EA site did not conduct annual interviews at Age 5.

Table 6. Cronbach's Alpha for the Child Aggressive Behavior Subscales by Race and Study Site. Age 5 Interview

	Defiant Behavior α	Destructive/Cruel Behavior α	Perpetrating Behavior α
Total	.75	.71	.63
Race			
White	.74	.72	.69
Black	.77	.70	.51
Hispanic	.67	.75	.36
Multiracial	.75	.72	.65
Other	.12	.64	.64
Site			
MW	.70	.62	.58
SO	.71	.81	.00
SW	.75	.75	.64
NW	.76	.70	.62

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 7. Cronbach's Alpha for the Child Aggressive Behavior Scales by Race and Study Site. Age 7 Interview.

	Defiant Behavior α	Destructive / Cruel Behavior α	Perpetrating Behavior α
Total	.77	.73	.54
Race			
White	.77	.75	.68
Black	.78	.72	.39
Hispanic	.72	.56	.47
Multiracial	.74	.73	.34
Other	.05	.72	.66
Site			
EA	.76	.74	.40
MW	.77	.69	.21
SO	.73	.65	.78
SW	.81	.71	.55
NW	.73	.76	.49

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *The EA site did not conduct annual interviews at Age 5.

Table 8. Cronbach's Alpha for the Child Aggressive Behavior Subscales by Race and Study Site. Age 9 Interview

	Defiant Behavior α	Destructive/ Cruel Behavior α	Perpetrating Behavior α
Total	.79	.75	.41
Race			
White	.76	.73	.53
Black	.81	.77	.40
Hispanic	.86	.40	-.03
Multiracial	.75	.72	.19
Other	.80	.89	.00
Site			
EA	.81	.76	.29
MW	.73	.49	.18
SO	.82	.80	.50
SW	.80	.76	.41
NW	.75	.70	.43

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Child Aggressive Behavior Inventory CABA

1. A. **Has (CHILD) had any behavior problems in the last 6 months that you have been especially concerned about?**

0 No (Go to instructions preceding Q #2)

1 Yes ----->B. Describe:

C. Age behavior started: ____ YEARS

D. How often has (CHILD) shown this behavior in the last 6 months?

1	2	3	4
Less than once per month	1-3 times per month	At least once per week	Everyday/ about everyday

Now I'll read a list of behaviors that we sometimes see in children around this age. Please let me know if any of these describe (CHILD) now or in the last 6 months.

For each item I read, tell me if this behavior has been **never true**, **sometimes true**, or **often true** for (CHILD) anytime in the last 6 months.

	Never True	Somewhat or Sometimes True	Very True or Often True
2. Stubborn, sullen, or irritable.0	1	2	
3. Disobedient at home.0	1	2	
4. Disobedient at school or day care.0	1	2	
5. Temper tantrums or hot temper.0	1	2	
6. Talks back, sasses, or mouths off to adults.0	1	2	
7. Destroys his/her own things.....0	1	2	
8. Destroys things belonging to family or others.0	1	2	
9. Cruel to animals.....0	1	2	
10. Cruelty, bullying or meanness to others.0	1	2	
11. Touches, or tries to touch the private parts of other children.0	1	2	
12. Touches, or tries to touch the private parts of adults.0	1	2	
13. Physically attacks or hurts children.0	1	2	
14. Physically attacks or hurts adults.....0	1	2	

Child Aggressive Behavior ABA

1a. HAS _____ HAD ANY BEHAVIOR PROBLEMS IN THE LAST 6 MONTHS THAT YOU HAVE BEEN ESPECIALLY CONCERNED ABOUT?

0 NO (Go to instructions preceding Q #2)

1 YES --> b. COULD YOU DESCRIBE THEM FOR ME?

c. AT WHAT AGE DID THIS BEHAVIOR START? ____ YEARS

d. HOW OFTEN HAS _____ SHOWN THIS BEHAVIOR IN THE LAST 6 MONTHS? (Read responses if necessary & circle respondent's best estimate)

1
Less than once
per month

2
1-3 times
per month

3
At least once
per week

4
Everyday/
about everyday

NOW I'LL READ A LIST OF BEHAVIORS THAT WE SOMETIMES SEE IN CHILDREN AROUND THIS AGE. PLEASE LET ME KNOW IF ANY OF THESE DESCRIBE _____ NOW OR IN THE LAST 6 MONTHS. FOR EACH ITEM I READ, TELL ME IF THIS BEHAVIOR HAS BEEN NEVER TRUE, SOMETIMES TRUE, OR OFTEN TRUE FOR _____ ANYTIME IN THE LAST 6 MONTHS. (Circle response for each item)

	Never True	Somewhat or Sometimes True	Very True or Often True
2. STUBBORN, SULLEN, OR IRRITABLE.....	0	1	2
3. DISOBEDIENT AT HOME	0	1	2
4. DISOBEDIENT AT SCHOOL OR DAY CARE..	0	1	2
5. TEMPER TANTRUMS OR HOT TEMPER....	0	1	2
6. TALKS BACK, SASSES, OR MOUTHS OFF TO ADULTS.....	0	1	2
7. DESTROYS HIS/HER OWN THINGS	0	1	2
8. DESTROYS THINGS BELONGING TO FAMILY OR OTHERS	0	1	2
9. CRUEL TO ANIMALS	0	1	2
10. CRUELTY, BULLYING OR MEANNESS TO OTHERS	0	1	2
11. TOUCHES, OR TRIES TO TOUCH THE PRIVATE PARTS OF OTHER CHILDREN...	0	1	2
12. TOUCHES, OR TRIES TO TOUCH THE PRIVATE PARTS OF ADULTS	0	1	2
13. PHYSICALLY ATTACKS OR HURTS CHILDREN	0	1	2
14. PHYSICALLY ATTACKS OR HURTS ADULTS	0	1	2

Child Behavior Checklist/4-18

Achenbach, T. M.
1991

Description of Measure

Purpose

To obtain caregivers' reports of children's competencies and behavior problems in a standardized format.

Conceptual Organization

The Child Behavior Checklist/4-16 (CBCL/4-16) was the first of what has become a multi-axial empirically based set of measures for assessing children from parent-, teacher-, and self-reports. In 1991, The CBCL/4-16 was re-normed to include children up to 18 years of age (becoming CBCL/4-18), and eight cross-informant constructs were identified to facilitate direct comparison between problem behavior scores on the CBCL, the Teacher Report Form (TRF), and the Youth Self-Report Form (YSR) (Achenbach, 1991). All three instruments include measurement of the following eight constructs or syndromes: Social Withdrawal, Somatic Complaints, Anxiety/Depression, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. The CBCL is the only measure that contains the Sex Problems scale.

In addition to focusing on a child's behavior as defined by one of the eight syndrome scales, the CBCL, TRF, and YSR also allow the examination of two broad groupings of syndromes: Internalizing Problems and Externalizing Problems. Internalizing Problems combines the Social Withdrawal, Somatic Complaints, and Anxiety/Depression scales, while Externalizing combines the Delinquent Behavior and Aggressive Behavior scales.

The three corollary instruments also contain sections addressing the area of social competence in order to determine which reported competencies discriminate between those children who are adapting successfully and those who are not. The CBCL/4-18 contains 20 competence items grouped into 3 scales (Activities, Social, and School).

A version of the CBCL/4-18, for 2 to 3 year olds (CBCL/2-3) has also been developed (see CBCL/2-3) (Achenbach, 1992; Achenbach, Edelbrock, & Howell, 1987).

Item Origin/Selection Process

Items were derived from research and consultation with professionals and parents, and revisions were based on the findings of numerous pilot studies. The “cross-informant” syndromes (CBCL, TRF, YSR) were obtained from evaluation of multiple principal components analyses using 89 items common to all three forms. For a complete description of item derivation for the CBCL, see the Manual for the Child Behavior Checklist/4-18 and 1991 Profile (hereafter referred to as the Manual) (Achenbach, 1991).

Materials

Manual, forms, and computerized scoring programs, available from the publisher.

Time Required

Twenty-five to thirty minutes.

Administration Method

The CBCL is designed to be completed independently by the caregiver. It requires only fifth grade reading ability. The form can also be administered orally by an interviewer who records the caregiver’s answers.

There are several items for which the respondent is asked to elaborate about an endorsed behavior in order to avoid improper scoring.

Training

Requires thorough familiarity with the Manual, especially with the cautions related to commonly misinterpreted items (Manual, p. 13, pp. 249-250).

Scoring

Score Types

Items are coded from 0 to 2 and instructions for hand scoring the instrument are provided in Appendix A of the Manual.

Total scores may be computed for Social Competence, Behavior Problems, Internalizing Problems, Externalizing Problems, and Sex Problems, plus scores for each of the 8 syndrome

scales. The Total Problem score is computed by summing all items on pages 3 and 4 of the CBCL, except items 2, “Allergy” and 4, “Asthma.”

The problem scales are not scored if data for more than 8 items are missing, not counting items 2, 4, 56h, and 113 (See Manual, Appendix A). If a respondent circles two numbers for a behavior problem item, the item is assigned a score of “1”.

Raw scores can be converted to age-standardized scores (T scores having a mean = 50 and SD = 10) that can be compared with scores obtained from normative samples of children within the same broad age range. A minimum T score of 50 is assigned to scores that fall at midpoint percentiles of ≤ 50 on the competence scale and the 8 syndrome scales to permit comparison of standardized scores across scales. Raw scores on these scales will therefore reflect greater differentiation among non-deviant subjects than T scores. The authors recommend that raw scores rather than T scores be used for statistical analyses using the syndrome and competence scales. T scores are not truncated for the Internalizing, Externalizing and Total Problems scales, however; therefore, T scores should be used in statistical analyses for these scales.

Score Interpretation

For the syndrome scales, T scores less than 67 are considered in the normal range, T scores ranging from 67-70 are considered to be borderline clinical, and T scores above 70 are in the clinical range. Because items in the Sexual Problems syndrome scale have low prevalence rates, this scale does not lend itself to the specification of normal, borderline, and clinical ranges. However, the T score can provide a guideline as to whether the child is scoring low or high relative to a normative sample of peers.

For Total Problems, Externalizing Problems, and Internalizing Problems, T scores less than 60 are considered in the normal range, 60-63 represent borderline scores, and scores greater than 63 are in the clinical range.

Norms and/or Comparative Data

The CBCL/4-18 was normed on a sample of 2,368 non-handicapped 4 to 18 year old children. (Norming of school related items excluded preschool-aged children ($n = 252$).) The sample was chosen to be representative of children in the 48 contiguous states with respect to

SES, ethnicity, region, and urban/suburban/rural residence. None of the children in the sample had received mental health services or special remedial school classes in the 12 months preceding assessment with the CBCL/4-18. Data were obtained from caregivers in a home interview. See Manual for gender and age-specific tables.

Psychometric Support

Reliability

Test-retest reliability assessment (over a 7-day period), conducted by the author with 24 boys and 29 girls age 4-11, resulted in correlation coefficients of .87 for the Social Competence scale, and .89 for the Behavior Problems Scale. Inter-parent agreement was examined using samples of 182 boys and 141 girls age 4-11, and 156 boys and 120 girls age 12-18. These correlations were also high, ranging on average from .74 - .78 for the Social Competence scales, and from .65 - .75 on average for the Behavior Problems scales. Cronbach's alpha values for the different scales ranged from .46 on the Activities subscale to .93 on the Externalizing subscale for boys age 4-11 (N = 582), and from .54 on the Activities subscale to .93 on the Externalizing subscale for girls age 4-11 (N = 619). Among the eight syndromes, Cronbach's alpha values ranged from .62 to .92 for boys age 4-11 and from .66 to .92 for girls age 4-11.

Validity

Evidence for content, construct, and criterion-related validity is well documented. Construct validity was assessed by correlating CBCL scale scores with scores from the closest counterpart scales of the Conners (1973) *Parent Questionnaire* and with the Quay-Peterson (1983) *Revised Behavior Problem Checklist*, obtained from a sample of 60 clinically referred 6- to 11-year-olds. The correlations between the CBCL and the Conners syndrome scales ranged from .59 to .86. The correlations between the CBCL and the Quay-Peterson syndrome scales were similar, ranging from .59 to .88. See Chapter 6 in Manual for additional details.

LONGSCAN Use

Data Points

Ages 4, 6, 8, 10, 12 & 14

Respondent

Primary maternal caregiver.

Mnemonic and Version

Age 4 and Age 6: CBBA.

Age 8: CBB. Administration of Social Competence items was optional by site; see *Administration and Scoring Notes* below. CBC. Screener questions were modified slightly to accommodate the computer-administered format, e.g., if caregiver responds to the question about “what sports {CHILD} likes to take part in” with “none”, the screener question, “any sport?” is answered NO and the computer skips to the next question topic. Also for question 2 of the Social Competence section, "Is your child in a special class or special school?", an interviewer instruction is added (to facilitate proper scoring), specifying remedial, behavioral, or LD classes ONLY.

Age 10: CBC. Social Competence administered at all sites.

Age 12 & 14: CBBD. The form version was changed due to a change in the data entry system.

Rationale

The CBCL is one of the most commonly used measures of child psychopathology. It also provides parallel versions for Teacher Report and Youth Self-Report, meeting the need for multiple informants. Furthermore, versions are available to assess our sample at every time point from age 2 to young adulthood. Finally, the CBCL has been normed on a national sample.

Administration and Scoring Notes

LONGSCAN administered the Social Competence items at Age 4 and at Age 6. At Age 8, the Social Competence section was administered at the discretion of sites for the first time. The MW, NW and SW sites chose to collect the Social Competence data at Age 8, while the EA and SO sites did not.

The author’s computerized scoring program was used to generate T scores.

Results

Descriptive Statistics

Table 1 displays the means and standard deviations on the CBCL Total Problem, Internalizing, and Externalizing scores for the Age 6 interview, by child's race and study site. Table 1 also includes the percentage of children at or above Borderline Clinical Range ($T \geq 60$), by child's race and study site. At the Age 6 Interview, overall scores are highest on the Externalizing Problems scale, which also includes the highest percentage (32.3%) of children who are at or above the Borderline Clinical Range.

Multiracial children had the highest mean scores for Total Problems and Externalizing Problem Scores. The Multiracial children tended to score in the clinical range for all three scales more often than did children in the other racial groups.

The NW and SW sites had higher mean scores than the other sites for Externalizing Problems (Table 1) as well as the largest percentage (39.3% and 38.9% respectively) of children at or above the Border Clinical Range. The SO sample had higher Internalizing Problems scores (26.2% were in Clinical Range), perhaps attributable, in part, to the fact that the SO site's children were approximately a year older than children at the other sites at the time of this interview.

Table 1 about here

Table 2 displays the means and standard deviations on the Syndrome Scales and the percentage of children at or above Borderline Clinical Range ($T \geq 60$) for the Age 6 interview, by child's race and study site. On the syndromes, the LONGSCAN children demonstrated the fewest problems in the areas of depression, somatic complaints, and thought problems. The SO site had higher percentages of children in the clinical range on Social Withdrawal and Social Problems. Overall, the biggest problem areas were Aggressive Behavior and Delinquent Behavior, with more than three times the number of children rated in the clinical range than would be expected in a normal population. Among the five sites, the NW site had the highest number of children in the clinical range for these two scales.

Table 2 about here

Table 3 displays the means and standard deviations along with the percentage of children

at or above Borderline Clinical Range ($T \geq 60$) on the overall scores, for the Age 8 interview. As at Age 6, overall scores at the Age 8 interview are highest on the Externalizing Problems scale. The percentage of children in the clinical range for Total Problems and Externalizing Problems remained stable between the Age 6 and Age 8 interviews at around 32% (twice the rate expected in a normal population).

Multiracial children had the highest mean scores for Total Problems and Externalizing Problem Scores. The Multiracial children tended to score in the clinical range for all three scales more often than did children in the other racial groups. White children were most likely to score in the borderline or clinical range on the internalizing scale.

The NW and SW sites had higher mean scores than the other sites for Externalizing Problems as well as the largest percentage (43.2% and 37.1% respectively) of children at or above the Border Clinical Range. The NW sample had higher Internalizing Problems scores (29.3% were in Clinical Range).

Between the Age 6 and Age 8 interviews, the number of children with Internalizing Problems increased from around 19% to 21%. The largest increase was observed for white children. Between interview points, all sites but the EA showed an increase in the number of children with Internalizing Problems.

Table 3 about here

Table 4 displays the means and standard deviations on the Syndrome Scales and the percentage of children at or above Borderline Clinical Range ($T \geq 60$) for the Age 8 interview. At the Age 8 interview, the biggest problem areas were Delinquent Behavior and Attention Problems, with more than three times the number of children rated in the clinical range than would be expected in a normal population. Among the five sites, the NW site had the highest number of children in the clinical range for delinquent behavior (25.2%) and the SW site had the highest number of children in the clinical range for attention problems (25%).

Table 4 about here

Table 5 displays the means and standard deviations along with the percentage of children at or above Borderline Clinical Range ($T \geq 60$) on the broadband scales, for the Age 10 interview. Compared to Age 8, overall scores at the Age 10 interview are slightly lower for the

Externalizing and Total Problem scores.

As at the Age 8 interview, multiracial children had the highest mean scores for Total Problems and Externalizing Problem Scores at the Age 10 interview. The Multiracial children tended to score in the clinical range for all three scales more often than did children in the other racial groups. White children still had the highest percentage scoring in the borderline or clinical range on internalizing problems.

The SW site had the largest percentage (35.2%, 35.5%, and 27.8% respectively) of children scoring at or above the Border Clinical Range on all three scales.

Table 5 about here

Table 6 displays the means and standard deviations on the Syndrome Scales and the percentage of children at or above Borderline Clinical Range ($T \geq 60$) for the Age 10 interview. As was the case at the Age 8 interviews, the biggest problem areas were Delinquent Behavior and Attention Problems, with more than three times the number of children rated in the clinical range than would be expected in a normal population. Among the five sites, the SW site had the highest number of children in the clinical range for these two scales (24.5 % and 27.5% respectively). Also, the percentage scoring in the borderline or clinical range on the social problems scale increased from 11.4% at Age 8 to 15.6% at Age 10. There were substantial increases in social problems scores for White children at the SW and NW sites.

Publisher Information

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Table 1. T Scores and Percentage of Children at or above Borderline Clinical Range ($T \geq 60$) on Total Problems, Externalizing, & Internalizing Scales by Race and Study Site. Age 6 Interview

	N	<i>Total Problems</i>		<i>Externalizing Problems</i>		<i>Internalizing Problems</i>	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	1217	54.38 (10.87)	31.1	55.33 (10.88)	32.3	50.95 (9.87)	19.7
Race							
White	317	55.77 (11.18)	37.5	56.49 (10.97)	36.6	52.39 (10.39)	24.9
Black	653	53.39 (10.66)	26.7	54.49 (10.80)	28.5	50.03 (9.57)	16.7
Hispanic	88	53.88 (10.50)	25.6	54.84 (10.76)	35.2	50.50 (8.84)	17.1
Multiracial	145	56.13 (11.23)	37.9	57.14 (11.00)	40.0	52.14 (10.30)	22.8
Other	14	54.14 (6.97)	28.6	53.07 (8.00)	14.3	51.71 (9.51)	28.6
Site							
EA	250	52.82 (10.66)	26.0	54.17 (11.26)	28.8	49.12 (8.98)	13.6
MW	218	51.75 (10.13)	22.5	52.84 (10.19)	25.7	49.96 (9.32)	17.4
SO	218	54.70 (11.25)	31.7	54.12 (10.81)	26.2	52.64 (10.46)	26.2
SW	297	56.19 (10.81)	36.4	57.44 (10.55)	39.4	51.25 (10.23)	19.9
NW	234	55.91 (10.84)	37.2	57.35 (10.80)	38.9	51.85 (9.93)	22.2

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 2. T Scores and Percentage of Children at or above Borderline Clinical Range (T ≥ 60) on Selected Syndromes by Race and Study Site. Age 6 Interview

	N	Anxious/ Depressed		Withdrawn		Social Problems		Somatic Complaints	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	1217	53.98 (6.29)	5.3	55.28 (6.66)	7.0	55.91 (7.38)	11.6	54.23 (5.80)	5.9
Race									
White	317	55.05 (6.95)	7.6	55.98 (7.02)	8.5	56.42 (8.04)	14.5	55.01 (5.95)	6.6
Black	653	53.31 (5.60)	3.7	54.93 (6.41)	6.3	55.54 (7.07)	9.7	53.97 (5.71)	5.7
Hispanic	88	53.43 (5.40)	3.4	54.58 (6.76)	5.7	55.80 (6.93)	10.2	53.35 (5.52)	4.6
Multiracial	145	54.90 (7.80)	9.0	55.82 (6.62)	6.9	56.26 (7.56)	14.5	54.25 (5.90)	6.2
Other	14	55.00 (5.26)	--	54.43 (8.27)	14.3	58.57 (6.63)	14.3	53.64 (6.05)	7.1
Site									
EA	250	52.76 (4.93)	2.4	54.27 (5.51)	4.0	55.16 (6.87)	8.0	53.74 (5.47)	4.0
MW	218	53.19 (5.30)	3.7	55.14 (6.28)	6.4	54.55 (6.06)	5.5	53.36 (5.12)	4.1
SO	218	54.97 (6.82)	6.9	56.37 (7.55)	10.6	56.98 (8.04)	13.8	55.25 (6.41)	8.3
SW	297	54.54 (6.71)	7.1	54.92 (6.80)	6.7	56.24 (7.72)	14.5	54.27 (5.93)	7.1
NW	234	54.39 (7.09)	6.0	55.91 (6.91)	7.7	56.56 (7.72)	15.4	54.54 (5.84)	6.0
	N	Thought Problems		Aggressive Behavior		Delinquent Behavior		Attention Problems	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	1217	54.59 (6.97)	8.9	57.81 (8.91)	17.0	56.90 (7.65)	18.1	56.79 (8.25)	13.5
Race									
White	317	54.74 (7.13)	9.8	58.85 (9.40)	20.2	57.24 (7.59)	18.3	58.01 (8.66)	16.1
Black	653	54.55 (6.83)	8.6	57.16 (8.70)	14.2	56.40 (7.61)	16.5	53.23 (6.95)	11.6
Hispanic	88	53.68 (6.05)	5.7	57.00 (7.83)	15.9	57.80 (7.72)	20.5	57.78 (8.31)	20.5
Multiracial	145	55.17 (7.93)	11.0	59.20 (9.31)	24.1	58.23 (7.94)	24.1	57.22 (8.74)	13.1
Other	14	52.64 (4.60)	--	55.43 (5.72)	7.1	53.29 (5.08)	7.1	54.64 (4.60)	--
Site									
EA	250	55.31 (7.29)	11.2	57.23 (9.12)	15.2	55.97 (7.75)	14.4	55.28 (7.83)	10.4
MW	218	52.23 (4.69)	2.8	55.89 (7.10)	10.6	55.44 (6.70)	13.3	54.66 (7.15)	8.7
SO	218	53.85 (6.96)	6.9	56.81 (8.41)	12.8	56.34 (7.48)	14.7	57.90 (8.31)	15.1
SW	297	56.48 (7.75)	12.8	59.17 (9.48)	22.2	58.26 (7.96)	22.6	58.78 (8.85)	18.2
NW	234	54.30 (6.65)	9.0	59.42 (9.43)	22.2	58.04 (7.75)	23.9	56.84 (8.09)	13.7

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 3. T Scores and Percentage of Children at or above Borderline Clinical Range ($T \geq 60$) on Total Problems, Externalizing, & Internalizing Scales by Race and Study Site. Age 8 Interview

	N	<i>Total Problems</i>		<i>Externalizing Problems</i>		<i>Internalizing Problems</i>	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	1090	53.18 (11.48)	30.4	54.34 (11.44)	31.9	51.69 (10.71)	21.7
Race							
White	286	56.08 (11.27)	37.4	56.14 (10.75)	37.1	53.90 (11.18)	30.8
Black	586	52.36 (11.17)	25.3	53.07 (11.32)	27.5	50.40 (10.21)	16.7
Hispanic	72	53.43 (10.64)	25.0	52.61 (11.33)	23.6	52.32 (10.10)	23.6
Multiracial	132	56.00 (12.73)	42.4	57.32 (12.57)	46.2	52.62 (11.62)	25.8
Other	14	49.43 (10.44)	14.3	51.43 (10.19)	21.4	48.93 (7.25)	--
Site							
EA	233	53.32 (10.79)	27.9	53.98 (11.34)	34.3	50.71 (9.67)	16.7
MW	180	50.01 (11.11)	20.6	50.92 (11.09)	21.7	50.01 (10.18)	17.2
SO	183	51.57 (11.24)	20.8	51.22 (10.84)	17.5	50.38 (11.08)	18.0
SW	272	55.72 (11.66)	36.8	56.52 (11.53)	37.1	52.38 (11.18)	25.4
NW	222	56.92 (11.23)	41.0	57.39 (10.83)	43.2	54.34 (10.77)	29.3

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 4. T Scores and Percentage of Children at or above Borderline Clinical Range (T ≥ 60) on Selected Syndromes by Race and Study Site. Age 8 Interview

	N	Anxious/ Depressed		Withdrawn		Social Problems		Somatic Complaints	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	1090	54.76 (7.03)	7.8	55.70 (7.20)	9.2	56.57 (8.13)	11.4	54.83 (6.43)	7.4
Race									
White	286	56.49 (8.01)	11.5	56.44 (7.84)	11.9	57.50 (8.86)	13.3	55.97 (6.85)	11.2
Black	586	53.62 (6.01)	5.1	55.26 (6.80)	8.0	55.79 (7.51)	9.0	54.45 (6.31)	6.0
Hispanic	72	55.00 (7.08)	6.9	56.07 (8.09)	9.7	56.63 (7.38)	13.9	53.64 (5.27)	5.6
Multiracial	132	56.18 (8.15)	12.9	56.11 (7.06)	9.1	58.13 (9.21)	16.7	54.92 (6.53)	7.6
Other	14	52.50 (3.35)	--	53.36 (4.85)	--	55.36 (7.01)	7.1	52.86 (4.20)	--
Site									
EA	233	53.12 (5.41)	3.4	55.45 (6.47)	5.6	55.78 (7.30)	7.7	54.92 (6.39)	5.6
MW	180	53.92 (6.21)	5.6	54.53 (6.48)	7.2	54.73 (6.82)	7.8	54.06 (5.27)	3.9
SO	183	54.32 (6.88)	7.1	55.38 (7.61)	9.3	56.03 (7.84)	9.8	53.99 (6.70)	8.2
SW	272	55.71 (7.74)	10.3	56.14 (7.93)	11.8	57.47 (8.87)	14.3	54.48 (6.40)	8.5
NW	222	56.33 (7.87)	11.7	56.65 (7.08)	11.3	58.23 (8.80)	15.8	56.47 (6.89)	10.4
	N	Thought Problems		Aggressive Behavior		Delinquent Behavior		Attention Problems	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	1090	54.31 (6.71)	8.1	57.20 (8.87)	15.3	56.97 (7.76)	17.5	57.55 (8.97)	16.7
Race									
White	286	54.09 (6.40)	6.3	58.33 (9.11)	17.8	57.35 (7.62)	17.1	58.98 (9.39)	20.6
Black	586	54.51 (6.71)	8.4	56.30 (8.28)	12.0	56.29 (7.52)	14.9	56.53 (8.24)	13.7
Hispanic	72	53.39 (7.07)	9.7	55.72 (7.81)	11.1	57.24 (8.35)	18.1	58.10 (9.65)	20.8
Multiracial	132	54.46 (7.33)	10.6	59.82(10.73)	27.3	59.30 (8.55)	31.8	59.11(10.40)	21.2
Other	14	53.71 (4.75)	--	54.79 (6.66)	14.3	53.93 (4.57)	--	53.36 (6.25)	--
Site									
EA	233	56.46 (7.69)	12.5	56.93 (8.09)	13.3	56.94 (7.49)	15.9	56.73 (8.15)	13.7
MW	180	51.74 (4.63)	1.7	54.99 (7.29)	10.0	55.28 (7.03)	11.1	54.62 (7.53)	8.9
SO	183	52.66 (5.18)	3.8	55.25 (8.50)	9.8	54.51 (6.36)	7.7	56.99 (8.87)	13.7
SW	272	55.32 (7.44)	12.1	58.69(10.11)	19.1	58.49 (8.40)	23.5	59.43 (9.73)	25.0
NW	222	54.26 (6.22)	7.2	59.06 (8.84)	21.6	58.52 (8.09)	25.2	58.95 (9.23)	18.5

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 5. T Scores and Percentage of Children at or above Borderline Clinical Range ($T \geq 60$) on Total Problems, Externalizing, & Internalizing Scales by Race and Study Site. Age 10 Interview

	N	<i>Total Problems</i>		<i>Externalizing Problems</i>		<i>Internalizing Problems</i>	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	861	52.45 (12.49)	28.2	53.26 (11.95)	29.3	51.07 (11.41)	22.9
Race							
White	254	54.04 (12.36)	31.9	53.81 (11.75)	28.0	53.06 (12.00)	28.7
Black	423	50.66 (12.36)	23.9	52.22 (12.07)	27.9	49.37 (10.95)	18.9
Hispanic	59	53.15 (11.33)	27.1	52.02 (10.71)	22.0	51.76 (10.70)	20.3
Multiracial	111	55.63 (13.05)	39.6	57.06 (12.22)	44.1	52.70 (11.40)	27.0
Other	13	49.15 (11.77)	7.7	49.69 (9.14)	7.7	50.46 (11.11)	15.4
Site							
EA	136	49.94 (10.56)	20.6	51.25 (10.65)	24.3	48.81 (9.69)	14.7
MW	66	46.06 (13.04)	15.2	48.65 (11.49)	21.2	46.33 (11.40)	13.6
SO	174	48.63 (13.05)	20.1	49.75 (12.99)	20.1	48.63 (12.19)	20.7
SW	273	55.56 (12.06)	35.2	55.86 (11.85)	35.5	53.20 (11.02)	27.8
NW	212	55.18 (11.65)	34.9	55.50 (10.80)	34.4	53.26 (11.24)	26.4

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 6. T Scores and Percentage of Children at or above Borderline Clinical Range (T ≥ 60) on Selected Syndromes by Race and Study Site. Age 10 Interview

	N	Anxious/ Depressed		Withdrawn		Social Problems		Somatic Complaints	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	861	54.71 (7.36)	8.4	55.29 (7.13)	9.3	56.77 (8.93)	15.6	55.31 (7.08)	9.6
Race									
White	254	56.23 (8.53)	12.2	55.94 (7.44)	10.2	58.05 (9.60)	20.9	56.23 (7.48)	9.8
Black	423	53.57 (6.11)	5.2	54.63 (6.62)	7.6	55.61 (8.73)	11.6	54.78 (6.70)	9.2
Hispanic	59	54.98 (6.44)	8.5	56.41 (8.79)	15.3	56.92 (7.99)	16.0	53.56 (4.94)	3.4
Multiracial	111	55.61 (8.35)	11.7	55.76 (7.20)	10.8	58.19 (8.22)	18.0	56.02 (8.20)	13.5
Other	13	53.54 (9.28)	7.7	55.00 (7.65)	7.7	56.54 (8.01)	15.4	55.92 (7.12)	15.4
Site									
EA	136	52.74 (5.28)	3.7	53.99 (5.81)	6.6	54.56 (7.72)	8.1	54.69 (6.43)	8.8
MW	66	53.11 (5.51)	3.0	53.29 (6.10)	7.6	53.85 (6.46)	7.6	53.06 (5.38)	3.0
SO	174	53.91 (6.84)	7.5	54.66 (7.10)	8.6	54.94 (8.47)	10.3	54.32 (7.22)	9.2
SW	273	55.63 (7.76)	10.3	56.07 (7.36)	10.6	58.27 (9.77)	20.9	55.98 (7.86)	12.1
NW	212	55.95 (8.42)	11.3	56.25 (7.67)	10.4	58.65 (8.78)	20.3	56.35 (6.51)	9.4
	N	Thought Problems		Aggressive Behavior		Delinquent Behavior		Attention Problems	
		<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%	<u>M</u> (SD)	%
Total	861	53.86 (6.76)	6.7	56.62 (9.05)	14.1	56.74 (8.25)	19.2	57.76 (9.32)	18.8
Race									
White	254	54.03 (7.1)	8.3	56.86 (9.23)	13.4	56.69 (8.53)	19.7	59.31 (9.54)	24.0
Black	423	53.21 (5.89)	4.3	56.01 (8.61)	12.8	56.41 (8.15)	18.2	56.18 (8.43)	13.2
Hispanic	59	55.15 (7.57)	6.9	54.95 (6.56)	8.5	56.54 (7.47)	17.0	59.27 (9.74)	27.1
Multiracial	111	55.46 (8.17)	12.6	59.73 (10.89)	24.3	58.70 (8.42)	24.3	59.82 (10.96)	25.2
Other	13	52.85 (7.19)	7.7	53.23 (6.56)	7.7	53.15 (4.93)	7.7	54.23 (6.51)	7.7
Site									
EA	136	52.51 (5.02)	2.2	54.89 (7.09)	8.1	55.83 (7.08)	12.5	54.85 (7.55)	11.0
MW	66	53.18 (6.65)	3.0	54.17 (6.94)	9.1	54.08 (6.09)	10.6	53.50 (6.36)	6.1
SO	174	51.49 (4.52)	3.5	55.37 (9.13)	13.2	54.80 (8.06)	13.8	56.11 (8.99)	12.1
SW	273	55.64 (7.83)	11.0	58.21 (9.92)	18.3	58.14 (8.92)	24.5	60.22(10.03)	27.5
NW	212	54.61 (7.06)	8.0	57.47 (9.11)	14.6	57.93 (8.25)	23.6	59.13 (9.28)	22.2

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Child Behavior and Development
LONGSCAN
1992

Description of Measure

Purpose

To assess the caregiver's perception of how well the child is developing compared to other children.

Conceptual Organization

This measure consists of five items asking caregivers about the child's health status, how well the child plays with others, how quickly the child learns new things, how well the child expresses themselves in words, and how happy the child has been in the past year compared to other children the same age.

Item Origin/Selection Process

The questions were developed to obtain annual global assessments of each child's developmental progress compared to other children of the same age.

Materials

Non-copyrighted LONGSCAN forms, included in this manual.

Time Required

Less than five minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

The first item, child's health status, is rated on a scale ranging from 1 (excellent) to 4 (poor). The other four items are rated on a scale ranging from 1 (much above average) to 5 (much below average). In addition to individual scores, a composite score may be calculated by summing the items.

Score Interpretation

Higher scores indicate the respondent perceives the child as doing less well.

LONGSCAN Use

Data Points

Annual contact telephone interviews at ages 5, 7, and 9.

Respondent

Primary maternal caregiver

Mnemonic and Version

Ages 5 & 7: CBDA

Age 9: CDA

Rationale

The CBD was developed to track each child's general developmental status from year to year, increasing the precision with which developmental trajectories can be measured. Major life events and service utilization, two domains which can influence developmental status, are also tracked each year, permitting longitudinal analyses of the relationships among these factors.

Administration and Scoring Notes

This measure is part of the annual contact telephone interview. The EA site did not administer annual contact interviews at Age 5. The SO site was only able to administer the annual contact interview to a subset of their subjects at Age 5 because of the short interval

between interviews resulting from having entered the field at Age 4 at a time when most of the subjects were already over the age of 5. They additionally decided to administer only a subset of the Age 5 forms, primarily those that did not overlap with forms administered at Age 4 or Age 6. They did not administer the CBD.

Results

Descriptive Statistics

At all three annual contact interviews greater than 90% of the participating children were perceived as having either excellent or good health. Multiracial children were the most likely to be perceived as having excellent health status, and Hispanic children were the most likely to be perceived as having poor health status at all three time points.

At the Age 5 interview, children at the NW site were most likely to be rated as having fair or poor health status (10% combined) while children at the MW site were most likely to be rated as having excellent or good health status (93% combined).

Table 1 about here

At Age 7, the EA site, with over one third of the sample comprised of children who suffered from failure to thrive in infancy, has the largest percentage of children perceived as doing less well (combined fair and poor = 13.7%). This number decreases by half by the Age 9 interview.

Table 2 about here

Total mean scores increase from the Age 5 interview through the Age 9 interview indicating that caregivers are perceiving their children as doing less well over time. The mean total score increases from an average item score of 2.0 to an average item score of 2.3. Despite the fact that caregivers are perceiving their child as doing less well over time they still see their child as doing above average relative to other children.

Table 3 about here

Table 1. Child Health Status and Total Behavior and Development Scores by Race and by Study Site. Age 5 Interview

		Health Status				Total Score <u>M</u> (<u>SD</u>)
		Excellent %	Good %	Fair %	Poor %	
Total	N					
	678	58.0	33.8	7.8	0.7	10.20 (3.15)
Race						
White	223	61.0	30.5	7.2	1.4	10.57 (3.11)
Black	252	53.0	38.1	9.1	0.0	9.82 (3.10)
Hispanic	60	60.0	28.3	8.3	3.3	10.42 (3.60)
Multiracial	128	59.0	35.2	6.3	0.0	10.16 (3.09)
Other	15	73.3	20.0	7.0	0.0	10.47 (2.80)
Site*						
MW	209	55.0	38.3	6.2	0.5	9.47 (3.06)
SW	217	58.5	33.2	6.9	1.4	10.50 (3.26)
NW	252	59.1	30.6	9.9	0.4	10.54 (3.04)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *The EA and SO sites did not conduct annual interviews at Age 5.

Table 2. Child Health Status and Total Behavior and Development Scores by Race and by Study Site. Age 7 Interview

	N	Health Status				Total Score <u>M</u> (<u>SD</u>)
		Excellent %	Good %	Fair %	Poor %	
Total	1034	54.3	37.7	7.1	1.0	10.81 (3.15)
Race						
White	292	55.5	36.6	6.9	1.0	11.19 (2.96)
Black	540	53.2	37.8	8.2	1.0	10.58 (3.16)
Hispanic	62	51.6	38.7	8.1	1.6	10.79 (3.28)
Multiracial	130	56.2	40.0	3.1	0.8	10.95 (3.42)
Other	10	70.0	30.0	0.0	0.0	10.80 (3.26)
Site						
EA	182	48.9	37.4	12.6	1.1	11.15 (3.16)
MW	187	50.0	41.2	8.7	0.5	9.76 (3.36)
SO	186	51.6	43.6	4.3	0.5	10.93 (2.90)
SW	237	58.7	35.4	4.2	1.7	10.89 (3.08)
NW	242	59.5	33.1	6.6	0.8	11.21 (3.07)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Child Health Status and Total Behavior and Development Scores by Race and by Study Site. Age 9 Interview

		Health Status				Total Score <u>M</u> (<u>SD</u>)
		Excellent %	Good %	Fair %	Poor %	
Total	N					
	831	56.2	36.8	6.3	0.7	11.12 (3.21)
Race						
White	243	61.7	33.7	3.7	0.8	11.23 (3.09)
Black	437	51.3	39.8	8.2	0.7	10.96 (3.26)
Hispanic	41	46.3	46.3	4.9	2.4	11.83 (3.32)
Multiracial	102	68.6	27.5	3.9	0.0	11.20 (3.23)
Other	8	50.0	37.5	12.5	0.0	12.00 (3.42)
Site						
EA	163	54.6	37.4	7.4	0.6	10.39 (3.29)
MW	70	57.1	35.7	7.1	0.0	9.91 (2.84)
SO	179	50.3	41.9	6.7	1.1	11.82 (3.18)
SW	217	60.8	35.0	3.7	0.5	10.96 (3.17)
NW	202	57.4	34.2	7.4	1.0	11.68 (3.09)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Child Behavior and Development Tracking Form CBDA/CDA

For the following questions, please tell me if you think CHILD is average, below average or above average, compared to other children his/her age.

(If the respondent says "above" or "below", then PROBE: "do you think s/he is a little _____" or "...much_____"?)

Compared to other children the same age . . .

1. How would you describe (CHILD'S) health? Would you say, compared to other kids, that his/her health is

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

2. How well does s/he play with other children?

- 1 Much above average
- 2 A little above average
- 3 Average
- 4 A little below average
- 5 Much below average

3. How quickly does s/he learn or catch on to new things?

- 1 Much above average
- 2 A little above average
- 3 Average
- 4 A little below average
- 5 Much below average

4. How well is s/he talking or expressing her/himself with words?

- 1 Much above average
- 2 A little above average
- 3 Average
- 4 A little below average
- 5 Much below average

5. How happy do you think s/he's been this year?

- 1 Much above average
- 2 A little above average
- 3 Average
- 4 A little below average
- 5 Much below average

Child Demographics
LONGSCAN
1991

Description of Measure

Purpose

To gather demographic data on the subject child.

Conceptual Organization

The instrument asks caregivers to provide information about the study child's age, sex, race, first language, and birth order.

Item Origin/Selection Process

Items were selected by the LONGSCAN measures committee, which were thought to be potentially important for describing the samples and as covariates in analyses.

Materials

Non-copyrighted forms are included in this manual.

Time Required

Less than 5 minutes

Administration Method

Interviewer-administered.

Training

Minimal.

Scoring

Score Types

Individual items

LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 6: all sites

Respondent

Primary maternal caregiver

Mnemonic and Version

Pre-Age 4 & Age 4: BKGA

Age 6: BK6A. Only date of birth is asked, not child's age.

Rationale

Demographic characteristics were included in order to permit the examination of variations in abuse and neglect rates and outcomes by such characteristics as sex and birth order. The child's first language was assessed to aid in the selection of language administration for child measures and to provide information on the cultural context of the child.

Results

Tables 1 and 2 display the racial distribution of LONGSCAN subjects interviewed at Age 4 and Age 6. Table 1 shows that about half of the LONGSCAN children were identified by their caregivers as Black, while over one-quarter were classified as White. The remainder were classified as Hispanic, Multiracial, or some Other race (Pacific Islander, Asian, Native American). Racial composition of the individual samples varied by site. For example, nearly all of the subjects in the EA sample were Black. Only MW and SW had a substantial number of Hispanic subjects, 17.1% and 16.4% respectively. Racial composition of the samples did not change significantly at Age 6.

Table 1 about here

Table 2 about here

Table 3 provides information about subject sex, first language, and birth order by race and study site. Overall, and independently by study site and race, the samples were about half female. The overwhelming majority of subjects spoke English as their first language. The SW site had the smallest percentage of children (93.4%) whose first language was English.

Table 3 about here

About 37% of the children were the last child born in their families at the time of the Age 4 interview, not including the 12.6% who were only children. About one quarter were first-born children (“oldest”). By race and study site, birth order did not vary substantially, except that there were few Hispanic children who were only children (4.3%), and nearly half of the children in the SO site were first-born children. The preponderance of first-born children in the SO sample may be an artifact of the original sample selection criteria, which included such risk factors as young maternal age.

The demographic characteristics of the LONGSCAN samples at Age 6 were similar to those at Age 4 (Table 4), with shifts occurring in the expected directions for children’s positions in their families. By Age 6, the LONGSCAN children were less likely to be only or youngest children and more likely to be first or middle children.

Table 4 about here

Table 1. Race Composition of Children by Study Site. Age 4 Interview

	N	White %	Black %	Hispanic %	Multiracial %	Other %
Total	1248	26.9	52.2	7.7	11.3	1.9
Site						
EA	237	5.1	92.4	0.4	1.3	0.8
MW	222	13.1	55.4	17.1	12.6	1.8
SO	221	36.7	62.0	0.0	1.4	0.0
SW	318	28.3	37.4	16.4	16.4	1.6
NW	250	49.6	21.2	2.0	22.0	5.2

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 2. Race Composition of Children by Study Site. Age 6 Interview

	N	White %	Black %	Hispanic %	Mixed Race %	Other %
Total	1219	26.4	54.6	7.5	10.3	1.2
Site						
EA	252	5.2	93.4	0.0	1.2	0.0
MW	215	12.6	57.2	14.9	14.4	0.9
SO	220	34.6	64.6	0.5	0.5	0.0
SW	298	28.9	37.3	17.8	14.4	1.7
NW	234	51.3	22.7	2.1	20.5	3.4

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 3. Selected Characteristics of Children by Race and Study Site. Age 4 Interview

	N	Female %	English is 1 st Language %	Child's Position in the Family			
				Only %	Oldest %	Middle %	Youngest %
Total	1249	51.2	97.4	12.6	23.0	27.0	37.4
Race							
White	336	51.2	99.7	15.6	24.2	21.8	38.5
Black	651	52.7	100.0	11.8	23.3	30.6	34.4
Hispanic	96	46.9	69.8	4.3	17.0	29.8	48.9
Multiracial	24	33.3	91.7	15.3	23.4	22.6	38.7
Other	141	51.1	100.0	12.5	20.8	20.8	45.8
Site							
EA	237	45.6	100.0	12.7	24.5	26.6	36.3
MW	222	52.7	96.4	9.9	16.2	32.4	41.4
SO	221	54.8	100.0	17.3	44.1	15.5	23.2
SW	319	53.3	93.4	6.5	13.9	37.9	41.8
NW	250	49.2	98.8	18.6	20.2	19.4	41.9

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 4. Selected Characteristics of Children by Race and Study Site. Age 6 Interview

	N	Female %	English is 1 st Language %	Child's Position in the Family			
				Only %	Oldest %	Middle %	Youngest %
Total	1220	51.0	97.9	8.8	25.3	31.9	34.0
Race							
White	322	51.6	99.7	12.8	24.9	25.2	37.1
Black	665	51.7	99.7	7.7	26.8	35.1	30.4
Hispanic	91	47.3	76.9	3.3	19.8	34.1	42.9
Multiracial	126	49.2	100.0	8.8	24.0	30.4	36.8
Other	15	40.0	98.4	6.7	13.3	26.7	53.3
Site							
EA	252	48.4	99.6	9.6	29.1	33.1	28.3
MW	215	50.7	95.8	7.9	17.8	38.3	35.6
SO	220	54.1	100.0	12.7	46.4	15.9	25.0
SW	299	53.5	95.0	3.4	14.9	40.0	41.7
NW	234	47.9	99.6	12.0	21.4	29.5	37.2

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Child Demographics BK6A

NOW I WOULD LIKE TO GET SOME BASIC INFORMATION ABOUT _____ AND FIND OUT HOW S/HE'S BEEN DOING OVER THE LAST YEAR.

1. _____ 'S DATE OF BIRTH? ____/____/____
 mm d d y y
2. CHILD' SEX 1 Male
 2 Female
3. WHICH ONE OF THESE BEST DESCRIBES _____ 'S RACE OR ETHNIC GROUP?
 - 1 White
 - 2 Black
 - 3 Hispanic
 - 4 Native American
 - 5 Asian
 - 6 Mixed Race
 - 7 Other _____ [*Specify*]
4. WHAT IS _____ 'S FIRST LANGUAGE, THAT IS, THE LANGUAGE S/HE SPEAKS MOST OFTEN AT HOME?
 - 1 English
 - 2 Spanish
 - 3 Other _____ [*Specify*]
5. DOES _____ HAVE A SECOND LANGUAGE?
 - 0 No---> [*Go To Q. 6*]
 - 1 Yes---> WHAT IS _____ 'S SECOND LANGUAGE?
 - 1 English
 - 2 Spanish
 - 3 Other _____ [*Specify*]
6. WHAT POSITION WAS _____ BORN INTO IN HIS/HER FAMILY? IS S/HE THE . . .
 - 0 ONLY CHILD?
 - 1 FIRST (OLDEST) CHILD?
 - 2 A MIDDLE CHILD?
 - 3 LAST (YOUNGEST) CHILD?
 - Don't Know
7. WHO MAKES MOST OF THE DECISIONS ABOUT WHAT'S BEST FOR _____ ... LIKE BEDTIME, WHEN S/HE GOES TO THE DOCTOR, WHAT S/HE EATS FOR MEALS?
 - 1 Respondent (Or Respondent And Spouse)
 - 2 Respondent's Spouse
 - 3 Other _____ [*Specify*]

Child's Exposure to Substances

LONGSCAN

1994

Description of Measure

Purpose

To assess child's exposure to, and use of, alcohol and other drugs.

Conceptual Organization

The instrument consists of 9 items. The first 8 items pertain to specific types of drugs (cigarettes/chewing tobacco, inhalants, beer/wine, hard liquor, marijuana, cocaine/crack, LSD, other). For each of these 8 items, the respondent is asked three yes/no questions: 1) Has anyone ever offered you [the drug]; 2) Have you ever tried [the drug]; and 3) Have any of your friends tried [the drug]. The last question asks the children (a) if anyone has asked them to sell drugs, (b) if they have ever helped anyone sell drugs, and (c) if any of their friends are involved in selling drugs.

Item Origin/Selection Process

Items were selected to cover the drugs most frequently used by youth. The intent of the instrument was to probe not only whether the child tried each drug, but also their exposure to each drug via friends or others in their immediate living environment.

Materials

Non-copyrighted LONGSCAN form is included in this manual.

Time Required

Less than 5 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Individual items can be used as binary indicators. The number of drugs offered to the child, tried by child, and used by the child's friends can be obtained by summing positive responses.

Score Interpretation

Higher mean scores indicate more drug exposure.

LONGSCAN Use

Data Points

Age 8

Respondent

Child

Mnemonic and Version

SXA

Rationale

The likelihood of adverse outcomes such as poor school performance is increased with early onset of risk behaviors such as substance use (Kandel & Yamaguchi, 1993; Tonkin, 1987), especially when combined with socioeconomic disadvantage (Elliott, et al., 1989). Early use of substances that are legal for adults (i.e., cigarettes and alcohol) increases the risk of later use of illicit drugs (Kandel & Yamaguchi, 1993).

Results

Table 1 shows the percentages of children reporting exposure to tobacco, alcohol, other drugs, and to drug dealing at the Age 8 interview. Alcohol was the substance with the most frequent endorsements of exposure, followed by tobacco. A larger percentage of White children than children of any other race reported exposure to cigarettes and alcohol. Multiracial children had the highest exposure to other drugs and the second highest exposure to alcohol. Black and children of Other races reported more exposure to drug dealing than children of other races. When examined by site, exposure to alcohol and cigarettes was reported most frequently at the NW site, while the highest exposure to other drugs was reported by children at the EA site. Exposure to drug dealing was high at the MW site relative to other sites, though it was highest at the SW site.

Table 1 about here

References and Bibliography

Elliot, D. S., Huizinga, D., & Menard, S. (1989). Multiple-problem youth: Delinquency substance use, and mental health problems. New York: Springer-Verlag.

Kandel D., & Yamaguchi, K. (1993) From beer to crack: developmental patterns of drug involvement. American Journal of Public Health. 83, 851-855.

Tonkin, R. S. (1987). Adolescent risk-taking behavior. Journal of Adolescent Health Care, 8, 13-20.

Table 1. Child's Exposure to Substances by Race and Study Site. Age 8 Interview

	N	Exposure to Cigarettes %	Exposure to Alcohol %	Exposure to Other Drugs %	Exposure to Drug Dealing %
Total	999	25.0	29.0	19.9	5.1
Race					
White	270	27.8	35.9	17.4	3.7
Black	542	23.8	24.1	18.1	5.9
Hispanic	59	23.7	32.2	15.3	3.4
Multiracial	116	25.0	33.6	20.7	5.2
Other	12	25.0	33.3	8.3	8.3
Site					
EA	233	23.6	28.8	24.5	5.2
MW	103	23.3	23.3	12.6	6.8
SO	182	27.5	26.9	9.3	2.2
SW	264	21.2	29.5	17.4	7.2
NW	217	30.0	33.2	21.2	4.2

Source. Based on data received at the LONGSCAN Coordinating Center by 8/24/01.

Child's Exposure to Substances SXA

"These questions are about any experiences you may have had with drugs or alcohol."

0 = No

1 = Yes

R = Refused/ No response

D = Don't know

	a. Has anyone ever offered you . .	b. Have you ever tried. .	c. Have any of your friends tried. .
1. Cigarettes, chewing tobacco?	_____	_____	_____
2. Things to sniff to make you high?	_____	_____	_____
3. Beer, malt liquor, wine, or wine coolers?	_____	_____	_____
4. Hard liquor (rum, whiskey, vodka, etc)?	_____	_____	_____
5. Marijuana (pot, a joint)?	_____	_____	_____
6. Cocaine, crack ?	_____	_____	_____
7. LSD or acid (stamps, blottos?)	_____	_____	_____
8. Any other drug like heroin, methadone or smack? What? (d. _____)	_____	_____	_____
9. a. Has anyone ever asked you to help sell drugs by finding buyers, holding drugs or money, or acting as a lookout?	_____		
b. Have you ever helped anyone to sell drugs by finding buyers, holding drugs or money, or acting as a lookout?	_____		
c. Do any of your friends sell drugs or help sell drugs by finding buyers, holding drugs or money, or acting as a lookout?	_____		

Child Health Assessment

LONGSCAN

1991

Description of Measure

Purpose

To briefly assess the child's current health status.

Conceptual Organization

LONGSCAN uses global health status and a checklist of chronic illnesses or conditions (Age 4, Age 6) as a broad indicator of child health and well-being. At Age 4, the Child Injury Questionnaire also asks about accidents and injuries within the past year, doctor visits and hospitalizations associated with injuries, and total lifetime number of hospitalizations for the child. The Child Life Events form, administered at Age 6 and yearly thereafter, asks whether there were serious illnesses, injuries, and hospitalizations for the child in the last year. At Age 8, all questions related to child health and medical care is subsumed in the Child Life Events and the Services Utilization forms. The Services Utilization form includes questions about well-child check-ups, immunizations, dental care, medical care for ongoing problems, as well as the global health question.

Item Origin/Selection Process

The global health status item was selected as one of the most reliable indicators of physical health (Krause & Jay, 1994). The other items are comparable to those collected on a nationally representative sample of US children in the 1988 National Health Survey on Child Health (NHIS-CH) (Bloom, 1990; Boyle, Decoufle, & Yeargin-Allsopp, 1994).

Materials

Non-copyrighted form is included in this manual.

Time Required

2-5 minutes.

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Individual items. Items indicating the presence of particular chronic illnesses and conditions may be summed to produce an “index.” It may also be useful to dichotomize this index in terms of presence of one condition/chronic illness versus multiple conditions/chronic illnesses.

Score Interpretation

Results may be compared to data from the 1988 National Health Survey on Child Health (NHIS-CH) (Bloom, 1990; Boyle, Decoufle, & Yeargin-Allsopp, 1994).

LONGSCAN Use

Data Points

Pre-Age 4: NW & MW sites only

Age 4, 6, 8, 12, 14, and at annual interviews: all sites

Respondent

Primary maternal caregiver.

Mnemonic and Version

Pre-Age 4 & Age 4: CHLA. Health status, illnesses and conditions

Age 6: CH6A. The category, “developmental delay,” was replaced by “Hyperactivity/Attention Problems,” and “Learning Problems.” In addition, the descriptions of specific conditions were modified slightly to make them easier to understand.

Age 8: SUA. See Service Utilization. This form was used to gather health status and

medical care received.

Age 5, Age 6, Age 7: LECA. See Child Life Events. Gathers information on serious illnesses and injuries.

Age 8, Age 9, Age 10, Age 11: LEB. See Child Life Events. Gathers information on serious illnesses and injuries.

Age 12 & 14: CHLB. Health status, aches and pains, limitations on activities (two items), and anxious or depressed affect. CHDA. Child's self report of health status, perception of body build (very skinny-very overweight), and pubertal development status.

Age 12, Age 13 , Age 14: LECC. See Child Life Events. Gathers information on serious illnesses and injuries.

Rationale

Child health is assessed at every LONGSCAN data point as a possible correlate of child maltreatment. Poor child health may contribute to, or be a consequence of, child abuse and neglect.

The global health rating is one of the most reliable indicators of physical health (Krause & Jay, 1994). In addition, the National Health Interview Survey has demonstrated that children with multiple chronic conditions have more physical, emotional, and behavioral problems and use substantially more health services compared to children with one or no chronic conditions (Newacheck & Stoddard, 1994).

Results

Descriptive Statistics

Table 1 provides the children's mean number of health problems as reported by their maternal caregivers at the time of the Age 4 and Age 6 interviews by race and study site. In general, the mean number of health problems increased from the Age 4 to the Age 6 interview. This finding might reflect the replacement of “developmental delay” at Age 4 with “Hyperactivity/ Attention Problems” and “Learning Problems” at Age 6. Black children and children of other races had fewer health problems reported at both interview points than White, Hispanic, and multiracial children.

The EA site, which has the highest proportion of Black subjects (97%), had the fewest reported health problems for both interviews. In contrast, SW, the site with the highest proportion of children in foster care, had the largest number of health problems at Age 4 and 6.

Table 1 about here

Tables 2 through 4 show how maternal caregivers rated their children's health at the Age 4, 6, and 8 interviews by race and study site. Overall, child health ratings improved slightly with age, with 92.4% of children reported as having excellent or good health at Age 8 as opposed to 90% at Age 4. The largest increases in the percentage of children whose health status was rated as excellent were at the EA and SW site; however, at the EA site the percentage of children whose health status was reported as fair also increased.

Table 2 about here

Table 3 about here

Table 4 about here

Reliability

Acceptable test-retest reliability of the chronic conditions index was demonstrated by significant chi-square associations between Age 4 and Age 6 reports of each of seven conditions that were asked at both interviews. The seven conditions included speech problems, hearing problems, vision problems, chronic illness, mental retardation, physical handicap, and emotional problems.

Validity

Validity of the chronic health index was examined by chi-square analyses comparing the use of specific types of service with the report of specific types of health problems. At the Age 4 interview, children who saw a developmental evaluation specialist were more likely to have a developmental delay than those who did not receive such services; those who saw a language specialist were more likely to have a speech problem; those who saw a speech/language

specialist were more likely to have a hearing problem; and those who saw a mental health professional were likely to have an emotional disorders.

References and Bibliography

Bloom, B. (1990). Health insurance and medical care: Health of our nation's children: United States, 1988. Vital and Health Statistics. Series No. 18. Hyattsville, MD: National Center for Health Statistics.

Boyle, C. A., Decoufle, P., & Yeargin-Allsopp, M. (1994). Prevalence and health impact of developmental disabilities in US children. Pediatrics, 93, 399-403.

Krause, N., & Jay, G. (1994). What do global health items measure? Medical Care, 9, 930-942.

Newacheck, P. W., & Stoddard, J. J. (1994). Prevalence and impact of multiple childhood chronic illnesses. Journal of Pediatrics, 124(1), 40-47.

Table 1. Mean Number of Health Problems by Race and Study Site. Age 4 and Age 6 Interviews

	Age 4 Interview		Age 6 Interview	
	N	<u>M</u> (SD)	N	<u>M</u> (SD)
Total	1247	0.72 (1.10)	1213	0.96 (1.24)
Race				
White	340	0.92 (1.25)	317	1.14 (1.37)
Black	646	0.60 (0.97)	652	0.81 (1.11)
Hispanic	92	0.81 (1.18)	88	1.26 (1.53)
Multiracial	151	0.77 (1.14)	13	1.07 (1.26)
Other	19	0.53 (0.90)	143	1.00 (1.08)
Site				
EA	235	0.47 (0.78)	251	0.84 (1.00)
MW	223	0.55 (0.89)	212	0.83 (1.15)
SO	221	0.68 (1.05)	220	0.91 (1.30)
SW	319	1.02 (1.36)	296	1.22 (1.41)
NW	250	0.78 (1.11)	234	0.92 (1.23)

Source. Age 4 and Age 6 based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 2. Ratings of Child Health by Maternal Caregivers by Race and Study Site. Age 4 Interviews

	N	Age 4 Interview			
		Excellent %	Good %	Fair %	Poor %
Total	1247	50.7	39.8	8.9	0.6
Race					
White	340	53.2	37.9	7.7	1.2
Black	646	48.5	42.4	8.7	0.5
Hispanic	91	46.2	44.0	9.9	0.0
Multiracial	151	55.6	31.1	12.6	0.7
Other	19	63.2	31.6	5.3	0.0
Site					
EA	235	39.6	48.9	11.1	0.4
MW	223	52.9	37.7	8.5	0.9
SO	221	52.9	41.6	5.0	0.5
SW	318	50.3	40.3	8.5	0.9
NW	250	57.6	30.8	11.2	0.4

Source. Age 4 interview based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 3. Ratings of Child Health by Maternal Caregivers by Race and Study Site. Age 6 Interview

	N	Age 6 Interview			
		Excellent %	Good %	Fair %	Poor %
Total	1212	55.6	36.6	7.3	0.5
Race					
White	317	59.6	36.9	3.2	0.3
Black	652	52.3	38.5	8.9	0.3
Hispanic	88	47.7	36.4	14.8	1.1
Multiracial	13	65.5	28.9	4.2	1.4
Other	142	61.5	23.1	15.4	0.0
Site					
EA	250	51.2	35.2	13.2	0.4
MW	212	48.1	40.1	11.3	0.5
SO	220	52.3	43.6	4.1	0.0
SW	296	60.8	33.8	4.7	0.7
NW	234	63.3	32.1	3.9	0.9

Source. Age 6 interview based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 4. Ratings of Child Health by Maternal Caregivers by Race and Study Site. Age 8 Interview

	N	Age 8 Interview			
		Excellent %	Good %	Fair %	Poor %
Total	1037	53.7	38.7	6.6	1.1
Race					
White	281	52.7	41.6	4.6	1.1
Black	558	50.7	40.7	7.4	1.3
Hispanic	66	60.6	31.8	6.1	1.5
Multiracial	120	66.7	26.7	6.7	0.0
Other	12	50.0	33.3	16.7	0.0
Site					
EA	235	50.2	38.7	9.4	1.7
MW	127	50.4	40.2	9.5	0.0
SO	184	45.1	47.3	6.5	1.1
SW	272	64.0	32.0	3.3	0.7
NW	219	53.9	38.8	5.9	1.4

Source. Age 8 interview based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Note. Data collected in Service Utilization measure.

Child Health Assessment CH6A

1. RIGHT NOW, HOW WOULD YOU DESCRIBE _____'S HEALTH COMPARED TO OTHER CHILDREN HIS/HER AGE? WOULD YOU SAY THAT HIS/HER HEALTH IS:

- 1 EXCELLENT?
- 2 GOOD?
- 3 FAIR?
- 4 POOR?

2. HAS _____ BEEN DIAGNOSED AS HAVING ANY OF THE FOLLOWING PROBLEMS?

[If "yes", ask respondent to describe problem and professional who diagnosed]

DK Yes No

- | | | | |
|----|---|---|---|
| -- | 1 | 0 | A. HEARING PROBLEM? _____
_____ |
| -- | 1 | 0 | B. SPEECH OR TALKING PROBLEM? _____
_____ |
| -- | 1 | 0 | C. VISION OR SEEING PROBLEM? _____
_____ |
| -- | 1 | 0 | D. CHRONIC HEALTH CONDITION -- SOMETHING THAT IS PERMANENT OR THAT HAPPENS A LOT (e.g., ASTHMA, DIABETES, ALLERGIES, OR SOMETHING ELSE)? _____
_____ |
| -- | 1 | 0 | E. PHYSICAL HANDICAP? _____
_____ |
| -- | 1 | 0 | F. HYPERACTIVITY OR ATTENTION PROBLEM? _____
_____ |
| -- | 1 | 0 | G. LEARNING PROBLEM? _____
_____ |
| -- | 1 | 0 | H. EMOTIONAL PROBLEM? _____
_____ |
| -- | 1 | 0 | I. MENTAL RETARDATION? _____
_____ |

3. IS THERE ANY OTHER ILLNESS OR PROBLEM, THAT YOU KNOW OF, WHICH AFFECTS _____'S GROWTH AND DEVELOPMENT?

0 No

1 Yes [Describe] _____

Child's Life Events

LONGSCAN

1992

Description of Measure

Purpose

To document significant events in a child's life in the past year.

Conceptual Organization

The instrument contains 31 items covering events including changes in family composition, upheavals in living arrangements, sickness or death of people close to the child, sickness or injury experienced by the child, school changes, legal problems in the child's family, the child's exposure to violence, and family accomplishments. The respondent answers yes/no to whether each event occurred. For most events, a "yes" response leads to a few follow-up questions about the event.

Item Origin/Selection Process

Coddington (1972) developed a set of instruments called Life Event Records for preschool-, elementary school-, junior high school-, and senior high school-aged children for the purpose of quantifying events requiring a readjustment on the part of the individual. Because children's lives are largely affected by the actions of family members, many of the items selected focus on caregiver or family events.

LONGSCAN added items representing events more common in low-income samples (homelessness, eviction) and items capturing the child's exposure to violent events. In addition, care was taken to include only items that represent events that occurred independent of the child's functioning (e.g., we did not include items describing school failure, relationship problems, etc.). To address the concern that the questionnaire was heavily weighted toward negative events, the form concludes with some positive or neutral items. It was also observed that caregivers may perceive being able to answer "no" to negative items as a more positive experience than answering "yes" to positive items.

Materials

Non-copyrighted LONGSCAN form is included in this manual.

Time Required

10-15 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Events can be summed in different ways, depending on the objective of the analysis. For example, the total number of life events can be obtained by summing all responses.

Alternatively, items can be summed separately for life events deemed positive and negative, with ambiguous items excluded.

Sandler and Block (1979), using a modified version of Coddington's Life Events Scale for children, tested various scoring methods (including a simple count of all events experienced, separate scores for positive and negative, and weighted sum scores) and found that the simple count correlated highly with the weighted sum score, and was the strongest predictor of adjustment.

Score Interpretation

The higher the score, the more life events experienced in the past year.

LONGSCAN Use

Data Points

Age 6, 7, 8, 9, 10, 11, 12

Respondent

Primary maternal caregiver

Mnemonic and Version

LECA: Age 6, 7.

LEB: Age 8, 9, 10, and 11. No modifications. Form version changed due to change in data entry system.

LECC: Age 12. A number of follow-up questions asking for more detail about particular events were eliminated.

Rationale

Holmes and Rahe (1967) postulated that any change (positive or negative) requires readjustment and thus produces some stress. Children who experience multiple major life events, especially within a short time frame, are at risk for behavioral and academic difficulties (Compas, 1987; Dubow & Tisak, 1989; Wertlieb, Weigel, & Feldstein, 1987). Many life events (e.g., births, deaths, marriages, divorces, accidents, illnesses, moves, school changes, financial changes, jailing or imprisonment, etc.) overlap with other life events (Coddington, 1972). Life events are tracked each year to account for significant experiences in the subject child's life that might have an impact on development or functioning.

Administration and Scoring Notes

Care must be taken in scoring items 26 and 29. In Item 26 the life event is represented by either "began new school" or "changed schools". In Item 29, if household finances got worse or better, the item is scored as a life event.

Results

Descriptive Statistics

Table 1 shows mean scores by race and by site for life events reported at the Age 6 interview. The mean number of life events experienced by LONGSCAN children during the preceding year was slightly less than 5. According to Table 2, the ten most common events experienced by all LONGSCAN children, in descending order of frequency were: starting school

or changing schools (48.4%), household finance change (42.8%), witnessing of long, loud arguments (40.3%), family member accomplishment/achievement (34.5%), moving residence with family (29.5%), other event affecting child (27.1%), accident/illness of someone close (21.0%), someone moving out of the home for reasons other than a change in marital status (17.5%), witnessing someone being physically harmed (17.1%), someone close dying (17.1%), and new sibling (16.2%). Of the families that experienced a financial change, the financial situation improved for 61%, while for 39% it worsened.

There were race and site differences, with Black children experiencing on average just over 4 events, while White and Multiracial children experienced more than 5. The EA and SO sites, where the great majority of Black study children are located, had similarly low means (4.18 and 3.91, respectively), whereas the mean was higher at sites with fewer Black children. For example, the mean at the SW site was over 4 and the mean at the NW site was over 6. According to Table 2, there were some events that White and Multiracial children were more likely to experience than Black children, such as caregiver/partner separations, someone new moving into the household, moving with family to new house, school change, accident/illness, accomplishment/ achievement, property crime victimization, and witnessing someone being beaten. Conversely some events were more common for Black children: new sibling, new baby in home, someone arrested or jailed, witnessed stabbing or shooting, and witnessed murder.

Table 1 about here

Table 2 about here

Validity

Family stress has typically been measured by examining family life events and or daily stressors or hassles. While the constructs differ, daily stressors and life events have been linked theoretically and empirically. Life events and daily stressors/hassles have been shown to be significantly associated; life events may operate by affecting the pattern of daily hassles (Kanner, Coyne, Schaefer, & Lazarus, 1981). For LONGSCAN data, the Pearson correlation coefficient between mean total scores for the Age 6 child life events measure and the Age 6 daily stressors measure (Everyday Stressors Index) was .23 ($p < .0001$, $n=1166$).

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Dubow, E. F., & Tisak, J. (1989). The relation between stressful life events and adjustment in elementary school children: the role of social support and social problem skills. Child Development, 60, 1412-1423.

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Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparisons of two modes of stress measurement: Daily hassles and uplifts versus major life events. Journal of Behavioral Medicine, 4, 1-23.

Sandler, I. N., & Block, M. (1979). Life stress and maladaptation of children. American Journal of Community Psychology, 8, 41-52.

Wertleib, D., Weigel, C., & Feldstein, M. (1987). Stress, social support, and behavior symptoms in middle childhood. Journal of Clinical Psychology, 16, 201-211.

Table 1. Mean Scores of the Child's Life Events Scale by Race and Study Site. Age 6 Interview

	N	<u>M</u> (SD)
Total	1223	4.72 (3.13)
Race		
White	317	5.41 (3.32)
Black	658	4.32 (2.86)
Hispanic	89	4.18 (3.28)
Multiracial	145	5.41 (3.46)
Other	14	4.43 (2.24)
<i>Site</i>		
EA	253	4.18 (2.66)
MW	217	5.11 (3.24)
SO	220	3.91 (2.92)
SW	299	4.38 (3.30)
NW	234	6.15 (2.94)

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 2. Frequency of Children Exposed to Life Events by Race and Study Site. Age 6 Interview

	Percentage of Children Exposed to Life Events																
		New sibling	Anybody move out for reason other than marital separation	Anybody move in (besides new siblings or marriage partner)	Child move with family to new place	Anyone suffer accident-illness	Anyone die in past year	Someone in family arrested past year	Someone in family jailed or imprisoned	Child heard loud, long arguments	Child seen personally harmed	Child began school or changed to a new school	Any parent been away from home	Anyone graduate from school	Change in household finances in past year	Anyone accomplishing-achieve something	Any other event affectign child
	N	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Total	1223	16.2	17.5	15.4	29.5	21.0	17.1	12.6	13.4	40.3	17.1	48.4	13.8	11.6	42.8	34.5	27.1
Race																	
White	317	15.1	18.3	20.3	30.9	28.7	15.5	9.8	10.8	48.7	22.4	57.4	17.6	9.8	60.5	39.4	37.9
Black	658	16.7	16.1	11.9	27.5	17.1	18.3	12.5	14.2	39.2	15.0	40.9	12.3	11.5	62.1	32.7	20.1
Hispanic	89	3.4	14.6	15.7	30.3	19.1	15.9	14.6	11.2	24.1	14.8	48.3	11.2	13.5	63.6	25.8	22.5
Multiracial	145	24.8	24.1	19.3	36.1	22.2	16.0	16.8	21.4	36.8	17.5	62.0	15.4	16.6	62.1	37.9	37.2
Other	14	7.1	14.3	28.6	14.3	28.6	14.3	21.4	16.7	43.0	7.7	57.1	0.0	0.0	28.6	28.6	35.7
Site																	
EA	253	19.0	13.8	11.5	25.3	17.4	21.3	12.3	14.2	42.5	16.3	33.3	11.9	7.5	60.1	26.9	18.2
MW	217	12.4	18.0	13.8	30.9	22.7	19.9	12.0	13.4	37.2	16.0	44.9	21.7	28.6	54.6	40.6	32.7
SO	220	10.9	11.8	8.2	28.6	19.1	17.7	8.2	7.7	43.6	15.2	36.0	10.9	5.9	69.1	27.7	9.1
SW	299	16.8	18.8	16.1	26.8	20.7	12.8	9.7	10.7	30.9	18.0	51.7	4.4	8.1	67.0	35.9	31.4
NW	234	20.9	24.8	27.0	36.9	25.3	14.6	21.2	21.6	50.0	19.5	75.0	23.5	10.3	56.0	41.9	42.7

Source. Based on data received at the LONGSCAN Coordinating Center by 08/24/01.

Note. Table includes only those life events in which more than 10% of the entire sample experienced.

Child's Life Events Scale LECA/LEB

INTERVIEWER:

- Read statements and questions that are in bold. The questions should be child-based, i.e. if the event occurred to child while living in another household or place, it should still be scored.
- Ask the general question first and probe where necessary to be sure you have full information to accurately mark the answer to each question.
- You can ask the sub-questions informally, e.g., “. . . what about separated or divorced?” Key words such as “separated” or “divorced” are underlined for easy reference.

NON-response codes: D = Don't Know R = Refused or No Response O = Other (explain)

“These questions are about any changes or important events that might have occurred in 's life in the past year.”

“Has your or _____'s household gained or lost any members in the past year? For example, . . .

1. Did _____ get a **new brother or sister** in the past year? (1) ____ [1=YES; 0=NO]

[If YES] **1a. A new baby?** _____

[Describe situation and relationship to child, i.e., born to or adopted by parent-figure, baby or older child, foster child, etc.]

1b. New sibling's name? .

2. Are there any (**other**) **new babies** in _____ 's home? (2) ____ [1=YES; 0=NO]

[If YES] **2a. Who?** [Get relationship and name.]

3. Did anybody in _____'s household **get married** in the past year? (3) ____ [1=YES; 0=NO]

[If YES] **Who?**

3a. Child's parent/caregiver 0 No 1 Yes

3b. Other _____ 0 No 1 Yes

4. Did anybody separate? (4) ____ [1=YES; 0=NO]

[If YES]

Who?

4a. Child's parent/caregiver 0 No 1 Yes

4b. Other _____ 0 No 1 Yes

5. Did anybody divorce? (5) ____ [1=YES; 0=NO]

[If YES]

Who?

5a. Child's parent/caregiver 0 No 1 Yes

5b. Other _____ 0 No 1 Yes

6. Did anybody move out for some other reason in the past year? (6) ____ [1=YES; 0=NO]

[If YES]

Who?

6a. Child's parent/caregiver 0 No 1 Yes

6b. Other _____ 0 No 1 Yes

7. Did anybody (else) move in? [in addition to those mentioned above] (7) ____ [1=YES; 0=NO]

[If YES]

Who?

7a. Parent or caregiver's boy/girlfriend 0 No 1 Yes

7b. Other _____ 0 No 1 Yes

8. Did _____ move with family to new place? (8) ____ [1=YES; 0=NO]

[If YES]

8a. How many times? ____

9. Did _____ move away from family for any reason? (9) ____ [1=YES; 0=NO]

[If YES]

Where?--> _____ Anywhere else?

[Fill in total # of placements or relocations to each place.]

____ 9a1. Other parent

____ 9a2. Other relative (Who? _____)

____ 9a3. Foster care (including placement in group home or shelter)

____ 9a4. Other (describe) _____

NON-response codes:	D = Don't Know	R = Refused or No Response	O = Other (explain)
---------------------	----------------	----------------------------	---------------------

10. Was _____ ever homeless (or did s/he live at a homeless shelter)? (10) ____ [1=YES; 0=NO]
 [If YES] 10a. For how long? ____ [Total number of weeks]

11. Were you (or _____'s family) ever evicted this past year? (11) ____ [1=YES; 0=NO]

12. Did anyone close to _____ suffer a serious accident or illness in the past year? (12) ____
 [1=YES; 0=NO]

[If YES] Who?

12a1. Mother /mother -figure	0 No	1 Yes
12a2. Father/father-figure?	0 No	1 Yes
12a3. Brother/sister?	0 No	1 Yes
12a4. Someone else? (Who? _____)	0 No	1 Yes

13. Did anyone who was close to _____ die during the past year? (13) ____ [1=YES; 0=NO]

[If YES] Who?

13a1. Mother /mother -figure	0 No	1 Yes
13a2. Father/father-figure?	0 No	1 Yes
13a3. Brother/sister?	0 No	1 Yes
13a4. Someone else? (Who? _____)	0 No	1 Yes

b. When did this happen? ____/____ (mo/yr)

14. Did _____ have a serious illness in the past year? (14) ____ [1=YES; 0=NO]

[If YES] a. Please describe _____

b. Was s/he seen by a doctor for this (these) illness(es)? (14b) ____

[1=YES; 0=NO]

[If YES] c. Was s/he hospitalized overnight? (14c) ____ [1=YES; 0=NO]

NON-response codes: D = Don't Know R = Refused or No Response O = Other (explain)

15. Did _____ suffer any kind of accident (in the past year)? (15) ____ [1=YES; 0=NO]

[If YES] a. Please describe _____

[Fill in below the NUMBER of times each type of accident occurred.]

____15a1. Poisoning

____15a2. Burn

____15a3. Choking, strangling, suffocating, drowning

____15a4. Knocked out due to head injury

____15a5. Other injury [describe] _____

b. Was s/he seen by a doctor for this (these) accident(s)? (15b) ____

[If YES] c. Was s/he hospitalized overnight ? (15c) ____ [1=YES; 0=NO]

16. Has your family (or _____'s family) been the victim of any property crimes this past year?
(like house broken into, vandalism, car stolen, other property stolen)? (16) ____ [1=YES; 0=NO]

17. Was _____ required to be in court for any reason in the past year? (17a) ____ [1=YES;
0=NO]

[If YES] 17e. Why? _____

[For office use only: CODE 17b. ____ 17c. ____ 17d. ____]

18. Was anyone in _____'s family or household arrested in the past year? (18a) ____
[1=YES; 0=NO]

[If YES] 18e. Who? _____

[For office use only: CODE 18b. ____ 18c. ____ 18d. ____]

19. Was anyone in _____'s family or household jailed or imprisoned? (19a) ____ [1=YES; 0=NO]

[If YES] 19e. Who? _____

[For office use only: CODE 19b. ____ 19c. ____ 19d. ____]

NON-response codes:	D = Don't Know	R = Refused or No Response	O = Other (explain)
---------------------	----------------	----------------------------	---------------------

“Now I am going to ask you a few questions about things your child may have witnessed in the last year in real life, not on TV and in the movies. By *witnessed* , we mean things _____ has seen or heard, *not* things that actually happened to him/her...”

20. In the last year, has _____ heard any loud, long arguments ? (20) _____ [1=YES; 0=NO]

[If YES] **20a. How many times has s/he heard this happen in the last year?**

- 1 One time
- 2 2-3 times
- 3 4 or more times

b. Did this (or any of these) involve family members? (by family members, I mean the people who usually live with _____.)

(20b) _____ [1=YES; 0=NO]

21. Has _____ seen anyone physically threatened with a weapon? (21) _____ [1=YES; 0=NO]

[If YES] **21a. How many times has s/he seen this happen in the last year?**

- 1 One time
- 2 2-3 times
- 3 4 or more times

Did this (or any of these) involve family members? (21b)_____

[1=YES; 0=NO]

[If YES] **In what way? [Circle all that apply.]**

- | | | | |
|-------|--------------------------|------|-------|
| 21b1. | Family Member Victim? | 0 No | 1 Yes |
| 21b2. | Family Member Aggressor? | 0 No | 1 Yes |
| 21b3. | Other _____ (specify)? | 0 No | 1 Yes |

NON-response codes: D = Don't Know R = Refused or No Response O = Other (explain)

22. Did s/he see anyone get shot or stabbed? [other than on TV or movies] ____ [1=YES; 0=NO]

[If YES]

22a. How many times did s/he see this happen in the last year?

- 1 One time
- 2 2-3 times
- 3 4 or more times

Did this (or any of these) involve family members? (22b) ____

[1=YES; 0=NO]

[If YES] In what way? [Circle all that apply.]

- 22b1. Family Member Victim? 0 No 1 Yes
- 22b2. Family Member Aggressor? 0 No 1 Yes
- 22b3. Other _____ (specify)? 0 No 1 Yes

23. Has s/he seen someone killed or murdered? (23) ____ [1=YES; 0=NO]

[If YES]

23a. How many times has s/he seen this happen in the last year?

- 1 One time
- 2 2-3 times
- 3 4 or more times

Did this (or any of these) involve family members? (23b) ____

[1=YES; 0=NO]

[If YES] In what way? [Circle all that apply.]

- 23b1. Family Member Victim? 0 No 1 Yes
- 23b2. Family Member Aggressor? 0 No 1 Yes
- 23b3. Other _____ (specify)? 0 No 1 Yes

24. Did s/he witness anyone being sexually abused, assaulted or raped? (24) ____ [1=YES; 0=NO]

[If YES]

24a. How many times has s/he seen this happen in the last year?

- 1 One time
- 2 2-3 times
- 3 4 or more times

Did this (or any of these) involve family members? (24b) ____

[1=YES; 0=NO]

[If YES] In what way? [Circle all that apply.]

- 24b1. Family Member Victim? 0 No 1 Yes
- 24b2. Family Member Aggressor? 0 No 1 Yes
- 24b3. Other _____ (specify)? 0 No 1 Yes

NON-response codes:	D = Don't Know	R = Refused or No Response	O = Other (explain)
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25. Has s/he seen anyone getting hit, kicked or physically harmed in some other way?

(25) ____ [1=YES; 0=NO]

[If YES] 25a. How many times has s/he seen this happen in the last year?

- 1 One time
- 2 2-3 times
- 3 4 or more times

Did this (or any of these) involve family members? (25b) _____

[1=YES; 0=NO]

[If YES] In what way? [Circle all that apply.]

- | | | | |
|-------|--------------------------|------|-------|
| 25b1. | Family Member Victim? | 0 No | 1 Yes |
| 25b2. | Family Member Aggressor? | 0 No | 1 Yes |
| 25b3. | Other _____ (specify)? | 0 No | 1 Yes |

"To return to more everyday matters, I'd like to ask you a few questions about changes in school or job schedules."

26. Has ____ been in any school during this past year? ____ [1=YES; 0=NO]

[If YES] a. Is s/he currently enrolled in a school? (26a) ____ [1=YES; 0=NO]

[If YES] b. Did s/he begin a new school or change schools during past year?

- 0 No
- 1 Began a new school at start of school year
- 2 Changed schools midyear---> c. How many times? __ __

27. Have you (or other parent to _____) been away from home more than in the previous year (like because of a new job or educational program)? (27) ____ [1=YES; 0=NO]

NON-response codes: D = Don't Know R = Refused or No Response O = Other (explain)

28. Did anyone in your household graduate from some type of school in the past year? (28a1) _____

[1=YES; 0=NO]

[If YES] **28 a5. Who ? _____**

[Office use only: CODE **28a2.** 1st person ____ **28a3.** 2nd ____ **28a4.** 3rd ____]

28b4. What kind of program or degree?

[Office use only: CODE **28b1** 1st person ____ **28b2.** 2nd ____ **28b3.** 3rd ____]

29. How have household finances been in the past year? Have they . . .

0 Stayed about the same?

1 Gotten worse?

2 Gotten better?

30. Did anyone in your household achieve or accomplish something special during the past year?

[Other than what might have been mentioned in Q. 28.] (30a1) ____ [1=YES; 0=NO]

[If YES] **30a5. Who? _____**

[Office use only: CODE **30a2.** 1st person ____ **30a3.** 2nd ____ **30a4.** 3rd ____]

30b5. What? _____

[Office use only: CODE **30b1.** 1st person ____ **30b2.** 2nd ____ **30b3.** 3rd ____]

31. Is there anything else that has happened, in the past year, that you feel had a very strong effect on _____? (31a1) ____ [1=YES; 0=NO]

[If YES] **31a5. Describe _____**

[Office use only: CODE **31a2.** ____ **31a3.** ____ **31a4.** ____]

Child Sexual Behavior Inventory

Friedrich, W.
1993

Description of Measure

Purpose

To obtain caregiver's report of a wide range of sexual behaviors for use in the evaluation of children who have been sexually abused or who are suspected of having been sexually abused.

Conceptual Organization

The Child Sexual Behavior Inventory is based on the recognition of the fact that sexual abuse is related to the presence of precocious sexual behavior in children. (Freidrich 1997). The 38 items cover a variety of domains, including boundary problems, exhibitionism, gender-role behavior (i.e. interest in acting like or being a member of the opposite sex), self-stimulation, sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge, and voyeuristic behavior (Friedrich, 1997).

Item Origin/Selection Process

The CSBI was developed following the discovery that the sexual behavior items on the Child Behavior Checklist (CBCL) (Achenbach and Edelbrock, 1983) were useful in discriminating sexually abused from nonabused children (Friedrich, Beilke, & Urquiza, 1987, Friedrich, 1997). An original 40 item scale was revised following pilot testing resulting in a 35-item instrument (Friedrich et al., 1992). Testing of this version (Version 2) resulted in further refinement to produce a total of 36 items (Friedrich, 1993). The latest version (Friedrich, 1997), consisting of 38 items, was based on the study reported in Friedrich (1993) (Also see Friedrich, Fisher, Broughton, Houston, and Shafran (1998)). Of the 36 items in Version 2, 22 were retained in their original form, 1 was dropped, 12 were rewritten for clarity and simplicity, and 3 were added. In addition, two items designed to assess validity (i.e., as a check for whether the respondent was actually reading each item before responding) were added. In addition to the 38 behavioral items, respondents' attitudes about the normalcy of sexual behavior in children were assessed, as this was found to be related to the rate of endorsement of the behavioral items.

Materials

LONGSCAN's version is included in this manual (See *Administration and Scoring Notes* below). Current versions of the instrument and manual may be ordered from the publisher.

Time Required

15 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

The frequency of behaviors observed by caregivers in the last six months are indicated on a 4-point scale ranging from 0 (never) to 3 (at least once a week).

Score Types

Three clinical scales can be derived from the 38 items. The CSBI Total Score assesses all nine domains of sexual behavior. The Developmentally Related Sexual Behavior (DRSB) scale reflects the child's level of age- and gender-appropriate behavior. The Sexual Abuse Specific Items (SASI) scale contains items that are empirically related to sexual abuse history, and differ for boys and girls. Raw scores may be converted to T scores using tables included in the author's manual (Friedrich 1997).

Score Interpretation

Norms for non-abused children and sexually abused boys and girls respectively are available for each item and for the total scores (Friedrich et al., 1992). High scores on the SASI items, which reflect either sexual interest or sexually intrusive behaviors, may be related to

sexual abuse, although high scores on these items may also be attributed to other deleterious experiences.

Norms and/or Comparative Data

The instrument was originally intended for parents of children from age 3 to approximately age 12. The instrument was tested on two random samples of parents: a normative random sample (N = 880) was obtained from parents of children 2 to 12 years of age served by a community pediatrics clinic in a large medical center in the midwest. A clinical sample (N = 276) consisted of children, aged 2 to 12, in seven clinical settings in the United States and Canada with a confirmed history of sexual abuse (Friedrich et al., 1992). Both the samples were predominantly (94 to 99%) white.

Psychometric Support

Reliability

Internal consistency reliability coefficients for the 35-item CSBI were .82 for the normative sample and .93 for the clinical sample. The authors note that the significantly higher reliability ($p < .01$) for the clinical group reflects the greater variability present in this sample (Friedrich et al., 1992).

The 4-week test-retest correlation for 70 children from the normative sample was .85. The 3-month test-retest correlation for 24 sexually abused children was .47 ($p < .02$). Because the majority of these children were in therapy, their behavior may have changed over the time period (Friedrich et al., 1992).

Validity

Parent report on the CSBI is correlated with teacher report on a different, brief measure of sexual behavior (Friedrich et al., 1992). Responses to the majority of the items differed significantly between clinical and normative samples as did the total scores (Friedrich et al., 1992). Exposure to nudity and sex were related to the CSBI total score in both the normative and clinical groups (Friedrich et al., 1992).

LONGSCAN Use

Data Points

Age 8

Respondent

Primary maternal caregiver

Mnemonic and Version

SBA

Rationale

Some of the most frequent consequences of sexual abuse in young children are increased sexual knowledge, preoccupation, and behavior (Browne & Finkelhor, 1984; Friedrich, 1993). The impact of sexual abuse is often manifested by a range of behaviors including; inappropriate sexual play, sexual acting out, and preoccupation with sexual issues. The assessment of sexual behaviors is useful clinically both in screening for possible sexual abuse experiences and in assessing the progress of recovery in known victims (Friedrich, 1993).

Administration and Scoring Notes

In the interest of administration time LONGSCAN investigators shortened the 35-item (Friedrich, 1992) instrument. Friedrich et al. (1991) reported that 25 of the 36 items included in their study were useful in discriminating between groups of sexually abused and non-abused children. After consultation with Dr. Friedrich, we chose the 25 best discriminating items for a LONGSCAN version. Some of the items were rewritten to make them clearer for our low SES sample (e.g., “Talks in a flirtatious way” was changed to “Talks in a flirty way.”), and items were re-arranged to place the most sexually explicit items toward the end of the measure.

LONGSCAN asks four supplemental questions about the child’s exposure to sexual activity or sexual media, and ends the questionnaire by asking three questions related to possible sexual abuse of the child.

A total score for the LONGSCAN version of the CSBI is calculated by summing the scores for items 1 through 26. The total raw score can range from 0 to 78, but high levels of endorsement are rare and total raw scores tend to be low. Scores can also be computed for the

Sexual Abuse Specific Items (SASI) scales for boys and girls (SASIBOY and SASIGIRL respectively) and for the Sexually Aggressive Behavior scale. Raw scale scores can be computed by summing scores for scale items. Scale items are as follows:

- SASIBOY: items 1, 2, 4, 5, 7, 8, 10, 13-20, 23, 24, and 26
- SASIGIRL: items 2, 4, 8, 10, 12, 14, 17, 19, 22, 24, and 26
- Sexually Aggressive Behavior: 8, 12, 14, 16, 19, 21, and 23

Results

Descriptive Statistics

Table 1 displays the mean raw scores for total score, SASIBOY, SASIGIRL, and the Sexual Aggression Behavior scale by race and study site at the Age 8 interview. Caregivers of Multiracial children reported the highest levels of child sexual behavior, followed by caregivers of White children. This pattern was consistent across the three scales with caregivers of White and Multiracial girls reporting markedly higher levels of child sexual behavior. Caregivers at the NW site reported the highest levels of child sexual behavior overall and across the three scales.

Table 1 about here

Table 2 gives the percentage of caregivers indicating suspected sexual abuse and reporting possible sexual abuse of their child. Percentages were calculated based on caregiver endorsements of items 34 to 37 (suspected: e.g., “Has he/she ever been evaluated by a doctor or a mental health professional for possible sexual abuse?”) and items 34 and 35 (reported: e.g., “To the best of your knowledge has _____ ever been sexually abused?”). Overall, 18.2% of LONGSCAN caregivers reported suspecting sexual abuse of their child and 11.4% reported their child had been sexually abused. As is commonly found, caregivers suspected and reported greater incidence of sexual abuse of girls than boys. Caregivers of Multiracial children and caregivers at the NW site were the most likely to suspect and report sexual abuse of their children, while caregivers of Black children and those at the SO and MW sites were the least likely to suspect or report sexual abuse.

Table 2 about here

Reliability

Overall, the internal consistency reliability of the LONGSCAN version of the CSBI and its associated scales was moderate with alpha coefficients ranging from .66 (SASIGIRL) to .77 (Total Scale).

Alpha values for the total CSBI by race and study site were generally good ranging from .66 (EA site) to .85 (Multiracial). Reliability coefficients were more variable for the three scales than for the CSBI as a whole. SASIBOY demonstrated more consistent internal reliability by race than did SASIGIRL. On the Sexually Aggressive Behavior scale Multiracial participants demonstrated the strongest reliability while Hispanic participants demonstrated the weakest.

Scale reliability was again variable by study site. As was the case overall and by race, the SASIBOY scale demonstrated stronger reliability coefficients than did the SASIGIRL scale. On the Sexually Aggressive Behavior scale alpha values were highest at the SO site and lowest at the MW site.

Reliability is likely to be affected by caregivers' comfort in discussing and reporting sexually explicit behaviors.

Table 3 about here

Publisher Information

PAR, Inc.
P.O. Box 998
Odessa, FL 33556
1-800-331-TEST

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Table 1. Child Sexual Behavior Inventory. Mean Total Scale Scores, Sex-specific scales, and Sexual Aggression Subscale by Race and Study Site. Age 8 Interview

	N	Total Score <u>M</u> (SD)	SASIBOY <u>M</u> (SD)	SASIGIRL <u>M</u> (SD)	Sexual Aggression <u>M</u> (SD)
Total	1044	2.89 (4.30)	2.77 (3.85)	1.99 (2.84)	0.25 (0.98)
Race					
White	283	3.73 (4.82)	3.35 (4.38)	2.80 (3.24)	0.45 (1.19)
Black	562	2.22 (3.36)	2.36 (3.36)	1.36 (2.02)	0.13 (0.60)
Hispanic	65	2.30 (3.19)	2.22 (2.94)	1.29 (1.81)	0.10 (0.35)
Multiracial	121	4.39 (6.33)	3.52 (4.77)	3.49 (4.36)	0.45 (1.68)
Other	13	2.50 (3.66)	2.40 (3.58)	1.86 (2.73)	0.42 (1.00)
Site					
EA	237	2.35 (3.24)	2.35 (2.88)	1.50 (2.11)	0.17 (0.70)
MW	127	2.22 (3.62)	2.13 (2.69)	1.49 (2.72)	0.06 (0.34)
SO	184	2.29 (3.78)	2.48 (3.71)	1.46 (2.12)	0.18 (1.22)
SW	273	3.31 (4.90)	2.95 (4.33)	2.42 (3.33)	0.32 (0.99)
NW	223	3.84 (5.02)	3.50 (4.59)	2.78 (3.26)	0.44 (1.17)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Percentage of LONGSCAN subjects with reported and suspected Sexual Abuse by Child's Sex and Race and Study Site. Age 8 Interview.

	N	Sexual Abuse Suspected %	Sexual Abuse Reported %
Total	1019	18.2	11.4
Sex			
Boys	491	13.0	7.5
Girls	528	22.9	14.9
Race			
White	276	27.2	17.8
Black	552	9.6	5.6
Hispanic	62	25.8	14.8
Multiracial	117	33.3	20.9
Other	12	16.7	16.7
Site			
EA	233	11.6	4.7
MW	124	9.7	4.0
SO	181	7.7	5.6
SW	265	24.2	16.8
NW	216	31.5	21.1

Source. Based on data received at the LONGSCAN Coordinating Center though 8/24/01.

Table 3. Cronbach's Alpha Coefficients for Total, Sex-specific scales, and Sexual Aggression Subscale on the CSBI by Race and Study Site. Age 8 Interview

	Total Scale <i>α</i>	SASIBOY <i>α</i>	SASIGIRL <i>α</i>	Sexual Aggression <i>α</i>
Total	.77	.72	.66	.67
Race				
White	.81	.71	.66	.63
Black	.74	.64	.52	.49
Hispanic	.69	.61	.46	-.04
Multiracial	.85	.75	.72	.82
Other	.78	.67	.59	.71
Site				
EA	.66	.46	.52	.51
MW	.74	.49	.72	-.02
SO	.78	.72	.61	.87
SW	.75	.69	.62	.58
NW	.82	.78	.67	.65

Source. Based on data received at the LONGSCAN Coordinating Center though 8/24/01.

Child Sexual Behavior SBA

“As you know, children are being exposed (at a much earlier age than we were) to sexual language and activity on TV, on the radio, in videos, and all around them. With these questions, we’re trying to learn what kinds of sexual behaviors children are showing or imitating and at what age these sexual behaviors appear.”

1. First of all, would you say that _____ knows more about sex than other children his/her age?

[Hand answer card, read the 4 responses and circle the respondent’s answer.]

- 0 NO, KNOWS LESS OR ABOUT THE SAME
- 1 KNOWS A LITTLE BIT MORE
- 2 KNOWS A FAIR AMOUNT MORE
- 3 KNOWS A LOT MORE
- R REFUSED/ NO RESPONSE

“For the following statements, please tell me the number *[Hand next answer card]* that tells how often your child has shown the following behaviors **RECENTLY OR IN THE LAST 6 MONTHS:**”

- | | |
|---|------------------------|
| 0 | NEVER |
| 1 | LESS THAN ONCE A MONTH |
| 2 | 1 - 3 TIMES A MONTH |
| 3 | AT LEAST ONCE A WEEK |
| R | REFUSED/ No Response |

	Never	< 1/mo	1-3x/mo	1/wk	Ref/NR
2. Shows an interest in the opposite sex.	0	1	2	3	R
3. Talks in a flirty way.	0	1	2	3	R
4. Masturbates with hand.	0	1	2	3	R
5. Draws sex parts when drawing pictures of people.	0	1	2	3	R

“OK. What about these behaviors -- RECENTLY or in the LAST SIX MONTHS ?”

6. Makes sexual sounds (sighs, moans, heavy breathing, etc.).	0	1	2	3	R
7. Asks others to engage in sexual acts with him or her.	0	1	2	3	R
8. Touches other people’s private parts.	0	1	2	3	R
9. Uses sexual words.	0	1	2	3	R
10. Pretends that dolls or stuffed animals are having sex.	0	1	2	3	R

“Now will you tell me if the following statements are TRUE or FALSE ?” 1=TRUE 0=FALSE

- 27) I have never seen my child touch his/her private parts, even in the privacy of home. (27) ____
- 28) My child has never shown sexual behavior. (28) ____
- 29) It is normal for children to have sexual feelings and curiosity. (29) ____

“These are some general questions about what _____ may have seen or done or experienced.”

1=YES

0=NO

- 30) Has s/he showered or bathed with an adult or teenager in the last 6 months? (30) ____
- 31) Has s/he seen people having sex on TV or in a movie? (31) ____
- 32) Has s/he ever seen people having sex in real life? (32) ____
- 33) Has s/he seen adult magazines like Playboy, Penthouse or Hustler? (33) ____
- 34) To the best of your knowledge, has _____ ever been sexually abused or molested? (34) ____
- 35) Has _____ ever been touched in a sexual way by an adult or older child? (35) ____
- 36) Has s/he ever been evaluated by a doctor or mental health professional for possible sexual abuse? (36) ____
- 37) Has s/he ever been reported as possibly having been sexually abused to the Department of Social Services? (37) ____

Child's Social Network Chart

LONGSCAN
1995

Description of Measure

Purpose

To gather from the child the names and relationships of all the people in the child's household(s), as well as the names and relationships to the child of others in the child's social network such as friends, teachers, or relatives.

Conceptual Organization

The measure is organized into three sections. The first section asks the child to name and describe the relationship of all people living in the same primary household as child. If the child also lives elsewhere at times, the child is also asked about the people and relationships from that household. The third section gathers information about other potentially important people in the child's social network, namely: other relatives, a best friend, the child's teacher, and any other supportive adults.

Item Origin/Selection Process

The items were designed to gather information about all potentially important relationships, including parents, siblings, friends, teachers, and other relatives. This information is needed to administer My Family and Friends (Reid & Landesman, 1986).

Materials

Non-copyrighted LONGSCAN forms are included in this manual.

Time Required

5-10 minutes depending on size of child's social network.

Administration Method

Interviewer-administered

Training

Approximately 30 minutes to 1 hour. Should precede training in My Family and Friends.

Scoring

Score Types

A variety of measures can be calculated depending on the research question. For example, the number of persons in the child's social network, whether or not the child lives in more than one household, presence of father-figures in the child's household(s), and presence of other important adults or best friends can all be obtained.

LONGSCAN Use

Data Points

Age 8

Respondent

Child

Mnemonic and Version

SNA

Rationale

Because the family structures of LONGSCAN children are often complex, this instrument was created as a structured method for obtaining information about all key persons in the child's life.

Administration and Scoring Notes

The administration of this instrument precedes the administration of My Family and Friends (Reid & Landesman, 1986) because the identification of key persons in the child's daily life is required for the administration of that measure.

Results

Table 1 gives the percentage of children reporting selected individuals in their social network. While over 80% of children named a mother figure, only half of the children named a father figure. White children were twice as likely to name a father figure as Black children, while Black children were more likely to name a grandparent or other adult than White children. Site comparisons showed that children in the MW and SO sites were most likely to name a mother figure; the children at the SW site were least likely to name a mother figure. Children at the EA site, the site with the largest proportion of Black children, were least likely to name a father figure and most likely to name a grandparent or other adult.

Table 1 about here

References and Bibliography

Reid, M., & Landesman, S. (1986). My Family and Friends: A social support dialogue Instrument for Children. Seattle, WA: University of Washington.

Table 1. Percentage of Children Reporting Selected Persons in Their Social Network by Race and by Study Site. Age 8 Interview

	N	Mother figure %	Father figure %	Siblings %	Grand- parents %	Aunt / Uncle %	Cousin %	Other Adult %	Other Child %
Total	998	84.8	51.1	83.0	30.2	17.4	19.2	13.5	5.0
Race									
White	269	89.6	73.6	83.6	16.4	8.6	6.3	11.5	3.0
Black	542	82.7	36.5	82.7	38.4	23.1	27.7	15.1	5.9
Hispanic	58	79.3	60.3	84.5	19.0	17.2	10.3	12.1	8.6
Multiracial	116	85.3	62.1	82.8	31.0	12.9	14.7	30.8	4.3
Other	13	92.3	52.9	76.9	15.4	7.7	15.4	9.5	0.0
Site									
EA	235	85.1	42.1	81.7	43.0	23.4	34.5	19.2	4.3
MW	103	93.2	44.7	90.3	28.2	20.4	18.5	7.8	7.8
SO	184	88.6	51.1	82.6	33.7	17.9	17.4	15.8	2.7
SW	258	78.3	52.7	81.8	22.1	13.2	14.7	8.5	7.8
NW	218	84.9	61.9	82.6	23.9	14.2	10.1	14.2	3.2

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Child's Social Network Chart SNA

I want to start out by finding out who is in your family -- and by this, I mean the people who live with you now. *Probe for all household members (parents, brothers, sisters, grandparents, aunts, uncles, cousins, anyone else?)*

		(a) NAME (c) RELATIONSHIP TO CHILD	(b) AGE	
[FIRST NAME & LAST INITIAL]	[YRS]	ROLE / RELAT/ #		RELATIONSHIP:
1. _____	___	___/___/___		MOM= Mother B= Biologic
2. _____	___	___/___/___		DAD= Father S= Step
3. _____	___	___/___/___		SIS= Sister F= Foster
4. _____	___	___/___/___		BRO= Brother A= Adoptive
5. _____	___	___/___/___		GMA= Grandmother/great U= Unrelated
6. _____	___	___/___/___		GPA= Grandfather/great D= Don't know
7. _____	___	___/___/___		AUN= Aunt/great X= Parent's live-in
8. _____	___	___/___/___		UNC= Uncle/great
9. _____	___	___/___/___		CSM= Cousin Male
11. _____	___	___/___/___		OMA= Other M Adult
12. _____	___	___/___/___		OFA= Other F Adult
				OMC= Other M Child
				OFC= Other F Child

Besides this household, is there another place where you also live sometimes? When do you live there? *[Disregard a positive response if it represents a one-time stay of less than one month duration.]*

(IF YES): **Who lives with you there?** *Probe for all household members (parents, brothers, sisters, grandparents, aunts, uncles, cousins, anyone else?)*

		(a) NAME	(b) AGE
		(c) RELATIONSHIP TO CHILD	
[FIRST NAME & LAST INITIAL]	[YRS]	ROLE / RELAT/ #	RELATIONSHIP:
13. _____	___	___/___/___	MOM= Mother B= Biologic
14. _____	___	___/___/___	DAD= Father S= Step
15. _____	___	___/___/___	SIS= Sister F= Foster
16. _____	___	___/___/___	BRO= Brother A= Adoptive
17. _____	___	___/___/___	GMA= Grandmother/great U= Unrelated
18. _____	___	___/___/___	GPA= Grandfather/great D= Don't know
19. _____	___	___/___/___	AUN= Aunt/great X= Parent's live-in
20. _____	___	___/___/___	UNC= Uncle/great
21. _____	___	___/___/___	CSF= Cousin Female
22. _____	___	___/___/___	CSM= Cousin Male
23. _____	___	___/___/___	OMA= Other M Adult
24. _____	___	___/___/___	OFA= Other F Adult
			OMC= Other M Child
			OFC= Other F Child

25. What about other relatives who you see or talk to a lot (*like at least 2 times a month*) who you feel close to? Do you have another relative we haven't talked about (parent, brother, sister, grandparent) who you can go to or call if you need someone to talk to? Is there a person like that you see or talk to at least twice a month? (*If child gives one, ask about another*): Any other relative?

(a) _____ RELATIONSHIP CODE: ____/____/____

(b) _____ RELATIONSHIP CODE: ____/____/____

26. Who is your best friend? *Include this person in social network. This should be a best friend who does not live in the household.*

(a) _____ RELATIONSHIP CODE: ____/____/____

27. Who is your teacher this year? *If interview occurs during summer vacation, record NA. Up to 2 teachers can be used.*

(a) Teacher's name: _____ [CODE: T E A/ U/ 1]

(b) Teacher's name: _____ [CODE: T E A/ U/ 2]

28. Is there any other grown-up in your life who you see or talk to a lot (*like at least 2 times a month*)- about important things in your life or from whom you can get help when you need it? ? *If no response, probe: Like at school or church or somewhere you go after school or in your neighborhood? Is there a person like that you see or talk to at least twice a month?*

Is there any other grown-up who you can go to talk to about important things in your life?

(a) _____ RELATIONSHIP CODE ____/____/____

(b) _____ RELATIONSHIP CODE ____/____/____

OK, now I want you to help me make cards for these important people in your life. *Up to 12 cards can be made. If all people named above number 12 or fewer, include all. If more than 12, choose all figures on p. 3 and then choose among the people in child's household(s) according to the following rules: include all parental figures (parents, step-parents, parent-figures, live-in boy/girl friend of parent, and other relatives who help take care of child's basic needs). Among brothers, sisters, and other relatives, probe for the ones to whom the child can go to talk about how s/he's feeling or about other things that are important. After cards are made, begin My Family and Friends task.*

Conflict Tactics Scales: Caregiver-to-Child

Straus, M. 1979

Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. K. 1998

Description of Measure

Purpose

To measure the extent to which caregivers use reasoning and nonviolent discipline, verbal aggression, or physical aggression in response to their child's behavior.

Conceptual Organization

The Conflict Tactic Scales (CTS) were designed to measure the range of tactics used in response to conflict with a family member and the frequency with which respondents use specific tactics, focusing on "acts" rather than "injuries." CTS were developed for use with (1) partners reporting on a dating, cohabiting, or marital relationship; (2) parents reporting on behavior towards their children; (3) children reporting on the behavior of parents toward each other; (4) children reporting on the behavior of parents towards them; (5) children reporting on their interaction with siblings; (6) adults reporting on the behavior of parents toward them when they were children; and (7) adults reporting on behavior of parents toward each other when they were children.

This entry focuses on the parent-child version of the scale. The first version, the CTS1 (Straus 1979; 1990), includes 19 acts (labeled A-S) which are conceptualized as belonging to one of three broad categories: Reasoning (3 items), Psychological Aggression (7 items), and Physical Assault (9 items). Physical Assault is subdivided into Minor Assault (3 items) and Severe Assault (6 items). Response categories range from never to more than 20 times in the past year.

In the revised version of this instrument, the CTSPC (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998), the Reasoning dimension is re-conceptualized as Nonviolent Discipline, with the addition of punitive behavior items to better reflect tactics commonly used by contemporary parents. This version also divides physical assault into minor, severe, and very severe. The newest version does not offer "never" as a possible response; the respondent must volunteer "never" rather than selecting the lowest possible option of

“1 time.”

Items are arranged in order of increasing severity in the CTS1, and in interspersed order in the CTSPC.

Item Origin/Selection Process

The original CTS items were selected through factor analyses (Straus, 1974, 1979), and modifications and additions were derived through discussions among the authors of the CTSPC and their colleagues (Straus et al. 1998). Three items were added to each subscale in the CTSPC to improve reliability.

Materials

The forms for administering the Conflict Tactics Scales are available from the first author. Also see Straus (1990). The CTSPC (Straus, et al., 1998) is copyrighted and requires permission from the first author for use. Information about obtaining the instruments is available at www.unh.edu/frl.

Time Required

6-8 minutes

Administration Method

The instrument was designed for self-administration; however, it can also be interviewer-administered.

Training

Minimal

Scoring

Score types

Prevalence rates are the most frequently used score type, and are calculated by coding items as binary variables: “did not occur” (1) vs. “occurred (0).” Scale scores, continuous variables which estimate the frequency with which respondent employs

different types of conflict tactics, are calculated by summing the midpoint of each category except the last. The chronicity score is the sum of the number of times each act in a scale was used by those who used at least one of the acts in a scale. Finally, although generally not advisable, weights can be applied to item frequencies to derive a Severity Times Frequency Weighted score.

Scales contained in the CTS1 are comprised of the items listed below (Straus, 1990).

- Reasoning: Items A, B, C
- Psychological Aggression: Items D, E, F, H, I, J (note that item G, “crying”, is not scored)
- Physical Assault:
 1. Minor Assault (Corporal Punishment): Items K, L, M
 2. Severe Assault: Items N, O, P, Q, R, S

Scales contained in the CTSPC are comprised of the items below (Straus et al., 1998).

- Nonviolent Discipline: Items A, B, Q, E
- Psychological Aggression: Items N, F, J, U, L
- Physical Assault:
 1. Minor Assault (Corporal Punishment): Items H, D, P, R, C
 2. Severe Assault: Items V, O, T, G
 3. Very Severe Assault: Items K, I, M, S

(See LONGSCAN Scoring notes for instructions on scoring LONGSCAN modified scales.)

Score Interpretation

Individual item scores can be examined to assess the frequency of the occurrence of a particular type of behavior (e.g., slapping). Scale and rate scores indicate the frequency and the prevalence of specific types of tactics used. Interpretation varies depending on the age of the child (e.g., shaking is very severe if the child is less than two years old).

Norms and/or Comparative Data

The CTS was used in a national survey, the 1985 National Family Violence Study

(Gelles & Straus, 1988). The CTSPC was administered to a nationally representative sample of households with a child under the age of 18 in a 1995 Gallup survey.

Psychometric Support

Reliability

The Cronbach's alpha reliability coefficients for the CTS based on data from the 1985 National Family Violence Survey data were relatively low: .62 for Psychological Aggression and .42 for Physical Assault.

Validity

Construct validity has been demonstrated in a number of studies (see Straus & Hamby, 1997).

LONGSCAN Use

LONGSCAN adapted the CTS for use at the baseline interview by selecting items for each scale from the CTS1 or the CTSPC (Strauss et al. 1998) and slightly modifying the wording of most items. Additional modifications were made in the version administered at the Age 8 interview, and the revised version, the CTSPC, was administered in its original form at the Ages 12 and 14 interviews.

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 6, 8, 12, 14: all sites

Respondent

Primary maternal caregiver

Mnemonic and Version

Pre-Age 4, Age 4, & Age 6: CTSB. LONGSCAN's adapted version of the CTS1 at Age 4 and Age 6 omitted the Severe Assault items because of concerns that participants would need to be reported to a child protective service agency if they endorsed any of these items.

Age 8: DMA. See Discipline Methods. For longitudinal analyses of parent-child Conflict Tactics, differences between the items used at Age 8 and those administered at ages 4 and 6 must be noted. These differences are as follows: (1) Respondents are asked about conflict tactics using a differently worded question (“OVER THE LAST 6 MONTHS have you or anyone else had to do any of the following things to [child’s name] because of her/his behavior?”) than the CTSB (“HOW MANY TIMES IN THE PAST YEAR, WHEN YOU HAVE HAD A PROBLEM WITH _____. DID YOU. . .”); (2) the time frame for recall was reduced from one year to six months; (3) response categories were changed from asking the frequency of the behavior to asking the respondent to indicate whether they alone, someone else but not them, or both they and someone else had "had" to use each tactic in response to the child's behavior; (4) the Nonviolent Discipline scale was dropped; (5) the item "cry in front of him/her", from the Psychological Aggression scale was dropped, however, this item is not included in scoring anyway; (6) an item from the CTS1 Psychological Aggression scale (Do or say something to spite him/her) was added; (7) Two of the six minor assault items used at prior interviews were dropped ("throw something at child", and "shake him/her"); and (8) items from the Severe Assault scale were added.

Ages 12 & 14: CTSD. This is the CTSPC.

Rationale

The CTS focuses on actions, rather than attitudes toward violence or child outcomes subsequent to experienced violence. The focus on actions permits investigation of the covariates and impacts of particular types of conflict tactics used with children.

Furthermore, Straus’ Conflict Tactics Scales are widely used and reputable measures of interpersonal violence.

Administration and Scoring Notes

LONGSCAN scoring for the CTSB is as follows:

- Nonviolent Discipline: Items 1, 2, and 3
- Psychological Aggression: Items 4, 5, 6, 7, 9, and 10
- Minor Assault: Items 11, 12, 13, 14, 15, and 16

The Nonviolent Discipline scale is comprised of items 1 and 3 from the CTS1 Reasoning scale and item 2 from the CTSPC Nonviolent Discipline scale. The Psychological Aggression scale is made up from items 5-8 and 10 from the CTS1, and Items 4 and 9 from the CTSPC. In the Minor Assault scale, items 11, 12, 14, 15, and 16 are from the CTS1 and Items 13, 15 and 16 are from the CTSPC; Items 12 and 14 (“grab”, and “push or shove”) are from a single item, "pushed, grabbed, or shoved" on the CTS1. The wording of most of the items was modified from the original.

LONGSCAN also modified the response set in the version used at Age 4 and Age 6 so that the highest frequency of behavior recorded was "more than 5 times" rather than the authors' highest frequency category of more than 20 times. The NW site modified the response set further, due to human subjects restrictions at the study site, allowing either a “no” or “yes” response to each item. The SW site did not administer the CTS at Age 4 because the majority of caregivers were foster parents who are prohibited from using certain types of punishment.

The CTSB was interviewer-administered. To assist respondents, the answer set was made available to them on a preprinted card.

The CTS portion of the DMA includes the following scales:

- Psychological Aggression: Items 10, 11, 12, 13, 14, 15, & 16
- Minor Assault: Items 17, 18, & 19
- Severe Assault: Items 20, 21, 22, 23, 24, & 25

Since the response categories for these items indicate whether the caregiver alone, someone else but not the caregiver, or both the caregiver and someone else use each tactic, each item must first be converted to a binary indicator variable or variables. Scores may then be computed based upon whether the interest is conflict tactics used by the primary caregiver or conflict tactics used by anyone towards the subject child.

Results

Descriptive Statistics

Table 1 provides the mean scores for each of the three scales by race and study site as reported at the Age 4 and 6 interviews. No data are available for the SW site at Age 4 because the CTSB was not administered and data from the NW site were omitted because

of the alternative response set.

At Age 4, White caregivers reported more use of Nonviolent Discipline and Psychological Aggression than caregivers of other races, while Black caregivers reported more use of Minor Assault. Hispanic caregivers reported less use of both Psychological Aggression and Minor Assault than other racial/ethnic groups. Caregivers at the EA site were more likely to use Psychological Aggression and Minor Assault than those at the other sites.

At Age 6, White caregivers continued to report more use of Psychological Aggression than all other racial groups, and Black caregivers continued to report more use of Minor Assault. Although Age 6 Psychological Aggression and Minor Assault scores were for the most part lower than those reported at Age 4, these scores increased among Hispanic caregivers.

The SO and EA sites reported the highest use of Psychological Aggression and Minor Assault. The least frequent use of Psychological Aggression and Minor Assault was reported in the MW sample.

Table 1 about here

Reliability

Table 2 provides the Cronbach's alpha coefficients for each of the three scales by race and study site. The Psychological Aggression and Minor Assault scales showed moderate reliability at both data points, and when stratified by site and race. The Nonviolent Discipline scale was shown to be less reliable than the other two scales. Internal consistency is not especially high for these scales because the use of one tactic within a category does not necessarily imply the use of all or most of the others (see Psychometric Support/Reliability above).

Table 2 about here

Validity

It was hypothesized that primary caregivers who had a history of abuse in their own

childhood would be more likely to use abusive conflict tactics in disciplining their child. To test this hypothesis we used CTSB data from the Age 4 interview (for all sites except the NW) and compared caregivers who reported childhood abuse to those who did not. Caregivers who reported a history of abuse had higher mean Psychological Aggression scores ($\underline{M} = 4.01$, $\underline{SD} = 4.53$), than those who did not ($\underline{M} = 2.61$, $\underline{SD} = 3.23$). However, the reverse was found with regard to Minor Assault; caregivers who did not report a history of abuse had higher mean scores ($\underline{M} = 1.24$, $\underline{SD} = 2.47$) than those who did not ($\underline{M} = .82$, $\underline{SD} = 1.85$).

We also compared caregivers of children who had an officially documented episode of maltreatment to those who did not, and found that those with a report tended to have higher mean Minor Assault scores than those without a maltreatment report ($\underline{M} = 4.71$ and 4.35 respectively).

Publisher Information

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Table 1. Mean Scores on the Conflict Tactic Scales by Race and Study Site. Age 4 and Age 6 Interviews

	N	Age 4 Interview		
		Nonviolent Discipline M (SD)	Psychological Aggression M (SD)	Minor Assault M (SD)
Total	579	7.49 (2.90)	8.82 (5.25)	5.00 (3.74)
Race				
White	127	8.74 (2.74)	9.43 (5.28)	4.40 (3.09)
Black	415	7.12 (2.85)	8.84 (5.29)	5.36 (3.94)
Hispanic	22	7.32 (3.14)	5.95 (3.99)	2.64 (2.19)
Multiracial	8	7.75 (3.58)	7.63 (4.34)	3.63 (2.67)
Other	7	7.86 (2.12)	7.86 (5.46)	3.86 (2.85)
Site				
EA	237	7.57 (2.71)	9.62 (5.46)	5.78 (4.11)
MW	122	7.51 (3.21)	7.53 (5.34)	3.52 (3.52)
SO	220	7.40 (2.92)	8.67 (4.81)	4.99 (3.15)
	N	Age 6 Interview		
		Nonviolent Discipline M (SD)	Psychological Aggression M (SD)	Minor Assault M (SD)
Total	929	7.52 (2.85)	6.77 (4.41)	3.77 (3.44)
Race				
White	194	8.75 (2.36)	7.54 (4.71)	3.63 (3.19)
Black	571	6.86 (2.79)	6.58 (4.23)	3.93 (3.49)
Hispanic	78	7.79 (3.06)	6.35 (4.99)	3.37 (3.68)
Multiracial	83	8.87 (2.70)	6.87 (4.28)	3.48 (3.42)
Other	7	8.17 (3.43)	4.43 (3.36)	2.57 (2.51)
Site				
EA	252	6.71 (2.73)	6.90 (4.30)	4.33 (3.71)
MW	166	7.52 (3.04)	5.89 (4.27)	3.01 (3.17)
SO	219	7.35 (2.85)	7.26 (3.97)	4.53 (3.21)
SW	166	8.32 (2.65)	6.78 (4.82)	3.15 (3.31)

Source. Age 4: Based on data received at the LONGSCAN Coordinating through 7/8/97.

Age 6: Based on data received at the LONGSCAN Coordinating through 6/30/00.

Note. The SW site did not administer the CTSB at Age 4. Data from the NW site is not included because an alternative response set was used.

Table 2. Cronbach's Alpha of the Conflict Tactic Scales by Race and Study Site. Age 4 and Age 6 Interviews

	Age 4 Interview			Age 6 Interview		
	Non-violent Discipline α	Psychological Aggression α	Minor Assault α	Non- violent Discipline α	Psychological Aggression α	Minor Assault α
Total	.49	.71	.68	.49	.70	.60
Race						
White	.42	.70	.60	.20	.72	.52
Black	.47	.71	.70	.41	.68	.62
Hispanic	--	--	--	.75	.79	.68
Multiracial	--	--	--	.50	.67	.58
Other	--	--	--	.66	.51	.26
Site						
EA	.46	.72	.70	.41	.72	.64
MW	.59	.75	.69	.58	.71	.60
SO	.44	.65	.63	.43	.61	.60
SW				.49	.75	.59

Source. Age 4: Based on data received at the LONGSCAN Coordinating by 7/8/97.

Age 6: Based on data received at the LONGSCAN Coordinating by 6/30/00.

Notes. A double dash indicates that there were too few cases to calculate the statistic. The SW site did not administer the CTSB at Age 4. Data from the NW site is not included because an alternative response set was used.

Conflict Tactics Scale CTSB

THESE QUESTIONS HAVE TO DO WITH HANDLING PROBLEMS WITH CHILDREN. I AM GOING TO READ A LIST OF THINGS THAT YOU MIGHT DO WHEN YOU HAVE A PROBLEM WITH _____. I WOULD LIKE YOU TO TELL ME HOW OFTEN YOU'VE DONE EACH OF THESE THINGS, WHEN YOU'VE HAD A PROBLEM WITH HIM/HER, IN THE PAST YEAR. PLEASE REMEMBER WE'RE ONLY TALKING ABOUT _____, NOT ANY OTHER CHILDREN.

[Hand Response Card And Read Responses Aloud: Never, Once, Twice, 3-5 Times, > 5 Times.]

HOW MANY TIMES IN THE PAST YEAR, WHEN YOU HAVE HAD A PROBLEM WITH _____. DID YOU.....

0 = Never
1 = Once
2 = Twice
3 = 3-5 Times
4 = >5 Times
-- = NR/DK

	Nvr	1	2	3-5	>5	NR/DK
1. TALK ABOUT IT CALMLY WITH HIM/HER?	0	1	2	3	4	--
2. MAKE HIM OR HER SIT OR STAY BY HIMSELF/ HERSELF FOR A CERTAIN PERIOD OF TIME (LIKE A "TIME-OUT")?	0	1	2	3	4	--
3. GET OR ASK SOMEONE ELSE TO HELP SETTLE THINGS?	0	1	2	3	4	--
4. YELL OR SCREAM AT HIM/HER?	0	1	2	3	4	--
5. INSULT OR SWEAR AT HIM/HER?	0	1	2	3	4	--
6. SULK OR REFUSE TO TALK ABOUT IT?	0	1	2	3	4	--
7. STOMP OUT OF THE ROOM OR HOUSE OR YARD?	0	1	2	3	4	--
8. CRY IN FRONT OF HIM/HER?	0	1	2	3	4	--
9. THREATEN TO SPANK HIM/HER?	0	1	2	3	4	--
10. THROW, SMASH, HIT OR KICK SOME <u>THING</u> (NOT CHILD)?	0	1	2	3	4	--
11. THROW SOMETHING AT HIM/HER?	0	1	2	3	4	--
12. GRAB HIM/HER?	0	1	2	3	4	--
13. SHAKE HIM/HER?	0	1	2	3	4	--
14. PUSH OR SHOVE HIM/HER?	0	1	2	3	4	--
15. SPANK HIM/HER?	0	1	2	3	4	--
16. SLAP HIM/HER?	0	1	2	3	4	--

Conflict Tactics Scales: Partner-to-Partner (Couple Form R)

Straus, M.
1979

Description of Measure

Purpose

To assess the type and level of domestic violence between the child's primary caregiver and their partner during the past year.

Conceptual Organization

The Conflict Tactic Scales (CTS) were designed to measure the range of tactics used in response to conflict with a family member and the frequency with which respondents use specific tactics, focusing on "acts" rather than "injuries." CTS were developed for use with (1) partners reporting on a dating, cohabiting, or marital relationship; (2) parents reporting on behavior towards their children; (3) children reporting on the behavior of parents toward each other; (4) children reporting on the behavior of parents towards them; (5) children reporting on their interaction with siblings; (6) adults reporting on the behavior of parents toward them when they were children; and (7) adults reporting on behavior of parents toward each other when they were children.

The 19 tactics or acts that comprise the original Couple Form R (Straus & Gelles, 1986) form three constructs: Reasoning (3 items), Verbal Aggression (7 items), and Physical Assault (9 items). The Physical Assault scale includes Minor and Severe assault subscales. The items begin with the behaviors that are lowest in coerciveness and proceed with behaviors that are gradually more coercive and aggressive. The response categories gauge the frequency with which acts were used during conflict with a partner in the past year using a 7-point scale ranging from 'never' (0) to '20 or more times' (7).

Item Origin/Selection Process

The theoretical basis of all versions of the CTS is conflict theory, which assumes that conflict is inevitable and essential to bringing about positive change, but high levels of conflict, particularly when the means by which it is addressed involve hostile behaviors, can adversely

affect the welfare of those involved (Straus, 1979). The conceptual framework of the CTS comes from the "catharsis theory" of violence control, which posits three modes of dealing with conflict: rational discussion and reasoning, verbal and nonverbal acts which symbolically hurt the other party, and the use of physical force as a means of resolving the conflict (Straus, 1974; Straus, 1979). The CTS was developed within this framework through the use of a modeling technique analogous to a factorial design experiment (Straus, 1979).

Materials

The instruments are available in published manuscripts and from the Family Research Laboratory at the University of New Hampshire (<http://www.unh.edu/frl/>). The non-copyrighted LONGSCAN version is included in this manual.

Time Required

10 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

The scales are comprised of items as follows:

- Reasoning: Items 1 (A), 2 (B), and 3 (C)
- Verbal Aggression: Items 4 (D), 5 (E), 6 (F), 8 (H), 9 (I), and 10 (J)
- Physical Assault: Items 11 (K), 12 (L), 13 (M), 14 (N), 15 (O), 16 (P), 17 (Q), 18 (R), and 19 (S)

Item 7 (G) is not used in scoring.

Physical Assault can be separated into two subscales, Minor Violence (items 11, 12, 13) and Severe Violence (items 14, 15, 16, 17, 18, 19).

There are several methods of scoring the Conflict Tactics Scales. The simplest is to add the response category code values for the each scale.

Behaviors, or types of behaviors, can also be scored dichotomously as “present” or “not present.” Dichotomized scores are used in the calculation of rates. A severity weighted scale that multiplies the frequency of each violent act by weights chosen by expert consultants has been used (Straus, 1990a). Minor violence items are unweighted (i.e., given a weight of 1) and severe violence behaviors are weighted as follows: kicked, bit, punched = 2; hit with object = 3; beat up, choked = 5; threatened with knife or gun = 6, and used knife or gun = 8. The severity-weighted scale is more skewed than the other violence scales because of low rates of endorsement, and statistical techniques assuming a normal distribution should not be used with it.

Score Interpretation

Higher scores indicate more use of the tactic or of a domain of tactics.

Norms and/or Comparative Data

The Conflict Tactics Scale has been used in national incidence studies of family violence (Straus & Gelles, 1986, 1988), and rates characterizing a specific group can be compared to a representative sample of the U.S. population.

Psychometric Support

Reliability

The author reports other studies assessing the internal consistency of CTS-Partner form that have found alpha coefficients ranging from .42 to .61 for Reasoning, .62 to .83 for Verbal Aggression, and .69 to .88 for Physical Aggression (Straus, 1990b).

Validity

Construct validity has been demonstrated in a number of studies (Straus, 1990c). Concurrent validity has been examined by comparing reports obtained separately from husbands and wives. Husband-wife correlations are reported to range from .19 to .80, with a mean of

approximately .40 (Straus, 1979). Correlations are lowest for Reasoning and highest for Physical Aggression.

LONGSCAN Use

Data Points

Ages 6 and 8

Respondent

Primary maternal caregiver

Mnemonic and Version

Age 6: CTPA. Includes both spouse/partner to respondent and respondent to spouse/partner behavior.

Age 8: CTB. Includes only spouse/partner to respondent behavior.

Rationale

Children who live in households where domestic violence is taking place often witness this violence and are at higher risk for being victims of neglect or abuse themselves (Campbell & Lewandowski, 1997; Wright, Wright, & Isaac, 1997). These data were collected to allow examination of the mental and physical effects of intimate partner violence on women and their children.

Administration and Scoring Notes

Maternal caregivers provided data for this measure only if they were currently living with a spouse or partner. LONGSCAN reduced the time frame for recall from 1 year to 3 months to minimize recall error. The original seven-point response set was reduced to five points ranging from 0 (never) to 4 (more than 5 times).

Results

At the Age 6 interview, of the 1212 caregivers interviewed, 576 (48%) lived with a spouse or partner at the time of the interview. Table 1 shows the mean scores and standard

deviations of the scales reflecting the behavior of the spouse/partner toward the respondent by race and study site. It is important to remember that these summary scale scores cannot be compared to each other because each scale has a different number of items. Comparisons can be made across sample strata however. When these scores are compared, we see that the Black caregivers, and those from the SO and EA sites, were more likely to report experiencing verbal aggression, minor violence, and severe violence from their partners during the last three months. The Hispanic caregivers reported experiencing almost no physical violence at all.

Table 1 about here

Table 2 displays the mean scores and standard deviations by race and study site at the Age 8 interview. At age 8, 649 out of 1030 (63%) caregivers lived with a spouse or partner. Black caregivers scores decreased during the period between interviews, and Multiracial caregivers were more likely to report experiencing verbal aggression, minor violence, and severe violence at the Age 8 interview. While the EA and SO sites were still more likely to report minor and severe violence, caregivers from the NW site were more likely to report verbal aggression at the Age 8 interview than any other site.

Table 2 about here

Reliability

Tables 3 and 4 display the Cronbach's alpha coefficients measuring the internal consistency reliability of each scale at the Age 6 and 8 interviews. As can be seen, the 3-item scale describing Reasoning tactics has poor internal consistency. The other three scales show evidence of moderate to good internal consistency across almost all subgroups. At the Age 6 interview the SW site displays questionable internal consistency for minor, while at the Age 8 interview the alpha coefficients reach an acceptable level. However, the internal consistency of the minor violence subscale for the EA and NW sites, and the severe violence subscale for the NW site has dropped from the Age 6 to the Age 8 interview. This change could be due to a change in the caregiver who was interviewed.

Table 3 about here

Table 4 about here

Validity

Construct validity in samples was examined by comparing scores on the CTS to the caregiver's report on Family Conflict as measured by the Self-Report Family Inventory (SFI). Table 5 displays, by race and study site, the correlations between each conflict tactic scale and the Family Conflict Scale from the SFI at the Age 6 interview. Construct validity was supported by significant correlations between Family Conflict and Verbal Aggression, Minor Violence, and Severe Violence. The correlations observed for Minor and Severe Violence were highest among caregivers of Other races and among those at the EA and SO sites, the subgroups reporting the highest level of violence on these two scales. Construct validity is also supported by the overall negative correlation between Family Conflict and Reasoning.

Table 5 about here

Table 6 about here

At the Age 8 interview, construct validity is again supported by significant correlations between Family Conflict and Verbal Aggression, Minor Violence, and Severe violence for White caregivers. When examining Black caregivers, construct validity was supported by a significant correlation for Verbal Aggression. The non-significant correlations for caregivers in the other three racial/ethnic categories may have failed to reach significance as a result of the small sample sizes in these groups. When considered by study site, significant correlations occur between Family Conflict and Verbal Aggression at four of the five sites.

Publisher Information

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<http://www.unh.edu/frl/>

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**Table 1. Mean Spouse/Partner to Maternal Caregiver CTS Scores by Race and Study Site.
Age 6 Interview**

	N	Reasoning M (SD)	Verbal Aggression M (SD)	Minor Violence M (SD)	Severe Violence M (SD)
Total	576	4.22 (2.43)	4.35 (5.20)	0.43 (1.48)	0.24 (1.27)
Race					
White	268	4.40 (2.39)	4.47 (5.15)	0.37 (1.44)	0.19 (1.08)
Black	210	4.10 (2.46)	4.79 (5.43)	0.63 (1.74)	0.38 (1.65)
Hispanic	55	3.59 (2.48)	2.26 (3.76)	0.07 (0.54)	0.04 (0.27)
Multiracial	25	5.12 (2.64)	4.88 (4.70)	0.24 (1.01)	0.08 (0.40)
Other	13	3.23 (1.30)	3.71 (6.72)	0.36 (1.08)	0.43 (0.60)
Site					
EA	92	4.40 (2.26)	5.16 (6.03)	0.82 (2.06)	0.41 (1.46)
MW	90	4.29 (2.68)	4.69 (4.82)	0.24 (0.83)	0.10 (0.58)
SO	106	3.73 (2.58)	5.10 (5.79)	0.89 (2.28)	0.73 (2.40)
SW	155	4.06 (2.37)	2.87 (4.02)	0.12 (0.56)	0.03 (0.29)
NW	133	4.61 (2.25)	4.70 (5.26)	0.28 (1.11)	0.09 (0.63)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

**Table 2. Mean Spouse/Partner to Maternal Caregiver CTS Scores by Race and Study Site.
Age 8 Interview**

	N	Reasoning <u>M</u> (SD)	Verbal Aggression <u>M</u> (SD)	Minor Violence <u>M</u> (SD)	Severe Violence <u>M</u> (SD)
Total	649	3.87 (2.55)	3.88 (4.74)	0.23 (0.97)	0.16 (1.12)
Race					
White	251	3.77 (2.38)	3.60 (4.35)	0.12 (0.64)	0.03 (0.21)
Black	294	3.89 (2.62)	4.05 (4.79)	0.33 (1.18)	0.22 (1.42)
Hispanic	47	4.29 (2.48)	2.72 (3.87)	0.11 (0.60)	0.13 (0.88)
Multiracial	16	4.00 (3.12)	6.06 (5.98)	0.25 (1.00)	0.50 (2.00)
Other	13	4.15 (2.64)	4.38 (5.74)	0.23 (0.60)	0.31 (0.75)
Site					
EA	158	4.10 (2.76)	4.22 (5.04)	0.24 (0.70)	0.15 (0.72)
MW	72	3.67 (2.62)	3.86 (4.34)	0.17 (0.65)	0.11 (0.74)
SO	123	3.73 (2.32)	3.94 (4.88)	0.55 (1.74)	0.39 (2.16)
SW	162	3.99 (2.56)	2.96 (4.24)	0.11 (0.65)	0.12 (0.82)
NW	134	3.69 (2.46)	4.53 (4.91)	0.11 (0.61)	0.03 (0.21)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Cronbach's Alpha Coefficients for Spouse/Partner to Caregiver CTS by Race and Study Site. Age 6 Interview

	N	Reasoning α	Verbal Aggression α	Minor Violence α	Severe Violence α
Total	576	.35	.79	.77	.75
Race					
White	268	.34	.80	.86	.77
Black	210	.33	.79	.71	.75
Hispanic	55	.39	.74	.56	.60
Multiracial	25	.54	.71	.68	--
Other	13	-.03	.94	.54	.73
Site					
EA	92	.26	.82	.78	.63
MW	90	.38	.73	.61	.77
SO	106	.41	.80	.80	.79
SW	155	.32	.75	.46	.55
NW	133	.35	.81	.76	.66

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. A dash indicates that there were too few cases in the cell to calculate a statistic.

Table 4. Cronbach's Alpha Coefficients for Spouse/Partner to Caregiver CTS by Race and Study Site. Age 8 Interview

	N	Reasoning α	Verbal Aggression α	Minor Violence α	Severe Violence α
Total	649	.38	.78	.67	.82
Race					
White	251	.35	.76	.63	.43
Black	294	.38	.77	.69	.86
Hispanic	47	.42	.76	.52	.80
Multiracial	16	.58	.87	.56	.79
Other	13	.32	.88	--	.22
Site					
EA	158	.44	.80	.35	.63
MW	72	.46	.71	.56	.78
SO	123	.15	.77	.76	.88
SW	162	.41	.81	.64	.68
NW	134	.39	.78	.52	.39

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. A dash indicates that there were too few cases in the cell to calculate a statistic.

Table 5. Correlations between SFI Conflict Scores and CTS Scores by Race and Study Site. Age 6 Interview

	N	Reasoning r	Verbal Aggression r	Minor Violence r	Severe Violence r
Total	554	-.11*	.58***	.37***	.38***
Race					
White	259	ns	.60***	.23***	.23***
Black	204	ns	.54***	.50***	.50***
Hispanic	51	ns	.54***	ns	ns
Multiracial	24	ns	.41*	.48*	--
Other	13	-.64*	.90*	.87***	.78**
Site					
EA	88	ns	.57***	.46***	.59***
MW	88	ns	.39***	.26*	ns
SO	103	-.32***	.66***	.51***	.50***
SW	147	ns	.62***	.23**	.38***
NW	128	ns	.57***	.26**	.32***

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. A dash indicates that there were too few cases in the cell to calculate a statistic. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 6. Correlations between SFI Conflict Scores and CTS Scores by Race and Study Site. Age 8 Interview

	N	Reasoning r	Verbal Aggression r	Minor Violence r	Severe Violence r
Total	597	ns	.34***	.14***	ns
Race					
White	241	ns	.49***	.29***	.25***
Black	282	ns	.23***	ns	ns
Hispanic	45	ns	.33*	ns	ns
Multiracial	15	ns	ns	--	--
Other	12	ns	ns	.70*	.63*
Site					
EA	142	ns	ns	ns	.20*
MW	64	ns	.55***	.39**	.27*
SO	117	ns	.35***	ns	ns
SW	150	.24**	.41***	ns	ns
NW	124	ns	.41***	.24**	.28**

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. A dash indicates that there were too few cases in the cell to calculate a statistic.

* $p < .05$, ** $p < .01$, *** $p < .001$

Conflict Tactics Scale – Partner to Partner

CTPA

0. Does respondent live with a spouse/partner?	0	No [Go to next form]
	1	Yes [Administer this form]

“No matter how well a couple gets along, there are times when they disagree or fight. Couples use many different ways of trying to settle their differences. I’m going to read a list of some things that your (husband/boyfriend) might have done when you had a dispute with each other during the last three months. Tell me how many times during the last three months he has responded in this manner.”

[Interviewer: Do not read answer set. Circle the appropriate number using the following codes.]

- 0 = NEVER
1 = ONCE
2 = TWICE
3 = 3 - 5 TIMES
4 = >5 TIMES

	NVR	1	2	3-5	>5
1. Discuss the issue calmly	0	1	2	3	4
2. Get information to back up his side of things	0	1	2	3	4
3. Bring in or try to bring in someone to help settle things	0	1	2	3	4
4. Insult or swear at you	0	1	2	3	4
5. Sulk and/or refuse to talk about it	0	1	2	3	4
6. Stomp out of the room/house/yard	0	1	2	3	4
7. Cry	0	1	2	3	4
8. Do or say something to spite you	0	1	2	3	4
9. Threaten to hit or throw something at you	0	1	2	3	4
10. Throw, smash, hit or kicksomething other than you	0	1	2	3	4
11. Throw something at you	0	1	2	3	4
12. Push, grab or shove him/you	0	1	2	3	4
13. Slap you	0	1	2	3	4
14. Kick, bite, or hit you with his fist	0	1	2	3	4
15. Hit or try to hit you with something	0	1	2	3	4
16. Beat you up	0	1	2	3	4
17. Choke you	0	1	2	3	4
18. Threaten you with a knife or gun	0	1	2	3	4
19. Use a knife or gun on you	0	1	2	3	4

Conflict Tactics Scale CTB

0a. Do you have a spouse, partner, or boyfriend with whom you have an ongoing relationship?

- 0 No *[Go to next form.]*
1 Yes

0b. How long have you been in this relationship? __ __ YEARS __ __ MONTHS

"No matter how well a couple gets along, there are times when they disagree or fight. Couples use many different ways of trying to settle their differences. I'm going to read a list of some things that your (husband/boyfriend) might have done when you had a dispute with each other during the last three months. "

"Tell me how many times during the last three months he has responded in this manner."

[Interviewer: Do not read the answer set. Circle the appropriate number using the following codes.]

0 = Never
1 = Once
2 = Twice
3 = 3-5 Times
4 = >5 X

During the last 3 months when you had a dispute, how many times did he. . .

	<u>0</u>	<u>1x</u>	<u>2x</u>	<u>3-5x</u>	<u>>5x</u>	<u>Ref</u>
1. Discuss the issue calmly	0	1	2	3	4	R
2. Get information to back up his side of things	0	1	2	3	4	R
3. Bring in or try to bring in someone to help settle things			0	1	2	3 4
R						
4. Insult or swear at you	0	1	2	3	4	R
5. Sulk or refuse to talk about it	0	1	2	3	4	R

0 = Never 1 = Once 2 = Twice 3 = 3-5 Times 4 = >5 X

During the last 3 months when you had a dispute,
how many times did he. . .

6. Stomp out of the room/house/ yard	0	1	2	3	4	R
7. Cry	0	1	2	3	4	R
8. Do or say something to spite you	0	1	2	3	4	R
9. Threaten to hit or throw something at you	0	1	2	3	4	R
10. Throw, smash, hit or kick something (not you)	0	1	2	3	4	R

During the last 3 months when you had a dispute,
how many times did he. . .

	<u>0</u>	<u>1x</u>	<u>2x</u>	<u>3-5x</u>	<u>>5x</u>	<u>Ref</u>
11. Throw something at you	0	1	2	3	4	R
12. Push, grab, or shove you	0	1	2	3	4	R
13. Slap you	0	1	2	3	4	R
14. Kick, bite, or hit you with his fist	0	1	2	3	4	R
15. Hit or try to hit you with something	0	1	2	3	4	R

During the last 3 months when you had a dispute,
how many times did he. . .

16. Beat you up	0	1	2	3	4	R
17. Choke you	0	1	2	3	4	R
18. Threaten you with a knife or gun	0	1	2	3	4	R
19. Use a knife or a gun	0	1	2	3	4	R

Discipline Methods

Straus, M. 1979

LONGSCAN 1995

Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. K. 1998

Description of Measure

Purpose

To assess the methods that the caregiver(s) use to respond to the child's problem behavior.

Conceptual Organization

The instrument is divided into two sections. Discipline practices are first assessed according to the primary caregiver's reported typical primary and secondary responses to each of 5 specific behavior problems: disobedience, disrespect, hitting a smaller/younger child, lying, and stealing. This approach allows the researcher to determine whether different strategies are used for different behaviors and allows examination of secondary strategies that are used if the first is not successful. If respondents claim never to have had the problem, or never needing to use a secondary strategy, she is then asked the hypothetical question, "what would you do if this occurred?"

The second section includes the LONGSCAN version of the Psychological Aggression, Minor Assault and Severe Assault scales of the Conflict Tactics Scales (CTS), developed based on the CTS1 (Straus, M. 1979) and the CTSPC (Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. K. 1998). (See description in Conflict Tactics Scale: Parent-Child.)

Item Origin/Selection Process

The open-ended strategy of asking caregivers how they respond to misbehavior in general and to specific behavior problems was adapted from Egeland (personal communication, 1994) and Webster-Stratton and Spitzer (1991). This approach was adopted as an alternative to the Conflict Tactics Scale administered at Age 4 and Age 6. It was believed that addressing discipline within the context of child behavior problems would facilitate self-report. Self-report is also facilitated by asking caregivers to tell us about their own strategies, rather than endorsing

(or not endorsing) a given set of items. The classification scheme for coding caregiver's open-ended responses was based on the work of Trickett and Susman (1988).

Materials

LONGSCAN form is included in this manual.

Time Required

10 minutes

Administration Method

Interviewer-administered

Training

Approximately 2-3 hours of training is required to teach proper administration methods, including probing strategies. It is necessary that high inter-rater reliability across coders be established during the training phase.

Scoring

Score Types

Responses to items 2-9 are coded by interviewers to one of 13 categories: (1) Does nothing/avoids dealing with problem, (2) Ignores behavior (as a planned strategy), (3) Tells someone else/gets someone else to discipline, (4) Empathizes with child, (5) Verbal assertion/teaching, (6) Limit-setting/withdrawal of privileges, (7) Verbal/symbolic aggression, (8) Guilt induction/embarrassment, (9) Mild physical force, (10) Moderate physical force, (11) Severe social isolation, (12) Terrorizing, (13) Severe physical force or restraint.

A variety of scores can be generated for the first section depending on the research question (e.g., the frequencies of different categories of discipline across items, frequencies per behavior problem, aggression vs. no aggression, number of aggressive responses, aggression as a 1st response vs. 2nd response, etc.)

Items 10-25 are three scales taken from a LONGSCAN developed version of the Conflict Tactics Scale. The items comprising the three scales are as follows:

- Psychological Aggression: Items 10, 11, 12, 13, 14, 15, and 16
- Minor Assault: Items 17, 18, and 19
- Severe Assault: Items 20, 21, 22, 23, 24, and 25

LONGSCAN modified the Conflict Tactics Scale response categories to indicate whether each tactic was used by the caregiver alone, someone else but not the caregiver, or both the caregiver and someone else. Separate scores can be computed for tactics used by the caregiver alone, by someone else, or by anyone (including the caregiver).

Score Interpretation

Scores reflect the range and intensity of use of various “discipline” strategies. Interpretation varies by the age of the child.

LONGSCAN Use

Data Point

Age 8

Respondent

Primary maternal caregiver

Mnemonic and Version

DMA

Rationale

Abuse may start as punishment that escalates (Kadushin & Martin, 1981; Panel on Research on Child Abuse and Neglect, 1993). Abusive parents are more likely to use harsh physical punishment (Trickett & Susman, 1988).

Administration and Scoring Notes

Interviewers are trained to probe questions 2-8, when necessary, to obtain sufficient detail to allow subsequent reliable coding.

For longitudinal analyses of parent-child Conflict Tactics Scale, differences between the items used at Age 8 and those administered at ages 4 and 6 (see Conflict Tactics Scales: Parent-to-Child) must be noted. These differences are as follows: (1) Respondents are asked about conflict tactics using a differently worded question (“Over the last 6 months have you or anyone else had to do any of the following things to [child’s name] because of her/his behavior?”) than the Age 4 and age 6 measure (“How many times in the past year, when you have had a problem with ___ did you. . .”); (2) the time frame for recall was reduced from one year to six months; (3) response categories were changed from asking the frequency of the behavior to asking the respondent to indicate whether they alone, someone else but not them, or both they and someone else “had” to use each tactic in response to the child's behavior; (4) the Nonviolent Discipline scale was dropped; (5) the item “cry in front of him/her”, from the Psychological Aggression scale was dropped, however, this item is not included in scoring anyway; (6) an item from the CTS1 Psychological Aggression scale (Do or say something to spite him/her) was added; (7) Two of the six minor assault items used at prior interviews were dropped (“throw something at child”, and “shake him/her”); and (8) items from the severe assault scale were added.

Results

Descriptive Statistics

Table 1 displays the mean scores for types of discipline methods reported by caregivers at the Age 8 interview. The most common type of discipline method reported overall, by race, and by study site was Non-violent limit setting (including time-out strategies and redirecting, withdrawal of privileges and logical consequences (e.g., make child make reparations)). Other forms of discipline were much less commonly reported, though Black caregivers and caregivers at the EA and SO sites were more likely to report using Physical responses. Hispanic caregivers and caregivers at the EA site were also more likely to report using Teaching or verbal assertion methods of discipline. Terrorizing (threaten to abandon, lock out of house, threaten serious harm, threats of monsters or bogeyman) were the least common of the modal responses.

Table 1 about here

Tables 2 and 3 give means and standard deviations for responses to the three Conflict Tactics Scales included on the Discipline Methods instrument.

Table 2 displays means for items the caregiver endorsed for herself or herself and someone else. Caregivers, regardless of race or study site were most likely to report use of discipline methods on the Psychological Aggression scale. Few caregivers endorsed Severe Assault tactics, possibly because they are aware that these tactics are generally believed to be unacceptable forms of discipline. Nevertheless, Black caregivers and caregivers at the SO site were most likely to report use of these tactics.

Table 2 about here

Table 3 displays means for tactics that caregivers reported either themselves, or someone else. Again, Psychological Aggression was the most commonly endorsed tactic type across all respondents. Means for Minor and Severe Assault are slightly greater in Table 3 than in Table 2. Patterns of tactic use remain stable across the two tables. Similarly, Black caregivers and caregivers at the SO site continue to report the highest levels of Severe Assault.

Table 3 about here

When comparing Tables 1 to 3 it is interesting to note that Black caregivers and caregivers at the SO site consistently report greater use of physical discipline methods while Hispanic caregivers consistently report the lowest levels of physical discipline.

Reliability

Interrater reliability. In order to assess interrater reliability, a random sample of 20% of the forms collected at each LONGSCAN site were blindly coded by the consortium coordinator responsible for supervising training and monitoring data quality. At the SO site, agreement between coders was good, with a kappa of .91 (95% CI: 0.87 - 0.96, $p < .0001$) (Socolar, Winsor, Hunter, Catellier, & Kotch, 1999).

Internal consistency reliability. Internal consistency reliability for the LONGSCAN developed Conflict Tactics Scales (Psychological Aggression, Minor Assault, and Severe Assault Scales) was calculated using Cronbach's alpha. As can be seen in Table 4, the alpha coefficient for the Psychological Aggression scale was moderate while the alpha coefficients for both the Minor and Severe Assault scales were poor. When examined by race, alphas for the Psychological Aggression scale are again moderate, and higher (ranging from .57 to .71) than the alphas for the other two scales. Internal reliability for Minor Assault is poor and internal reliability for Severe Assault is extremely poor but this may be due to the infrequency of endorsement of items on this scale. Also, in this type of scale the use of one tactic doesn't necessarily predict the use of another tactic.

As was seen overall and by race, alpha coefficients by site are strongest for Psychological Aggression and range from .50 to .73. Again, the internal consistency of the Minor and Severe Assault scales for race is poor ranging from .07 to .55 (Minor Assault) and -.03 to .28 (Severe Assault).

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**Table 1. Mean Scores on the Modal Discipline Methods Reported by Race and Study Site.
Age 8 Interview**

	N	Get Someone Else to do Something <u>M</u> (SD)	Teaching or Verbal Assertion <u>M</u> (SD)	Nonviolent Limit Setting <u>M</u> (SD)	Physical Response <u>M</u> (SD)	Terrorizing <u>M</u> (SD)
<i>Total</i>	1044	0.07 (0.25)	0.07 (0.26)	0.29 (0.46)	0.09 (0.29)	0.04 (0.20)
<i>Race</i>						
White	283	0.06 (0.24)	0.07 (0.26)	0.37 (0.48)	0.04 (0.19)	0.06 (0.24)
Black	420	0.09 (0.29)	0.08 (0.27)	0.25 (0.43)	0.15 (0.36)	0.03 (0.17)
Hispanic	47	0.06 (0.25)	0.13 (0.34)	0.23 (0.43)	0.09 (0.28)	0.06 (0.25)
Multiracial	24	0.04 (0.20)	0.04 (0.20)	0.17 (0.38)	0.08 (0.28)	0.13 (0.34)
Other	18	0.06 (0.24)	0.11 (0.32)	0.28 (0.46)	0.00 (0.00)	0.11 (0.32)
<i>Site</i>						
EA	237	0.10 (0.30)	0.11 (0.31)	0.26 (0.44)	0.14 (0.34)	0.05 (0.21)
MW	127	0.11 (0.31)	0.06 (0.24)	0.25 (0.44)	0.09 (0.29)	0.10 (0.30)
SO	183	0.07 (0.25)	0.07 (0.25)	0.22 (0.42)	0.16 (0.37)	0.01 (0.07)
SW	273	0.06 (0.24)	0.07 (0.25)	0.26 (0.44)	0.04 (0.21)	0.04 (0.19)
NW	224	0.03 (0.17)	0.06 (0.24)	0.45 (0.50)	0.04 (0.20)	0.04 (0.21)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Mean Scores on the Conflict Tactic Scales by Race and Study Site Tactics Used by Caregiver or Caregiver and Someone Else by Race and Study Site. Age 8 Interview

	N	Psychological Aggression <u>M</u> (SD)	Minor Assault <u>M</u> (SD)	Severe Assault <u>M</u> (SD)
<i>Total</i>	1032	1.61 (1.40)	0.79 (0.79)	0.19 (0.41)
<i>Race</i>				
White	283	1.65 (1.26)	0.82 (0.74)	0.08 (0.28)
Black	418	1.62 (1.44)	0.83 (0.79)	0.31 (0.50)
Hispanic	47	1.45 (1.50)	0.66 (0.76)	0.20 (0.40)
Multiracial	23	2.52 (1.86)	0.96 (0.93)	0.22 (0.42)
Other	18	2.00 (1.71)	0.56 (0.86)	0.11 (0.32)
<i>Site</i>				
EA	236	1.73 (1.55)	0.90 (0.91)	0.21 (0.46)
MW	126	1.48 (1.47)	0.59 (0.72)	0.14 (0.37)
SO	182	1.46 (1.23)	0.92 (0.56)	0.44 (0.50)
SW	268	1.58 (1.34)	0.71 (0.78)	0.09 (0.29)
NW	222	1.71 (1.39)	0.80 (0.82)	0.11 (0.36)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Mean Scores on the Conflict Tactic Scales by Race and Study Site Tactics Used by Caregiver or someone else. Age 8 Interview

	N	Psychological Aggression M (SD)	Minor Assault M (SD)	Severe Assault M (SD)
<i>Total</i>	1032	1.81 (1.49)	0.85 (0.80)	0.21 (0.44)
<i>Race</i>				
White	283	1.91 (1.38)	0.90 (0.77)	0.12 (0.33)
Black	418	1.79 (1.52)	0.88 (0.79)	0.33 (0.52)
Hispanic	47	1.60 (1.62)	0.66 (0.76)	0.20 (0.40)
Multiracial	23	2.65 (1.90)	0.96 (0.93)	0.22 (0.42)
Other	18	2.17 (1.76)	0.61 (0.85)	0.11 (0.32)
<i>Site</i>				
EA	236	2.02 (1.72)	0.97 (0.92)	0.22 (0.49)
MW	126	1.61 (1.50)	0.65 (0.76)	0.14 (0.37)
SO	182	1.55 (1.23)	0.97 (0.54)	0.48 (0.50)
SW	268	1.69 (1.40)	0.75 (0.79)	0.10 (0.31)
NW	222	2.04 (1.49)	0.88 (0.82)	0.13 (0.38)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 4. Cronbach's Alpha of the Conflict Tactic Scales by Race and Study Site. Age 8 Interview

	Psychological Aggression α	Minor Assault α	Severe Assault α
<i>Total</i>	.64	.39	.12
<i>Race</i>			
White	.57	.24	-.02
Black	.67	.45	.15
Hispanic	.71	.43	.00
Multiracial	.70	.52	.00
Other	.69	.56	.00
<i>Site</i>			
EA	.73	.55	.28
MW	.69	.48	.15
SO	.50	.07	-.03
SW	.63	.37	.00
NW	.57	.37	.25

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Discipline Methods DMA

"We've been talking about [*child's name*] and what s/he's like. How easy or difficult would you say it is to manage her/his behavior?" [CONVERSATIONAL---Not keyed]

1. Would you say s/he is (1) EASY,
(2) AVERAGE, or
(3) DIFFICULT?
(R) Refused ____ [Code number that corresponds to answer]

2. What is the biggest problem you have had with his/her behavior in the LAST SIX MONTHS?

_____ 2a1 Code ____

3. How did you handle this problem?

_____ 3a1 Code ____

"I also want to ask how you usually handle some behavior problems that almost all children have at one time or another."

What do you usually do when [*child's name*] ...

[If respondent says "my child has never done that," ask SHADED questions (c) and (d). If respondent answers a., but then says that this discipline method has always worked, go to (d) and ask the hypothetical question]

4a. ... doesn't do what you tell him/her to do or DISOBEYS YOU?

_____ 4a1 Code: ____

4b. If that doesn't work, what do you do?

_____ 4b1 Code: ____

4c. Well, what WOULD you do if s/he disobeyed you?

_____ 4c1 Code: ____

4d. And if that didn't work?

4d1 Code: ____

5a. What do you usually do when *[child's name]* **HITS OR FIGHTS WITH A YOUNGER OR SMALLER CHILD?**

5a1 Code: ____

5b. If that doesn't work, what do you do?

5b1 Code: ____

5c. Well, what **WOULD** you do if s/he hit or fought with a younger child?

5c1 Code: ____

5d. And if that didn't work?

5d1 Code: ____

6a. What do you usually do when *[child's name]* **TALKS BACK OR IS DISRESPECTFUL?**

6a1 Code: ____

6b. If that doesn't work, what do you do?

6b1 Code: ____

6c. Well, what **WOULD** you do if s/he talked back or were disrespectful?

6c1 Code: ____

6d. And if that didn't work?

6d1 Code: ____

7a. What do you usually do when *[child's name]* **LIES TO YOU?**

7a1 Code: ____

7b. If that doesn't work, what do you do?

7b1 Code: ____

7c. Well, what **WOULD** you do if s/he lied to you?

7c1 Code: ____

7d. And if that didn't work?

_____ 7d1 Code: ____

8a. What do you usually do when *[child's name]* STEALS SOMETHING?

_____ 8a1 Code: ____

8b. If that doesn't work, what do you do?

_____ 8b1 Code: ____

8c. Well, what WOULD you do if s/he stole something?

_____ 8c1 Code: ____

8d. And if that didn't work?

_____ 8d1 Code: ____

9. Besides you, does anybody else correct *[child's name]* 's behavior? (9) ____

[Code 0, 1, or R]

0=NO

1=YES----> Who? (9a)_____

R= Refused (*relationship to child, no code*)

OVER THE LAST 6 MONTHS have you or anyone else had to do any of the following things to [child's name] because of her/his behavior?
[If YES, ask :] Who? You or someone else? [Don't need names.]

0= Did not occur
1=Respondent ONLY
2=Other(s) than respondent
3=Respondent and others
R=Refused/ no response

	<u>No</u>	<u>R only</u>	<u>O</u>	<u>R&O</u>	<u>Refused</u>
10. Yell or scream at him/her?	0	1	2	3	R
11. Insult or swear at him/her?	0	1	2	3	R
12. Sulk or refuse to talk?	0	1	2	3	R
13. Stomp out of the room or yard?	0	1	2	3	R
14. Do or say something to spite him/her?	0	1	2	3	R

OVER THE LAST 6 MONTHS, have you or anyone else had to . . .

15. Threaten to hit or throw something at him/her?	0	1	2	3	R
16. Throw, smash, hit, or kick something?	0	1	2	3	R
17. Push, grab or shove him/her?	0	1	2	3	R
18. Spank him/her?	0	1	2	3	R
19. Slap him/her?	0	1	2	3	R

OVER THE LAST 6 MONTHS, have you or anyone else had to . . .

20. Kick, bite or hit him/her with a fist?	0	1	2	3	R
21. Hit or try to hit him/her with someTHING? (like a switch or a belt or a hairbrush)	0	1	2	3	R
22. Beat him/her up?	0	1	2	3	R
23. Burn him/her, or scald him/her with hot water?	0	1	2	3	R
24. Threaten him/her with a knife or gun?	0	1	2	3	R
25. Use a knife or a gun on him/her?	0	1	2	3	R

26. What discipline method seems to work best with [child's name] most of the time?

_____ 26a1 Code __ __

Duke-UNC Functional Social Support Questionnaire
Broadhead, W.E., Gehlbach, S.H., DeGruy, F.V., and Kaplan, B.H.
1988

Description of Measure

Purpose

To measure an individual's perception of the amount and type of personal social support.

Conceptual Organization

The original instrument included 14 items, grouped into 4 subscales: Quantity of Support, Confidant Support, Affective Support, and Instrumental Support.

Item Origin/Selection Process

The 14 items were derived from a larger questionnaire created from a review of the literature for content validity and for reliability (Broadhead, Gehlbach, DeGruy, & Kaplan, 1988, 1989).

Materials

Non-copyrighted LONGSCAN version of the form is included in this manual. (Also see Broadhead, Gehlbach, DeGruy, & Kaplan, 1988 for the original instrument.)

Time Required

5 minutes

Administration Method

Interviewer- or self-administered

Training

Minimal

Scoring

Score Types

The item response options are on a 5-point scale ranging from 1 (much less than I would like) to 5 (as much as I would like).

Score Interpretation

Higher scores reflect higher perceived social support.

Norms and/or Comparative Data

The Duke-UNC Functional Social Support Questionnaire (FSSQ) was developed and tested on 401 randomly selected patients attending a family medical clinic in Durham, NC. The population was primarily white, female, and of high SES. Mean item scores on the 14-item instrument for this group ranged from 3.54 to 4.34 on a 5-point scale (Broadhead, Gehlbach, DeGruy, & Kaplan, 1988).

Psychometric Support

Reliability

Test-retest reliability was evaluated over a 2-week time period, and a correlation coefficient of .66 was found. Item-remainder correlations were used to assess internal consistency and ranged from .50 for useful advice, to .85 for help around the house (Broadhead, Gehlbach, DeGruy, & Kaplan, 1989). The Instrumental Support items had the poorest internal consistency. Factor analysis supported the cohesiveness of the a priori scales describing Confidant Support and Affective Support, while Instrumental Support items did not load together on a single factor. “Help when I’m sick in bed” loaded with the Affective Support items. To improve instrument reliability the original 14-item scale was reduced to eight items.

Validity

Construct validity was demonstrated by significant correlations of individual items with measures of symptom status and emotional function. These measures have been shown to relate to social support. Concurrent validity was supported by significant correlations with 3 out of 4 activities measures (Broadhead, et al., 1983).

Reliability and validity of the scale are supported by a study in Spain (N = 656) (Bellon Saameno, Delgado Sanchez, Luna del Castillo, & Lardilli, 1996). Factor analysis replicated the results of Broadhead and colleagues in yielding two factors Confidant Support and Affective Support. Low social support was significantly related to living alone, worse subjective health, greater chronic morbidity, mental health disorder, and poorer family functioning (measured by Family APGAR).

In another study using the Duke-UNC Functional Social Support Questionnaire (Williams, Williams & Griggs, 1990), social support was again shown to be strongly correlated with family functioning (measured in this instance by FACES and FCOPES).

LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 6: all sites

Respondent

Primary maternal caregiver

Mnemonic and Version

SSQB

Rationale

Social support received by caregivers may be an important protective factor for children at risk for maltreatment. The measure was selected because it is brief, simple to administer, and has acceptable reliability and validity.

Administration and Scoring Notes

LONGSCAN used a slightly modified version of the FSSQ, comprised of 10 items and 3 *a priori* scales: Confidant Support, Affective Support, and Instrumental Support. Seven items are from the original scale and were selected because of their demonstrated reliability and validity by

the author. The other three items were developed by LONGSCAN in an attempt to enhance measurement of instrumental support. These items are:

- Help when I need transportation
- Help with cooking and housework
- Help taking care of my children

Scale scores are generated by summing the scores of all items and range from 10 to 50. Mean item scores can also be used.

Results

Descriptive Statistics and Reliability

Table 1 presents the mean scores and Cronbach's Alpha for the FSSQ at the Age 4 and Age 6 interviews by race and study site. Primary caregivers reported fairly high levels of personal social support at both times. Total mean scores across study sites were similar, with the lowest scores reported from respondents at the MW and NW sites.

Internal consistency, as measured by Cronbach's alpha, was excellent (.81 - .92) across racial groups and study sites and data points.

Table 1 about here

Validity

In order to assess validity, we correlated total scores on the FSSQ at Age 4 with Age 4 Family APGAR scores, hypothesizing that primary caregivers reporting high levels of satisfaction with family functioning would also report high amounts of personal social support. The scores on the two measures were significantly correlated ($r = .25$, $p < 0.001$).

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Table 1. Mean Scores and Cronbach's Alpha by Race and Study Site. Age 4 and 6 Interviews

	Age 4 Interview			Age 6 Interview		
	N	<u>M</u> (SD)	α	N	<u>M</u> (SD)	α
Total	1231	38.66 (8.75)	.86	1225	38.78 (9.08)	.87
Race						
White	411	38.20 (8.42)	.86	396	37.85 (8.86)	.87
Black	641	39.11 (8.73)	.85	664	38.83 (9.03)	.86
Hispanic	96	37.97 (9.26)	.86	94	40.06 (10.15)	.92
Multiracial	35	36.43 (11.30)	.92	35	39.03 (9.81)	.90
Other	46	40.13 (7.21)	.82	30	44.20 (5.99)	.81
Site						
EA	232	39.23 (9.01)	.87	253	38.73 (9.40)	.88
MW	221	37.45 (8.56)	.81	219	37.73 (9.76)	.89
SO	220	39.11 (8.93)	.86	221	39.79 (8.86)	.86
SW	310	39.95 (8.05)	.86	298	39.88 (8.52)	.88
NW	248	37.20 (9.05)	.88	237	37.49 (8.72)	.86

Source. Age 4 and Age 6 data based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Duke-UNC Functional Social Support Questionnaire SSQB

NOW I'M GOING TO ASK YOU ABOUT SOME THINGS THAT OTHER PEOPLE MIGHT DO FOR YOU OR GIVE YOU THAT MAY BE HELPFUL OR SUPPORTIVE. AS I READ EACH STATEMENT, [Hand Card] PLEASE TELL ME WHICH ANSWER IS CLOSEST TO YOUR SITUATION.

HERE IS AN EXAMPLE:

	As Much As I Would Like			Much Less Than I Would Like	
I GET...	5	4	3	2	1
ENOUGH FREE TIME					

IF YOU ANSWER '4', IT MEANS THAT YOU GET ALMOST AS MUCH FREE TIME AS YOU WOULD LIKE, BUT NOT QUITE AS MUCH AS YOU WOULD LIKE. OK? ANSWER EACH ITEM AS BEST YOU CAN. REMEMBER, THERE ARE NO RIGHT OR WRONG ANSWERS.

I GET	As much as I would like			Much less than I would like		NR
1. LOVE AND AFFECTION	5	4	3	2	1	--
2. CHANCES TO TALK TO SOMEONE I TRUST ABOUT MY PERSONAL AND FAMILY PROBLEMS	5	4	3	2	1	--
3. INVITATIONS TO GO OUT AND DO THINGS WITH OTHER PEOPLE	5	4	3	2	1	--
4. PEOPLE WHO CARE WHAT HAPPENS TO ME	5	4	3	2	1	--
5. CHANCES TO TALK ABOUT MONEY MATTERS	5	4	3	2	1	--
6. USEFUL ADVICE ABOUT IMPORTANT THINGS IN LIFE	5	4	3	2	1	--
7. HELP WHEN I NEED TRANSPORTATION	5	4	3	2	1	--
8. HELP WHEN I'M SICK IN BED	5	4	3	2	1	--
9. HELP WITH COOKING AND HOUSEWORK	5	4	3	2	1	--
10. HELP TAKING CARE OF MY CHILD(REN)	5	4	3	2	1	--

Everyday Stressors Index

Hall, L.
1983

Description of Measure

Purpose

To assess problems faced on a daily basis by low-income mothers with young children.

Conceptual Organization

The Everyday Stressors Index (ESI) includes 20 items covering five problem areas: role overload, financial concerns, parenting worries, employment problems, and interpersonal conflict.

Item Origin/Selection Process

The 20 items were selected from the 117-item Daily Hassles Scale developed by Kanner and colleagues (Hall, 1983; see also Kanner, Coyne, Schaeffer, & Lazarus, 1981).

Materials

The non-copyrighted LONGSCAN version of the instrument is included in this manual. Also see Hall, 1983.

Time Required

5-10 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Respondents are asked to rate how much each problem bothers them, on a 4-point scale ranging from 0 (not bothered at all) to 3 (bothered a great deal). A composite score of everyday stressors is derived by summing responses to all items. Possible scores range from 0-60.

Score Interpretation

A higher composite score indicates a higher level of daily stress.

Psychometric Support

Reliability

The author reports high internal consistency of the index, with a Cronbach's alpha of .83 (Hall, Williams, & Greenberg, 1985).

Validity

Construct validity of the ESI was supported by discrimination of everyday stressors from measures of maternal depression and psychosomatic symptoms using factor analytic procedures (Hall, 1983). Also, Hall and Farel (1988) reported that scores on the ESI were positively and significantly associated with depressive symptoms (as measured by the CES-D) and psychosomatic symptoms (as measured by the Health Opinion Survey), among a sample of unmarried mothers.

LONGSCAN Use

Data Points

Age 6

Respondent

Primary maternal caregiver

Mnemonic and Version

ESIA

Rationale

While life events and daily stressors have both been shown to predict aspects of child, parent, and family well-being, an index of daily stressors appears to be the more powerful measure of stress (Crnic & Greenberg, 1990; Hall & Farel, 1988). Use of the Everyday Stressors Index at Age 6 allowed LONGSCAN investigators to examine parental stress as a predictor of child maltreatment. The SO site used this measure in their sample prior to joining the LONGSCAN consortium.

Administration and Scoring Notes

LONGSCAN changed the scale for the response categories to values of 1 (not at all bothered) to 4 (extremely bothered) from Hall's original values of 0 (not at all bothered) to 3 (extremely bothered), so that possible total scores range from 20 to 80.

Results

Descriptive Statistics and Reliability

Table 1 lists ESI mean scores and Cronbach's alpha coefficients by race and study site based on responses at the Age 6 interview. As measured by Cronbach's alpha, the ESI was highly reliable for the LONGSCAN sample as a whole, as well as by race and study site. The total mean score of 35 (which translates to a score of 15 using Hall's scoring protocol) for LONGSCAN caregivers was low compared to the mean score of 23 for Hall's sample of low-income mothers (Hall, 1983).

There was only minimal variation by race and by study site. Comparisons by race revealed that Black caregivers had the highest mean composite score. The SW site had the lowest mean composite score, probably reflecting the large number of substitute caregivers with higher overall functioning in that particular sample.

Table 1 about here

Validity

Validity was examined by assessing the relationship between the caregivers' report of everyday stressors and her self-reported depression score from the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Others have reported that while daily stressors can be differentiated from depression (Hall, 1983), the two tend to be significantly correlated (Gelfand, Teti, & Fox, 1992; Hall & Farel, 1988). We also examined the relationship between everyday stressors and a self-report of family cohesion and family conflict (Self-Report Family Inventory;

Beavers, Hampson, and Hulgus, 1985) hypothesizing that daily stressors--some of which relate to interpersonal problems within the family--would be significantly associated with negative perceptions of family cohesion and increased family conflict. Table 2 displays the correlation coefficients by race and by site. All correlations are statistically significant.

Table 2 about here

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Table 1. Everyday Stressors Inventory (ESI) Mean Total Scores, Standard Deviations, and Cronbach's Alphas by Race and Study Site. Age 6 Interview

	N	<u>M</u> (SD)	α
Total	1166	35.48 (10.48)	.85
Race			
White	394	34.75 (9.36)	.84
Black	662	36.47 (11.09)	.86
Hispanic	91	33.67 (9.57)	.85
Multiracial	34	34.35 (11.01)	.90
Other	30	31.48 (10.38)	.87
Site			
EA	252	35.80 (10.37)	.85
MW	216	36.88 (11.24)	.86
SO	220	36.00 (11.43)	.87
SW	295	33.37 (9.75)	.86
NW	234	35.94 (9.51)	.83

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Correlations between ESI and Measures of Depression (CES-D), Family Health and Family Conflict by Race and Study Site. Age 6 Interview

	N	CES-D α	Family Cohesion α	Family Conflict α
Total	1155	.57	.45	.38
Race				
White	379	.63	.53	.41
Black	628	.54	.41	.35
Hispanic	84	.45	.43	.44
Multiracial	34	.65	.56	.51
Other	27	.67	.61	.60
Site				
EA	243	.54	.39	.36
MW	216	.58	.42	.45
SO	220	.57	.43	.31
SW	295	.53	.50	.36
NW	234	.65	.49	.42

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Everyday Stressors Index

ESIA

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT COMMON PROBLEMS WHICH MANY PEOPLE HAVE EVERY DAY. PLEASE TELL ME HOW MUCH THE FOLLOWING PROBLEMS WORRY, UPSET, OR BOTHER YOU FROM DAY TO DAY. *[Hand card]* ARE YOU (1) *NOT AT ALL BOTHERED*, (2) *A LITTLE BOTHERED*, (3) *SOMEWHAT BOTHERED*, OR (4) *BOTHERED A GREAT DEAL* BY THE FOLLOWING THINGS?

	<u>NAA</u>	<u>AL</u>	<u>S</u>	<u>GD</u>	<u>DK</u>
1. HAVING TOO MANY RESPONSIBILITIES.	1	2	3	4	--
2. TAKING CARE OF FAMILY MEMBERS OTHER THAN YOUR CHILD(REN).	1	2	3	4	--
3. OWING MONEY OR GETTING CREDIT.	1	2	3	4	--
4. PROBLEMS WITH YOUR CHILD(REN)'S BEHAVIOR.	1	2	3	4	--
5. NOT ENOUGH MONEY FOR BASIC NECESSITIES, SUCH AS CLOTHING, HOUSING, FOOD, AND HEALTH CARE.	1	2	3	4	--
6. NOT ENOUGH TIME TO DO THE THINGS YOU WANT TO DO.	1	2	3	4	--
7. PROBLEMS WITH TRANSPORTATION.	1	2	3	4	--
8. PROBLEMS WITH YOUR JOB OR WITH NOT HAVING A JOB.	1	2	3	4	--
9. DISAGREEMENTS WITH OTHERS OVER DISCIPLINE OF YOUR CHILD(REN).	1	2	3	4	--
10. PROBLEMS WITH HOUSING.	1	2	3	4	--
11. CONCERNS ABOUT THE HEALTH OF A FAMILY MEMBER [NOT INCLUDING YOUR CHILD(REN)].	1	2	3	4	--
12. CONCERNS ABOUT HOW YOUR CHILD(REN) IS/ARE DOING IN SCHOOL/DAYCARE.	1	2	3	4	--
13. PROBLEMS WITH FRIENDS AND NEIGHBORS.	1	2	3	4	--
14. CONCERNS ABOUT YOUR CHILD(REN)'S HEALTH.	1	2	3	4	--
15. PROBLEMS GETTING ALONG WITH YOUR FAMILY.	1	2	3	4	--
16. PROBLEMS WITH BEING MARRIED/SINGLE.	1	2	3	4	--
17. FEELING SAFE IN YOUR NEIGHBORHOOD.	1	2	3	4	--
18. DIFFICULTIES WITH YOUR CHILD(REN)'S FATHER.	1	2	3	4	--
19. PROBLEMS HOLDING A JOB.	1	2	3	4	--
20. TROUBLE FINDING EMPLOYMENT.	1	2	3	4	--

Father Involvement with Child

LONGSCAN

1993

Description of Measure

Purpose

To obtain the primary caregiver's perception of the extent and quality of a father-figure's involvement with the subject child

Conceptual Organization

The first two items identify the exact relationship of the father-figure to the subject child. The next four items ask caregivers to rate the nature and extent of father's involvement in terms of companionship, emotional support, physical care, and financial support.

Item Origin/Selection Process

Items were selected to parallel roughly the support constructs in the child-report measure Inventory of Supportive Figures, also administered at Age 6, which included measures of companionship, emotional support, practical support, and instrumental support from significant adults.

Materials

Non-copyrighted LONGSCAN forms, included in this manual.

Time Required

Less than 5 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

The first two items identify father-figures in the child's life. They can be used as indicators of father presence. The respondent is asked to rate the level of father-figure involvement on a 4-point scale ranging from 1 (none) to 4 (a lot). Individual item scores can be examined to gauge level of companionship, emotional support, physical care, and financial support that the father-figure provides. In addition, a Total Support score can be computed by summing values for the 4 items.

Score Interpretation

Total Support score values can range from 4 to 16. Higher scores indicate greater involvement, as perceived by the primary caregiver.

LONGSCAN Use

Data Points

Age 6, 8

Respondent

Primary maternal caregiver

Mnemonic and Version

Age 6: DADA. In this version the items asking about father involvement are repeated if there is more than one father-figure.

Age 8: DAB. In the Age 8 administration only the relationship with the primary father-figure is assessed.

Rationale

The involvement of fathers and father-figures in children's lives may influence their development and be related to family functioning. Because a large percentage of LONGSCAN children were born into single-parent households or unstable caregiver-partner relationships, many have non-resident fathers, making it important to collect information on father involvement from maternal caregivers.

Results

Descriptive Statistics and Reliability

Table 1 displays the distribution, by race and site, of LONGSCAN subjects reporting no father-figure, one father-figure, and two (or more) father-figures. Hispanic and White children were most likely to have at least one father-figure. Less than 9% of the White children had no father-figure, compared to a little over 18% of the Black children.

Table 1 about here

Tables 2 and 3 provide the means, standard deviations, and Cronbach's alpha coefficients for the Total Support scale (sum of Items 3-6), computed for the primary father figure for the Age 6 and 8 interviews. The sample size for Table 2 is decreased by approximately 15% reflecting children for whom no father-figure involvement was reported. Father-figures were rated as providing "some", but not "a lot", of support on average. Total Support scores were similar across race, with Hispanic children's fathers receiving the highest ratings and Black children's fathers (besides children of Other races) receiving the lowest ratings. Likewise Cronbach's alphas were similar across race though lower for the Hispanic group. At the Age 6 interview, father-figures at the EA site were rated as being most supportive, and the father-figures at the NW site were rated as the least supportive.

Table 2 about here

There is a slight increase in the Total Support scores at the Age 8 interview when compared to the Age 6 interviews. Support scores were similar across race, with White children's fathers receiving the highest ratings and fathers of children of Other races again receiving the lowest ratings. Likewise Cronbach's alphas were similar across race though lower for the Hispanic group. At the Age 8 interview, total support from father-figures was similar across sites.

Validity

As an assessment of the validity of the father involvement measure, scores on the Father Involvement items were correlated with scores on items from the Inventory of Supportive

Figures, using responses regarding the child's biological father. We assumed that caregivers' perception of fathers' involvement on the Father Involvement Measure would be significantly correlated with their children's perceptions of fathers' support on the Inventory of Supportive Figures. Items from the Father Involvement Measure included "How much time does he spend with CHILD?", "How much does he show that he cares about CHILD?", and "How much does he take care of CHILD's financial needs?" Corresponding items in the Inventory of Supportive Figures were "How much has he spent time with you?", "How much has he shown you that he cares about you and about what happens to you?", and "How much has he helped you get food, clothes, and other things you need?" A correlation of .12 ($p = .05$) was found for the 240 linked mother and child responses to the two three-item scales obtained at the Age 6 interview. The measure of instrumental support from the Inventory of Supportive Figures ("financial support") was most significantly correlated with the mother's overall report of father support ($r = .14$, $p < .05$), as well as with her report of financial support ($r = .14$, $p < .05$).

Table 1. Number of Father-Figures by Race and Study Site. Age 6 Interview

	N	No Father-Figure %	One Father-Figure %	Two Father-Figures %
<i>Total</i>	1184	15.1	60.6	24.3
<i>Race</i>				
White	304	8.9	70.1	21.1
Black	647	18.4	56.3	25.4
Hispanic	83	13.3	71.1	15.7
Multiracial	139	9.1	54.7	30.2
Other	11	15.1	45.5	45.5
<i>Site</i>				
EA	250	13.6	59.6	26.8
MW	214	17.3	57.9	24.8
SO	219	14.6	56.6	28.8
SW	274	17.5	64.6	17.9
NW	227	12.3	63.0	24.7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Total Support Provided by Primary Father Figure, Reported by Maternal Caregiver Mean Scores and Cronbach's Alpha Coefficients by Race and Study Site. Age 6 Interview

	N	<u>M</u> (<u>SD</u>)	α
Total	995	12.60 (3.06)	.77
Race			
White	274	12.83 (2.92)	.76
Black	521	12.43 (3.18)	.79
Hispanic	72	13.17 (2.58)	.68
Multiracial	118	12.63 (3.03)	.75
Other	10	10.90 (3.63)	.81
Site			
EA	213	13.09 (2.72)	.71
MW	177	12.66 (3.37)	.85
SO	185	12.75 (2.87)	.76
SW	223	12.47 (3.11)	.77
NW	197	12.03 (3.19)	.74

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Total Support Provided by Primary Father Figure, Reported by Maternal Caregiver Mean Scores and Cronbach's Alpha Coefficients by Race and Study Site. Age 8 Interview

	N	<u>M</u> (SD)	α
Total	829	12.73 (2.94)	.76
Race			
White	233	13.45 (2.56)	.71
Black	436	12.43 (3.06)	.77
Hispanic	50	12.78 (3.06)	.78
Multiracial	100	12.43 (2.96)	.74
Other	10	12.20 (2.94)	.83
Study Site			
EA	198	12.67 (2.90)	.77
MW	95	12.95 (3.10)	.81
SO	155	12.96 (2.80)	.72
SW	200	12.63 (3.05)	.76
NW	181	12.61 (2.61)	.75

Source. Based on data received at the LONGSCAN Coordinating Center by 8/24/01.

Father Involvement with Child DADA

THESE QUESTIONS ARE ABOUT _____'S RELATIONSHIP WITH HIS/HER FATHER OR FATHER-FIGURES.

Interviewer: If appropriate, acknowledge that we have asked a little about father before--here we want to know about father's relationship with child. If the answer to Question 1 is obvious, fill in correct responses and continue, as directed.

1a. WHO WOULD YOU CONSIDER TO BE THE PRIMARY FATHER IN _____'S LIFE?

- 0 Child Has No Father-Figure [*Skip to next form*]
1 Child Has Father-Figure [*Record 1st Name & Initial Below*]

1b. Father Figure #1: FIRST NAME AND LAST INITIAL ?

2. WHAT IS HIS EXACT RELATIONSHIP TO _____?

- | | | | |
|---|---------------------------------------|---|-------------------------------------|
| 1 | Biological father | 4 | Foster father |
| 2 | Stepfather | 5 | Relative (uncle, grandfather, etc.) |
| 3 | Boyfriend/significant other of mother | 6 | Other |

I HAVE JUST A FEW QUESTIONS ABOUT HIS RELATIONSHIP WITH _____.

[*Hand Answer Card*]. **USE THESE ANSWERS TO RESPOND TO THE FOLLOWING QUESTIONS.** [*Read answers.*]

A lot Some A little None DK

3. HOW MUCH TIME DOES HE SPEND WITH _____?

4 3 2 1 --

4. HOW MUCH DOES HE SHOW THAT HE CARES ABOUT _____? (e.g. TALKS TO, COMFORTS, REASSURES, ENCOURAGES, ETC.)?

4 3 2 1 --

5. HOW MUCH DOES HE CONTRIBUTE TO _____'S EVERYDAY CARE , LIKE FEEDING, DRESSING, AND SUPERVISING HIS /HER ACTIVITIES?

4 3 2 1 --

6. HOW MUCH DOES HE TAKE CARE OF _____'S
FINANCIAL NEEDS? (LIKE FOR FOOD,
CLOTHING, SCHOOL SUPPLIES, PLAY THINGS,
MEDICAL CARE, ETC.)

4 3 2 1 --

7a. DOES _____ HAVE ANOTHER MAN WHO ALSO ACTS AS A FATHER TO
HIM/HER?

0 No [Skip to next page]

1 Yes ----> WHO? [Record name below]

7b. Father Figure #2: FIRST NAME AND LAST INITIAL ?

8. WHAT'S HIS EXACT RELATIONSHIP TO _____?

1 Biological father

4 Foster father

2 Stepfather

5 Relative (uncle, grandfather, etc.)

3 Boyfriend/significant other of mother

6 Other

I HAVE JUST A FEW QUESTIONS ABOUT HIS RELATIONSHIP WITH _____. [Same
Answer Card]. USE THE SAME ANSWERS TO RESPOND TO THE FOLLOWING
QUESTIONS. [Read answers.]

A lot Some A little None DK

9. HOW MUCH TIME DOES HE SPEND WITH _____?

4 3 2 1 --

10. HOW MUCH DOES HE SHOW THAT HE CARES
ABOUT _____? (e.g. TALKS TO, COMFORTS,
REASSURES, ENCOURAGES, ETC.)?

4 3 2 1 --

11. HOW MUCH DOES HE CONTRIBUTE TO _____'S
EVERYDAY CARE , LIKE FEEDING, DRESSING, AND
SUPERVISING HIS /HER ACTIVITIES?

4 3 2 1 --

12. HOW MUCH DOES HE TAKE CARE OF _____'S
FINANCIAL NEEDS? (LIKE FOR FOOD, CLOTHING,
SCHOOL SUPPLIES, PLAY THINGS, MEDICAL CARE,

ETC.)
4 3 2 1 --
Father Involvement with Child
DAB

"These questions are about [child]'s relationship with his/her father or father-figure."

1a. Who would you consider to be the primary father-figure in [child]'s life?

- 0 Child has no father-figure *[Skip to next form.]*
1 Child has father-figure *[Record 1st name & initial below.]*

1b. [Father-figure's first name and last initial] _____

2. What is his exact relationship to [child]?

- | | |
|--|---------------------------------------|
| 1 Biological father | 4 Foster father |
| 2 Stepfather | 5 Relative (uncle, grandfather, etc.) |
| 3 Boyfriend /significant other of mother | 6 Other _____ |

"Now I have just a few questions about his relationship with [child]."

Use these answers to respond to the following questions." *[Hand card & read answers.]*

4 = A Lot	R = Refused/ no response
3 = Some	D = Don't Know
2 = A little	
1 = None	

	None	Little	Some	Lot	R	DK
3. How much time does he spend with <u>[child]</u> ?	1	2	3	4	R	D
4. How much does he show that he cares about <u>[child]</u> ? (e.g. talks to, comforts, reassures, encourages, etc.)?	1	2	3	4	R	D
5. How much does he contribute to <u>[child]</u> 's everyday care , like feeding, dressing, and supervising his /her activities?	1	2	3	4	R	D
6. How much does he take care of <u>[child]</u> 's financial needs? (like for food, clothing, school supplies, play things, medical care, etc.)	1	2	3	4	R	D

Household Composition: Household Information Form and Family Chart

LONGSCAN

1991

Description of Measure

Purpose

To gather information about the number of people living in the subject child's household and their relationship to the child.

Conceptual Organization

Data on household composition are recorded using the Family Chart. The chart allows the interviewer to list, with the respondent's help, every member of the current household, as well as each member's age, gender, and relationship to both the respondent and to the subject child. At the LONGSCAN Pre-Age 4, Age 4 and Age 6 interviews, the key data items were recorded on a separate form, the Household Information Form (HOMA). The instrument asks for the number of children and adults living in the home, categorized by relationship to the subject child. Other items include whether the subject child is the oldest child in the home, the total number of people in the household, and whether the respondent is currently living with a partner.

Materials

Non-copyrighted forms are included in this manual.

Time Required

Less than 10 minutes, depending on the number of people in the household.

Administration Method

The interviewer asks the respondent to list all household members by first name only (to safeguard confidentiality). The names, ages, and relationship of each member to the study participants are recorded on the family chart. At Pre-Age 4, Age 4 and at Age 6, the interviewer uses the information in the Family Chart to complete the Household Information Form (HOMA) after the interview.

Training

Minimal

Scoring

Score Types

Individual items

Number of adults, adult/child ratio, presence of unrelated individuals, household size, etc.

LONGSCAN Use

Data Points

Pre-Age 4, Ages 4, 6, 8 12 & 14

Respondent

Primary maternal caregiver

Mnemonic and Version

Pre-Age 4, Age 4, and Age 6: HOMA

Age 8: FCA. Administered as item 1 of the DEA (caregiver demographics) form.

Age 12 & 14: FCHB. Administered by telephone prior to the interview at Age 14.

Rationale

Household composition (including number of household members, number of children, child-adult ratio, and the presence of unrelated males and of multiple generations within the household) and relationship of the caregiver to the child (e.g., foster parent vs. non-foster parent) may have an effect on child functioning or risk for maltreatment.

Results

Descriptive Statistics

Tables 1, 2, and 3 are cross-tabulations between child race and primary caregiver race for Age 4, 6, and 8 interviews. While there is a high correspondence between caregiver and child

race, it is not safe to assume that they are the same. Not surprisingly, the largest difference at all three data points between caregiver and child race is among children who are described as multiracial. Caregiver race was not asked at Age 8. Caregiver race at Age 8 was imputed for subjects for whom it could be determined that the caregiver respondent was the same at Age 8 as at one of the previous interviews.

Table 1 about here

Table 2 about here

Table 3 about here

Tables 4, 5, and 6 display information about household composition as reported by caregivers.

The average family in the LONGSCAN sample had 5 members with a range of 1.8 – 2.7 children for every adult across the three data points. Table 5 shows that from Age 4 to Age 6 the average number of adults in the household decreased slightly, while the average number of children remained stable. The child-adult ratio was higher in Black and Hispanic families than in the White and Multiracial families. Surprisingly, given the large proportion of Blacks within their samples, the EA and SO sites had the lowest ratios of children to adults. This indicates that the child-adult ratios observed by race were not consistent across sites.

Table 4 about here

Table 5 about here

Table 6 about here

Tables 7, 8, and 9 describe the relationships of adults in the household to the child. At the Age 4 and 6 interviews, one quarter of all the children lived in homes in which neither biological parent was present, whereas a 7% increase was seen at the Age 8 interview.

Of the children living in households without biological parents, 30% were living with a

foster parent, 28% were living with grandparents, 21% were living with adoptive parents, and another 21% were living under some other type of arrangement. The NW site had the highest percentage of children living in households, which included the mother's partner, as well as the highest percentage of children living in households with only one adult. The SW site, in addition to being the site with the highest percentage of children not living with a biological parent and living in foster care, also had the highest percentage of children living in homes with an adult male to whom they were unrelated. Black children were more likely than children of other races to live in homes with only one adult, and were also more likely to be living with a grandparent.

Table 7 about here

Table 8 about here

Table 9 about here

Table 1. Child Race by Primary Caregiver Race. Age 4 Interview (N = 1242)

Child's Race	Caregiver's Race				
	White (N = 414)	Black (N = 647)	Hispanic (N = 98)	Multiracial (N = 37)	Other (N = 46)
White (N = 338)	319	4	4	7	4
Black (N = 642)	3	617	4	6	12
Hispanic (N = 92)	12	1	75	2	2
Multiracial (N = 151)	78	23	15	21	14
Other (N = 19)	2	2	0	1	14

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 2. Child Race by Primary Caregiver Race. Age 6 Interview (N = 1201)

Child's Race	Caregiver's Race				
	White (N = 392)	Black (N = 658)	Hispanic (N = 87)	Multiracial (N = 34)	Other (N = 30)
White (N = 315)	299	3	4	4	5
Black (N = 645)	4	630	3	2	6
Hispanic (N = 84)	13	1	68	1	1
Multiracial (N = 144)	75	22	12	24	11
Other (N = 13)	1	2	0	3	7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Child Race by Primary Caregiver Race. Age 8 Interview (N = 671)

Child's Race	Caregiver's Race				
	White (N = 253)	Black (N = 355)	Hispanic (N = 27)	Multiracial (N = 20)	Other (N = 16)
White (N = 211)	206	0	0	3	2
Black (N = 356)	4	346	2	1	3
Hispanic (N = 29)	7	1	21	0	0
Multiracial (N = 66)	36	6	4	15	5
Other (N = 9)	0	2	0	1	6

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 4. Household Composition Characteristics by Child's Race and Study Site. Age 4 Interview

	N	People in Home M (SD)	Adults in Home M (SD)	Children in Home M (SD)	Child is Oldest in Home %
Total	1245	4.91 (1.98)	1.90 (0.84)	3.01 (1.73)	37.0
Child's Race					
White	339	4.63 (1.70)	1.93 (0.70)	2.70 (1.55)	42.0
Black	644	5.09 (2.09)	1.90 (0.93)	3.19 (1.80)	34.0
Hispanic	92	5.47 (2.28)	1.90 (0.76)	3.57 (2.03)	23.0
Multiracial	151	4.52 (1.74)	1.89 (0.74)	2.64 (1.45)	46.0
Other	19	4.37 (1.98)	1.58 (0.90)	2.79 (1.58)	37.0
Site					
EA	236	4.98 (1.93)	2.08 (1.07)	2.89 (1.48)	33.0
MW	222	5.41 (2.27)	1.91 (0.82)	3.50 (2.06)	28.0
SO	221	4.55 (1.72)	1.95 (0.83)	2.60 (1.44)	58.0
SW	317	5.17 (2.09)	1.82 (0.68)	3.35 (1.93)	29.0
NW	249	4.40 (1.64)	1.77 (0.75)	2.63 (1.39)	39.0

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 5. Household Composition Characteristics by Child's Race and Study Site. Age 6 Interview

	N	People in Home M (SD)	Adults in Home M (SD)	Children in Home M (SD)	Child is Oldest in Home %
Total	1207	4.84 (1.83)	1.81 (0.79)	3.03 (1.61)	38.0
Child's Race					
White	315	4.65 (1.65)	1.95 (0.74)	2.70 (1.42)	41.0
Black	651	4.91 (1.90)	1.71 (0.81)	3.20 (1.66)	37.0
Hispanic	84	5.24 (2.01)	1.93 (0.76)	3.31 (1.84)	26.0
Multiracial	13	4.79 (1.81)	1.88 (0.80)	2.92 (1.53)	38.0
Other	145	3.77 (1.24)	1.69 (0.75)	2.08 (1.04)	38.0
Site					
EA	250	4.56 (1.51)	1.76 (0.76)	2.81 (1.37)	43.0
MW	214	5.42 (2.12)	1.90 (0.85)	3.51 (1.84)	26.0
SO	220	4.38 (1.57)	1.74 (0.77)	2.64 (1.34)	60.0
SW	292	5.15 (2.00)	1.84 (0.74)	3.31 (1.85)	27.0
NW	232	4.66 (1.68)	1.81 (0.85)	2.84 (1.35)	36.0

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 6. Household Composition Characteristics by Child's Race and Study Site. Age 8 Interview

	N	People in Home <u>M</u> (<u>SD</u>)	Adults in Home <u>M</u> (<u>SD</u>)	Children in Home <u>M</u> (<u>SD</u>)
Total	903	5.10 (1.24)	2.75 (0.80)	2.35 (0.92)
Child's Race				
White	259	5.11 (1.18)	2.86 (0.68)	2.25 (0.89)
Black	490	5.09 (1.24)	2.70 (0.85)	2.39 (0.93)
Hispanic	43	5.07 (1.35)	2.77 (0.72)	2.30 (0.96)
Multiracial	100	5.17 (1.34)	2.76 (0.87)	2.41 (0.94)
Other	11	4.82 (1.60)	2.45 (0.82)	2.36 (1.21)
Site*				
EA	235	5.09 (1.16)	2.76 (0.81)	2.33 (0.90)
SO	184	4.89 (1.10)	2.75 (0.79)	2.14 (0.80)
SW	260	5.22 (1.32)	2.69 (0.74)	2.53 (1.04)
NW	224	5.14 (1.33)	2.82 (0.87)	2.32 (0.85)

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Note. *MW data is insufficiently complete for the Age 8 Interview.

Table 7. Characteristics of Adults in Child's Home by Child's Race and Study Site. Age 4 Interview

	N	Neither Bio Parent %	Mother's Partner %	Only One Adult %	Adult Male Non- Relative %	Grandmother or Grandfather %	Mother and Father, plus Grandparent %	Foster Parent %
Total	1245	23.9	7.7	31.4	4.3	22.1	15.3	7.2
Child's Race								
White	339	23.6	11.2	22.4	4.4	15.6	9.4	7.4
Black	644	20.0	6.0	36.0	3.6	26.9	20.5	4.8
Hispanic	92	41.3	1.1	30.4	6.5	21.7	7.6	14.1
Multiracial	151	26.3	11.3	30.5	6.0	16.6	11.9	12.6
Other	19	30.5	5.3	47.4	5.3	21.1	10.5	5.3
Site								
EA	236	6.4	6.4	30.1	3.8	30.5	27.1	1.7
MW	222	6.3	5.9	29.7	2.7	22.5	18.9	0.5
SO	221	7.7	8.1	29.0	0.9	24.9	20.4	1.4
SW	317	65.0	1.9	31.6	8.5	18.3	5.1	20.8
NW	249	18.5	17.7	36.1	4.0	16.1	9.6	6.1

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 8. Characteristics of Adults in Child's Home by Child's Race and Study Site. Age 6 Interview

	N	Neither Bio Parent %	Mother's Partner %	Only One Adult %	Adult Male Non-Relative %	Grandmother or Grandfather %	Mother and Father, plus Grandparent %	Foster Parent %
Total	1208	25.5	6.4	37.0	5.1	21.3	12.5	4.6
Child's Race								
White	315	22.9	7.6	24.1	5.7	16.2	9.5	3.2
Black	651	23.2	4.3	45.3	4.0	25.5	16.0	3.7
Hispanic	84	40.5	3.6	27.4	6.0	17.9	7.1	6.0
Multiracial	145	32.4	13.1	46.2	7.6	16.6	7.6	9.7
Other	13	30.8	23.1	32.4	15.4	7.7	0.0	15.4
Site								
EA	250	14.0	6.0	40.4	3.2	26.8	19.6	2.4
MW	214	7.5	7.5	33.2	2.3	24.3	19.6	0.5
SO	220	14.1	3.6	41.4	0.5	25.5	14.1	0.0
SW	292	59.9	2.4	32.9	12.7	16.4	4.1	10.9
NW	232	22.0	13.4	37.9	4.7	14.7	7.3	7.4

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Table 9. Characteristics of Adults in Child's Home by Child's Race and Study Site. Age 8 Interview

	N	Neither Bio Parent %	Mother's Partner %	Only One Adult %	Adult Male Non- Relative %	Grandmother or Grandfather %	Mother and Father, plus Grandparent %	Foster Parent %
Total	903	32.0	4.3	36.3	5.1	22.6	11.9	3.8
Child's Race								
White	259	29.3	4.3	24.3	4.3	15.1	7.0	2.7
Black	490	27.8	3.9	43.3	5.7	27.8	15.9	2.7
Hispanic	43	60.5	0.0	32.6	4.7	18.6	4.7	9.3
Multiracial	100	48.0	9.0	45.5	4.0	19.0	9.0	10.0
Other	11	27.3	0.0	34.0	9.1	18.2	0.0	0.0
Site*								
EA	235	13.2	4.7	40.4	10.2	27.7	20.9	0.9
MW								
SO	184	17.4	4.9	39.7	1.1	25.0	12.5	0.5
SW	260	63.9	1.2	32.7	3.9	20.4	6.5	7.7
NW	224	26.8	7.1	33.5	4.5	17.9	8.0	4.9

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Note. *MW data is insufficiently complete for the Age 8 Interview.

Household Composition: Household Information Form and Family Chart HOMA

1. CODE **THE NUMBER** OF PEOPLE IN EACH RELATIONSHIP TO CHILD. THE TOTAL OF THE NUMBERS IN COLUMNS A-Y SHOULD EQUAL THE TOTAL NUMBER OF PEOPLE LIVING IN CHILD'S HOUSE MINUS ONE (THE CHILD).

ADULTS (18 AND OVER, OR EMANCIPATED)

<p>___ A BIOLOGIC MOTHER</p> <p>___ B ADOPTIVE MOTHER</p> <p>___ C STEPMOTHER</p> <p>___ D FOSTER MOTHER</p> <p>___ E GRANDMOTHER</p> <p>___ F FATHER'S PARTNER</p> <p>___ G SISTER (18 OR OLDER)</p> <p>___ H OTHER FEMALE RELATIVE</p> <p>___ I FEMALE NON-RELATIVE</p>	<p>___ I BIOLOGIC FATHER</p> <p>___ J ADOPTIVE FATHER</p> <p>___ K STEPFATHER</p> <p>___ L FOSTER FATHER</p> <p>___ M GRANDFATHER</p> <p>___ N MOTHER'S PARTNER</p> <p>___ O BROTHER (18 OR OLDER)</p> <p>___ P OTHER MALE RELATIVE</p> <p>___ Q MALE NON-RELATIVE</p>
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CHILDREN (UNDER 18)

<p>___ R SISTER, HALF-SISTER</p> <p>___ S STEP-SISTER</p> <p>___ T OTHER FEMALE RELATIVE</p> <p>___ U FEMALE NON-RELATIVE</p>	<p>___ V BROTHER, HALF-BROTHER</p> <p>___ W STEP-BROTHER</p> <p>___ X OTHER MALE RELATIVE</p> <p>___ Y MALE NON-RELATIVE</p>
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2. Is (CHILD) the oldest child living in the home right now? 0 NO

1 YES

3. How many people live in (CHILD)'s household right now (including child)?

___ TOTAL # OF PEOPLE

4. Is respondent currently living in a "spouse-like" relationship with:

- 1 NO ADULT MATE
- 2 HUSBAND
- 3 MALE PARTNER
- 4 FEMALE PARTNER
- DON'T KNOW

Household Composition and Family Chart FCA

Now please tell me the first and last name (or initials) of every person who is living now in the household. I also need to know each person's age, sex, and relationship to (child) . We can look at this chart together. Let's start with (child) and you. *[Respondent may or may not live in household with child.]*

(a) NAME [FIRST NAME & LAST INITIAL]	(b) AGE [YRS]	(c) ROLE / (d) RELAT ROLE / RELAT	ROLE CODES:	RELATIONSHIP:
1. <u>C</u> _____	__ __	<u>S</u> <u>U</u> <u>B</u> / <u>C</u>	MOM= Mother	B=Biologic
2. <u>R</u> _____	__ __	__ __ / __	DAD=Father	S=Step
3. _____	__ __	__ __ / __	SIS=Sister	F=Foster
4. _____	__ __	__ __ / __	BRO=Brother	A=Adoptive
5. _____	__ __	__ __ / __	GMA=Grandmother/great	U=Unrelated
6. _____	__ __	__ __ / __	GPA=Grandfather/great	D=Don't know
7. _____	__ __	__ __ / __	AUN=Aunt/great	X=Parent's live-in
8. _____	__ __	__ __ / __	UNC=Uncle/great	
9. _____	__ __	__ __ / __	CSF=Cousin Female	
10. _____	__ __	__ __ / __	CSM=Cousin Male	
11. _____	__ __	__ __ / __	OMA=Other M Adult	
12. _____	__ __	__ __ / __	OFA=Other F Adult	
13. _____	__ __	__ __ / __	OMC=Other M Child	
14. _____	__ __	__ __ / __	OFC=Other F Child	

If there are other household members, please note in the note log.

Interviewer Ratings

LONGSCAN

1991

Description of Measure

Purpose

To assess the interviewer's impression of the interviews, the respondents, the respondents' home, and the neighborhood environment in which the interviews took place.

Conceptual Organization

At the Pre-Age 4 and Age 4 interviews, ratings of the caregiver respondent and home environment address the appearance of the respondent (2 items), the quality of the respondent's responses (4 items), the condition of the respondent's residence (3 items), and the impression of the respondent's neighborhood (5 items). The last five items relate to items or interactions observed in the home environment that are thought to be related to cognitive stimulation for the young child and were administered only at the Pre-Age 4, Age 4 and Age 6 interviews. At Age 6, items assess neighborhood safety and privacy of the interview.

Ratings of the child respondent began at Age 6 and assess the child's appearance (3 items), how well the child understood directions and remained on task during the interview (2 items), the interview setting (degree of privacy and amount of interruptions), and finally the interviewer's assessment of the validity of data collected with key instruments.

Item Origin/Selection Process

Items were selected that were thought to capture the most relevant aspects of the circumstances in which the interview took place and characteristics of the respondents. Validity ratings of the child instruments were included as potential exclusion criteria in analyses of the data. The five cognitive stimulation items in the caregiver ratings were based on items from the HOME Inventory (Bradley & Caldwell, 1979; Bradley, Caldwell, & Rock, 1988) that assess the availability of toys and learning materials, and the stimulation and responsibility reflected in parent-child interactions.

Materials

Non-copyrighted forms are included in this manual.

Time Required

Less than 5 minutes

Administration Method

Completed by interviewer

Training

Minimal

Scoring

Score Types

Individual item scores. The interviewer ranks each of the first ten items on a 5-point scale ranging from 1 (the most positive impression) to 5 (the most negative impression). Response categories are specific to the item. For example, responses for “condition of the residence” range from 1 (well-maintained) to 5 (dilapidated). The cognitive stimulation items are simply rated as being present or not present. Items 11 through 15 on the caregiver forms may be combined to create an index of the cognitive stimulation observed in the home environment. This index should be used with caution due to the potential for measurement error. The interviewer may have been in only one room of the home during the interview or the child may not have been present during the interview. The circumstances of the interviews and validity ratings of instruments administered are assessed on a 4-point scale.

LONGSCAN Use

Data Points

Pre-Age 4, Ages 4, 6, 8, 12 & 14

Respondent

Interviewer

Mnemonic and Version

Caregiver Forms:

Pre-Age 4, Age 4: MRAA. An alternate form, the CRAA, was administered if two maternal caregivers were interviewed (See Administration Scoring and Notes.).

Age 6: MR6A. Two questions were added on neighborhood safety and privacy of interview.

Age 8: RRA. Items 1 and 2, and 11 through 15 were dropped.

Age 12 & 14: IRRB. Administered by A-CASI. Same as RRA, with the addition of two items rating the respondent's response to and ease of use of the A-CASI system.

Child Forms:

Age 6: IRCA. Validity ratings were included for: PRESS, WPPSI Block Design & Vocabulary, Child Exposure to Violence (CEVA), Pictorial Perceived Competence (PCKA), Loneliness & Dissatisfaction (LSDA), & Inventory of Supportive Figures (ISFA).

Age 8: RCA. No differences between IRCA and RCA, besides ratings of measures. Validity ratings were included for the following measures: Social Concerns and Social Desirability (ALA), Exposure to Violence (WVA), Substance Exposure (SXA), Trauma Symptom Checklist (TSA), Behavioral Intent Scale (BIA), and Television Watching (TVA).

Age 12 & 14: IRCB. Administered by A-CASI. Addition of items rating the respondent's response to and ease of use of the A-CASI system. Also, additional items were included or reworded regarding the child's appearance/attitude during the interview.

Rationale

Interviewer ratings are used to assess the respondent's appearance and engagement with the interview and to obtain the interviewer's impressions of the environment in which the subject

child is developing. The provision of appropriate play and learning materials, and maternal involvement with the child have been shown to predict cognitive development, maladaptive behavior, and social competence (Bradley, et al., 1994). Validity ratings were felt to be important for subsequent analysis.

Administration and Scoring Notes

At the Pre-Age 4 and Age 4 interviews we discovered that there was rarely a need for two caregivers to be interviewed. Thus, the alternate form (CRAA) was eliminated for future data points. The EA and the MW sites did not complete ratings of the home and neighborhood because their interviews were conducted during clinic visits, rather than home visits. Only the respondent was rated.

Results

Interviewer Ratings of Caregiver:

Descriptive Statistics

Table 1 provides the percentage of caregiver respondents rated as ‘not comprehending’ at the Age 6 and Age 8 interviews by race and study site. Comprehension rates varied little across study sites, and about 4% of the mothers were rated as having difficulty comprehending some of the interview questions. Although a Spanish translation was used, the language level of the interview may have been too high given the very low educational levels of the Hispanic caregivers. Also, the interviewers' ratings may have been affected by the interviewers being non-Hispanic.

Table 1 about here

Tables 2 and 3 present the frequency distribution for the interviewer ratings of home environment based at the Age 6 and Age 8 interviews. At the Age 6 interview, Hispanic respondents were living in the least dilapidated dwellings, whereas at the Age 8 interview White respondents were living in the least dilapidated homes. Black respondents were rated as living in the most dilapidated and least safe neighborhoods at both interview points.

Table 2 about here

Table 3 about here

Table 4 provides the means, standard deviations, and internal consistency reliability coefficients (Cronbach's alpha) for ratings of indicators of cognitive stimulation for the child for the Age 6 Interview. Initial analyses of the scale showed evidence that the item "parent talks with child" diminished the internal-consistency of the scale. This is likely because children were not present during the caregiver interviews. Thus, this item was dropped from further analysis and a 4-item scale was constructed and labeled Child-Centered Household. Because each item was coded as "observed" (1) or "not observed" (0), summary values for the scale could range from 0 to 4. This scale could not be duplicated for the Age 8 Interview because the five items assessing cognitive stimulation in the home were dropped.

Table 4 about here

The mean value for Child-Centered Household across samples was approximately 2 at the Age 6 interview, indicating that on average only two out of the four indicators were observed in LONGSCAN homes. The mean score for White families was somewhat higher than the overall mean, and the mean scores for Black families were somewhat lower. The SW site was higher overall than the other two sites.

Validity

To assess validity, the interviewer ratings of the home environment at Age 6 were compared to caregivers' self-reports on these measures from the Neighborhood Short Form. Interviewers' rating neighborhoods as "unsafe" was significantly associated with caregivers' reports of drugs in the neighborhood (χ^2 (12, N = 525) = 184.6, p < 0.001). Interviewer ratings of neighborhood safety were also associated with caregiver reports of neighborhood safety (χ^2 (12, N = 525) = 141.7, p < 0.001). In addition, the interviewer's rating of the condition of respondent's residence was positively related to Neighborhood Pride (χ^2 (12, N = 525) = 13.5, p < 0.001), and inversely related to the item in the Neighborhood Short Form, "The buildings and yards in this neighborhood are really run down" (χ^2 (12, N = 525) = 17.0, p < 0.001).

Interviewer Ratings of Child:

Descriptive Statistics

Table 5 provides the frequencies for the interviewers' assessment of the children's ability to follow directions and remain on task during the interviews by race and site for both the Age 6 and Age 8 Interviews. Overall 11% of children at the Age 6 interview were reported by interviewers to be have a hard time following directions, whereas only 8% had trouble at the Age 8 interview. Almost 14% of children had trouble attending to tasks at the Age 6 interview (11.3% at the Age 8 interview).

Table 5 About Here

Black and Hispanic children had the highest percentage of difficulties following directions and attending to tasks at both the Age 6 and Age 8 Interviews. Of particular interest is the fact that at the Age 6 interview Blacks and Hispanics had relatively equal percentages of children with difficulties following directions and attending to tasks, by the Age 8 interview however Hispanics had an even higher percentages of children having difficulty completing the interview, while the percentage for Black children declined along with the rest of the sample. This may be related to English not being the primary language spoken in the homes of Hispanic children.

At the Age 6 interview, participants from the EA and MW sites had much higher percentages of children with difficulties following directions and attending to tasks than the total mean percentage. This held true for the EA site at the Age 8 interview, but the percentages for the MW site at Age 8 were much lower.

References and Bibliography

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Bradley, R. H., Mundford, D. J., Whiteside, L., Caldwell, B. M., Casey, P. H., Kirby, R. S., & Hansen, S. (1994). A re-examination of the association between HOME scores and income. Nursing Research, 43(5), 260-266.

**Table 1. Interviewer Ratings of Respondent's Comprehension by Race and Study Site.
Age 6 and Age 8 Interviews**

	Age 6 Interview		Age 8 Interview	
	N	% Not Comprehending	N	% Not Comprehending
Total	1194	3.7	1045	2.3
Race				
White	335	1.8	241	0.4
Black	300	6.3	184	3.8
Hispanic	58	3.5	25	0.0
Multiracial	26	3.9	19	0.0
Other	25	16.0	16	18.8
Site				
EA	235	3.0	224	2.7
MW	213	2.4	157	0.6
SO	217	6.9	182	5.5
SW	297	1.7	265	0.8
NW	232	5.2	217	2.3

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 2. Interviewer Ratings of Home Environment by Race and Study Site. Age 6 Interview

	N	% Unclean Residence	% Unsafe Residence	% Dilapidated Residence	% Home rated below average	% Neighborhood Unsafe
Total	707	10.6	7.1	11.6	7.6	13.9
Race						
White	318	8.8	4.1	9.1	5.8	6.1
Black	284	12.8	11.5	14.6	9.7	23.9
Hispanic	58	5.2	1.7	6.9	1.7	12.1
Multiracial	24	16.7	8.3	16.7	12.5	13.0
Other	24	16.7	8.3	16.7	16.7	4.2
Site*						
SO	202	20.5	17.7	24.6	14.3	27.2
SW	288	6.6	2.4	5.6	5.6	10.4
NW	219	6.9	3.7	7.8	4.2	6.1

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. *MW and EA did not rate the home environment because interviews took place in a clinic.

Table 3. Interviewer Ratings of Respondent and Home Environment by Race and Study Site. Age 8 Interview

	N	% Unclean Residence	% Unsafe Residence	% Home rated below average	% Neighborhood Unsafe
Total	603	10.9	8.1	13.3	11.0
Race					
White	216	8.9	3.7	9.8	6.0
Black	164	17.3	16.1	25.3	20.1
Hispanic	25	12.0	8.0	12.0	8.0
Multiracial	18	11.1	5.6	5.6	5.6
Other	14	23.1	15.4	23.1	28.6
Site*					
SO	149	17.7	15.6	27.2	20.8
SW	247	10.7	7.8	9.8	9.7
NW	207	6.4	2.9	7.4	5.3

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. *MW and EA did not rate the home environment because interviews took place in a clinic.

Table 4. Means, Standard Deviations, and Cronbach's Alpha for Interviewer Ratings on Child-Centered Household by Race and Study Site. Age 6 Interview

	N	<u>M</u> (<u>SD</u>)	α
<i>Total</i>	695	2.07 (1.41)	.72
<i>Race</i>			
White	312	2.35 (1.41)	.73
Black	277	1.76 (1.34)	.65
Hispanic	57	2.04 (1.53)	.81
Multiracial	24	1.88 (1.30)	.59
Other	24	2.13 (1.51)	.79
<i>Site*</i>			
SO	195	2.05 (1.42)	.72
SW	286	2.55 (1.30)	.66
NW	214	1.43 (1.30)	.69

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. *EA & MW did not rate the home environment because interviews took place in the clinic.

Table 5. Frequencies for Child Comprehension, Age 6 and Age 8 Interviews

	Age 6 Interview			Age 8 Interview		
	N	% Hard time following directions	% Hard time attending to tasks	N	% Hard time following directions	% Hard time attending to tasks
Total	1059	11.1	13.7	1032	8.0	11.3
Race						
White	292	7.5	11.0	269	7.4	10.0
Black	536	13.4	15.7	563	8.0	12.3
Hispanic	82	13.4	15.9	65	12.3	16.9
Multiracial	136	6.6	9.6	125	7.2	6.4
Other	13	23.1	23.1	12	8.3	16.7
Site						
EA	139	15.1	20.9	228	10.2	19.7
MW	192	17.7	23.4	144	5.6	6.3
SO	218	10.1	10.1	186	10.2	8.1
SW	286	8.7	11.9	264	5.7	9.1
NW	224	6.7	6.7	212	8.5	11.3

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Interviewer Rating of Caregiver Respondent and Home Environment MR6A

AFTER YOU HAVE SEPARATED FROM THE RESPONDENT, PLEASE COMPLETE THE FOLLOWING RATINGS BASED ON YOUR IMPRESSIONS. IF MATERNAL RESPONDENT AND CHILD RESPONDENT ARE THE SAME PERSON, DUPLICATE THE RATINGS ON BOTH RATING FORMS.

Appearance of respondent

- | | | | | | | |
|-----------|---|---|---|---|---|--------|
| 1. Neat | 1 | 2 | 3 | 4 | 5 | Sloppy |
| 2. Rested | 1 | 2 | 3 | 4 | 5 | Tired |

In the course of the interview, my impression of the respondent was that she was:

- | | | | | | | |
|------------------|---|---|---|---|---|-------------------|
| 3. Cooperative | 1 | 2 | 3 | 4 | 5 | Uncooperative |
| 4. Truthful | 1 | 2 | 3 | 4 | 5 | Dishonest |
| 5. Open | 1 | 2 | 3 | 4 | 5 | Guarded |
| 6. Comprehending | 1 | 2 | 3 | 4 | 5 | Not comprehending |

Condition of Residence

- | | | | | | | | | |
|--------------------|---|---|---|---|---|-------------|----|----|
| 7. Clean | 1 | 2 | 3 | 4 | 5 | Dirty | -- | NA |
| 8. Safe | 1 | 2 | 3 | 4 | 5 | Unsafe | -- | NA |
| 9. Well Maintained | 1 | 2 | 3 | 4 | 5 | Dilapidated | -- | NA |
10. Compared to other homes in the neighborhood, would you describe the condition of this home to be:

- | | | | | |
|---------------------|---|---------|---|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| Better than average | | Average | | Worse than Average |

During your visit, did you see any of the following?

- | | YES | NO | NA |
|---|-----|----|----|
| 11. Children's books | 1 | 0 | -- |
| 12. Other reading material | 1 | 0 | -- |
| 13. Evidence of parent-child learning activities (i.e., artwork, cooking, reading, writing, counting, etc.) | 1 | 0 | -- |
| 14. Children's toys: purchased or home-constructed | 1 | 0 | -- |
| 15. Parent or other adult conversing with child | 1 | 0 | -- |

Impression of neighborhood

- | | | | | | | | | |
|----------|---|---|---|---|---|--------|----|----|
| 16. Safe | 1 | 2 | 3 | 4 | 5 | Unsafe | -- | NA |
|----------|---|---|---|---|---|--------|----|----|

17. **Respondent's level of privacy during interview:** *(circle the appropriate answer)*

- 1 Interview conducted privately
- 2 Interview conducted privately, but with interruptions
- 3 Interview not conducted privately

Interviewer Ratings of Caregiver Respondent and Home Environment RRA

After you have separated from the respondent, please complete the following ratings based on your impressions.

In the course of the interview, my impression of the respondent was that she was:

- | | | | | | | |
|------------------|---|---|---|---|---|-------------------|
| 1. Cooperative | 1 | 2 | 3 | 4 | 5 | Uncooperative |
| 2. Truthful | 1 | 2 | 3 | 4 | 5 | Dishonest |
| 3. Open | 1 | 2 | 3 | 4 | 5 | Guarded |
| 4. Comprehending | 1 | 2 | 3 | 4 | 5 | Not Comprehending |

Condition of Residence

- | | | | | | | | | |
|--------------------|---|---|---|---|---|-------------|----|----|
| 5. Clean | 1 | 2 | 3 | 4 | 5 | Dirty | -- | NA |
| 6. Safe | 1 | 2 | 3 | 4 | 5 | Unsafe | -- | NA |
| 7. Well Maintained | 1 | 2 | 3 | 4 | 5 | Dilapidated | -- | NA |

Impression of neighborhood

- | | | | | | | | | |
|---------|---|---|---|---|---|--------|----|----|
| 8. Safe | 1 | 2 | 3 | 4 | 5 | Unsafe | -- | NA |
|---------|---|---|---|---|---|--------|----|----|

Privacy of interview.

9. The interview was conducted: *[circle one]*
- 1 Privately, without external interruptions
 - 2 Privately, with interruptions
 - 3 With parent or other observer present
 - 4 With extensive interruptions/in a chaotic environment

Interviewer Ratings of Child Respondent

IRCA

AFTER YOU HAVE SEPARATED FROM THE CHILD, PLEASE COMPLETE THE FOLLOWING RATINGS BASED ON YOUR IMPRESSIONS.

Appearance of child:

- | | | | | | | |
|--------------------|---|---|---|---|---|----------------|
| 1. Neat | 1 | 2 | 3 | 4 | 5 | Sloppy |
| 2. Rested | 1 | 2 | 3 | 4 | 5 | Tired |
| 3. Very Attractive | 1 | 2 | 3 | 4 | 5 | Not Attractive |

Based upon your impressions during the interview, did the child:

- | | Not | A | Somewhat | Pretty |
|------------------------------|--------|--------|------------|--------|
| | at All | Little | Completely | Much |
| 4. Understand directions | 1 | 2 | 3 | 4 5 |
| 5. Attend to tasks/questions | 1 | 2 | 3 | 4 5 |

6. The Interview was conducted: (circle one)

- | | |
|---|---|
| <p>a. Privately, without external interruptions</p> <p>b. Privately, with interruptions</p> | <p>c. With parent or other observer present</p> <p>d. With extensive interruptions/in a chaotic environment</p> |
|---|---|

7. Validity of Administration of Instruments: Circle one for each, and provide reason for each item

answered 3 or 4

	Valid	Questionable	Not Valid	Not Administered
a. PRESS reason:_____	1	2	3	4
b. Block Design reason:_____	1	2	3	4
c. Vocabulary reason:_____	1	2	3	4
d. CEV16 reason:_____	1	2	3	4
e. PCS16/PCKA reason:_____	1	2	3	4
f. LSD16 reason:_____	1	2	3	4
g. ISF10 reason:_____	1	2	3	4

Ending Time: __ __/ __ __/ __ __ (do not key)

Interviewer Ratings of Child Respondent RCA

After you have separated from the child, please complete the following ratings based on your impressions.

Appearance of child:

1. Neat	1	2	3	4	5	Sloppy
2. Rested	1	2	3	4	5	Tired
3. Very Attractive	1	2	3	4	5	Not Attractive

Based upon your impressions during the interview, did the child:

	Not at All	A Little	Somewhat	Pretty Much	Completely
4. Understand directions?	1	2	3	4	5
5. Attend to tasks/questions?	1	2	3	4	5

6. Privacy of interview. The interview was conducted: *[circle one]*

- 1 Privately, without external interruptions
- 2 Privately, with interruptions
- 3 With parent or other observer present
- 4 With extensive interruptions/in a chaotic environment

7. Validity of Administration of Instruments: Circle one for each, and provide reason for each item answered 2, 3 or 4

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not Administered</i>
a. SNA (Social Network Chart)	1	2	3	N
reason:	<hr/>			

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not Administered</i>
b. FFA (My Family and Friends)	1	2	3	N
reason:	<hr/>			

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not</i>
<i>Administered</i>				
c. ALA (Social Concerns and Social Desirability)	1	2	3	N
reason: _____				

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not</i>
<i>Administered</i>				
d. WVA (Exposure to Violence)	1	2	3	N
reason: _____				

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not</i>
<i>Administered</i>				
e. SXA (Substances Exposure)	1	2	3	N
reason: _____				

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not</i>
<i>Administered</i>				
f. TSA (Trauma Symptom Checklist)	1	2	3	N
reason: _____				

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not</i>
<i>Administered</i>				
g. BIA (Behavioral Intent Scale)	1	2	3	N
reason: _____				

	<i>Valid</i>	<i>Questionable</i>	<i>Not Valid</i>	<i>Not</i>
<i>Administered</i>				
h. TVA	1	2	3	N
(Television Watching)				
reason:	<hr/>			

8. Is there anything notable that your site coordinator should know about this interview that has not been recorded elsewhere?

Inventory of Supportive Figures

Hunter, W. M. and Everson, M.D.

1990

Description of Measure

Purpose

To identify children's key supportive figures and assess the perceived amount and type of support provided by these figures.

Conceptual Organization

Children are asked about the most helpful adult, two more helpful adults, and mother- and father-figures if they are not mentioned among the first three adults. For each supportive figure, an initial question of who the person is in relation to the respondent is asked, followed by 4 questions about the amount of Emotional Support, Practical Support, Companionship, and Instrumental Support that person provides.

Item Origin/Selection Process

As part of the Child Victim As Witness Project, Hunter and Everson (Whitcomb, et al., 1994) adapted the Purdue Social Support Scale (Burge & Figley, 1982, 1986) for administration to children. The Purdue Social Support Scale codes the different ways in which up to 6 supportive figures were helpful to the respondent in terms of emotional support, encouragement, practical support, companionship, instrumental support and overall helpfulness. Respondents rate the dimensions of social support from each figure on a 5-point scale ranging from 0 (wouldn't seek this) to 4 (very satisfied). The adaptation simplified the vocabulary of the items to facilitate children's comprehension and retained four of the original six dimensions.

Materials

Non-copyrighted LONGSCAN version of the form is included in this manual.

Time Required

5-10 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

For each question, the respondent rates the amount of support received on a 4-point scale ranging from 0 (not at all) to 3 (a lot).

Different types of scores may be computed depending on the research question. The number of supportive figures identified can be used. An index of total support be obtained by summing values for all supportive figures reported. Scores can be generated for a specific figure across dimensions, or for a specific dimension across supportive figures.

Score Interpretation

Higher scores reflect more support.

LONGSCAN Use

Data Points

Age 6

Respondent

Child

Mnemonic and Version

ISFA

Rationale

The scale asks for ratings on specific individuals, thus allowing for the measurement of the availability and quality of support from key figures. The presence of supportive people can promote child well-being, especially in the presence of traumatic experiences (Cohen & Mannarino, 1998; Kliewer, Lepore, Oskin, & Johnson, 1998). Resilient children typically have parents or other adults who are sources of support (Garmezy, 1991; Radke-Yarrow & Sherman, 1990).

Results

Table 1 summarizes data for children's reports of supportive figures in their lives. More than 9% said they had no adult they would describe as helpful, but the majority of children described two or more supportive figures. The number of supportive figures named varied by race and site. Black children (besides children of Other races) described more supportive figures than children of other racial groups. Children from the SO site were least likely to say they had no supportive figure and most likely to report three or more supportive figures. Children at the MW and NW sites reported the least number of supportive figures.

Most children (51.5%) described a mother-figure as the most helpful adult in their lives, followed by grandmothers (10.1%) and father-figures (10.0%). Seven and one-half percent named someone who was not a family member as the most supportive person. Most often this person was a teacher. The NW sample was the most likely to name a mother-figure first and to name a father-figure first. More than half of the LONGSCAN children did not name a father-figure among the three most helpful adults, and more than one-quarter of the sample did not name a mother-figure in the top three. Again, these findings varied by race and by site.

Table 1 about here

Table 2 lists the means and standard deviations for total support scores for selected adults. The total support score should be indicative of the level of support the child feels across four different dimensions of support: Emotional Support, Practical Support, Companionship, and Instrumental Support. The table provides summary scores for mother-figures, father-figures, and grandmothers, who are the three figures most likely to be named as 1st, 2nd, or 3rd most helpful person. If a child had a mother or father-figure who was not named as one of the three most

helpful people, the same questions were asked specifically about these relationships. Means for mother- and father-figures not named in the top three are also displayed in this table. It is notable and supportive of the validity of this measure that the support ratings for “unnamed” parent-figures are lower than those for “named” parent-figures. Mothers and grandmothers are perceived as more supportive than fathers.

Table 2 here

Reliability

The internal consistency reliability of the four support items was examined using the Cronbach’s alpha coefficient. The resulting alpha of .58 is somewhat low. This is not too surprising given that the number of items is small and that each item taps a different type of support. Inter-item correlations ranged from a low of .18 ($p < .0001$) for Emotional Support and Tangible Support to a high of .32 ($p < .0001$) for Companionship and Tangible Support.

Validity

As a preliminary assessment of the validity of the Inventory of Supportive Figures, we compared mean scores on this instrument to the mean scores on the father involvement measure using responses regarding the child’s biological father. We hypothesized that caregivers’ perception of fathers’ involvement on the father involvement measures would be significantly correlated with their children’s perceptions of fathers’ support on the Inventory of Supportive Figures. Items from the father involvement measure included “How much time does he spend with CHILD?”, “How much does he show that he cares about CHILD?”, and “How much does he take care of CHILD’s financial needs?” Corresponding items in the Inventory of Supportive Figures were “How much has he spent time with you?”, “How much has he shown you that he cares about you and about what happens to you?”, and “How much has he helped you get food, clothes, and other things you need?” A correlation of .12 ($p = .05$) was found for the 240 linked mother and child responses to the two three-item scales obtained at the Age 6 interview. The measure of instrumental support from the Inventory of Supportive Figures was most significantly correlated with the mother’s overall report of father support ($r = .14$, $p < .05$), as well as with her report of “financial support” ($r = .14$, $p < .05$).

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Table 1. Children's Ratings of Supportive Figures by Race and Study Site. Age 6 Interview

	N	Number of Supportive Adults Named				Mom #1	Dad #1	G'mother #1	Non-Family Member #1	Mom not Top 3	Dad not Top 3
		0 (%)	1 (%)	2 (%)	≥3 (%)	%	%	%	%	%	%
Total	1146	9.4	13.6	25.3	51.7	51.5	10.0	10.1	7.5	29.7	58.7
Race											
White	294	7.5	11.9	28.9	51.7	57.3	11.5	7.1	10.2	23.7	45.4
Black	622	8.2	12.4	24.1	55.3	49.9	8.8	12.5	7.2	29.0	64.6
Hispanic	81	22.2	14.8	24.7	38.3	42.0	14.8	4.9	3.7	48.2	59.3
Multiracial	134	12.7	21.6	23.9	41.8	50.0	10.5	9.0	5.2	35.8	60.5
Other	15	0.0	20.0	20.0	60.0	73.3	0.0	6.7	6.7	20.0	53.3
Site											
EA	236	8.1	14.0	21.6	56.3	51.0	12.5	9.5	5.4	26.6	56.9
MW	188	16.0	19.2	26.1	38.8	47.3	8.5	13.8	4.8	38.3	69.7
SO	217	1.4	3.7	29.5	65.4	59.9	6.0	16.1	6.5	15.2	50.2
SW	285	13.0	12.3	22.1	52.6	44.9	10.2	6.0	12.6	40.0	62.5
NW	220	8.6	20.0	28.6	47.7	55.9	12.3	6.8	6.4	26.8	55.0

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Means and Standard Deviations for Total Support Ratings of Selected Figures by Race and Study Site. Age 6 Interview

	N	Mother-Figure (top 3) <u>M</u> (SD)	Father-Figure (top 3) <u>M</u> (SD)	Grandmother (top 3) <u>M</u> (SD)	Mother-Figure not named <u>M</u> (SD)	Father-Figure not named <u>M</u> (SD)
Total	1151	10.50 (2.01)	9.88 (2.58)	10.34 (2.21)	8.81 (3.53)	8.40 (3.71)
Race						
White	295	10.44 (2.04)	9.70 (2.59)	10.18 (2.23)	8.69 (3.30)	8.55 (3.28)
Black	625	10.55 (2.00)	10.12 (2.43)	10.31 (2.27)	9.10 (3.50)	8.43 (3.84)
Hispanic	81	10.52 (2.13)	9.70 (3.03)	11.43 (1.16)	8.69 (3.26)	9.07 (3.20)
Multiracial	134	10.52 (1.83)	9.75 (2.62)	10.60 (1.77)	8.00 (4.17)	7.62 (4.11)
Other	15	9.25 (2.77)	8.43 (4.31)	8.50 (4.95)	9.33 (0.58)	8.80 (1.48)
Study Site						
EA	241	10.45 (2.13)	9.73 (2.74)	10.29 (2.25)	8.94 (3.59)	8.27 (3.91)
MW	188	10.65 (2.04)	9.93 (2.69)	10.65 (2.18)	9.16 (3.67)	8.64 (3.92)
SO	217	10.88 (1.65)	10.14 (2.54)	10.83 (1.70)	9.45 (3.24)	8.41 (3.70)
SW	285	10.16 (2.29)	9.82 (2.60)	9.83 (2.48)	8.40 (3.59)	8.41 (3.53)
NW	220	10.38 (1.85)	9.80 (2.42)	9.75 (2.47)	8.70 (3.35)	8.20 (3.59)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

INVENTORY OF SUPPORTIVE FIGURES ISFA

1. IN YOUR LIFE, HAS THERE BEEN ANY ADULT WHO HAS BEEN ESPECIALLY HELPFUL TO YOU?...LIKE ANY GROWN-UP WHO HAS GIVEN YOU A LOT OF ATTENTION, HELPED YOU FIGURE THINGS OUT, OR HAS MADE YOU FEEL BETTER WHEN YOU WERE SAD?

0 No [If No, go to Interviewer Note # 1]

1 Yes

2. WHO HAS BEEN THE MOST HELPFUL ADULT? [*Relationship to child*]_____

3. HOW HAS S/HE HELPED?

4. I WANT TO ASK YOU ABOUT THE KINDS OF HELP THAT (X) MAY HAVE GIVEN YOU. YOU TELL ME IF S/HE'S DONE THIS [*Hand answer card and point to responses while you read them*] A LOT, SOME, A LITTLE, OR NOT AT ALL.

HOW MUCH HAS (X):

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not At All</u>
a. SHOWN YOU THAT S/HE CARES ABOUT YOU AND ABOUT WHAT HAPPENS TO YOU?	3	2	1	0
b. EXPLAINED THINGS TO YOU, TOLD YOU THINGS YOU NEED TO KNOW, OR HELPED YOU SOLVE A PROBLEM?	3	2	1	0
c. SPENT TIME WITH YOU?	3	2	1	0
c. HELPED YOU GET FOOD, CLOTHES, AND OTHER THINGS YOU NEED?	3	2	1	0

5. HAS THERE BEEN ANOTHER ADULT WHO HAS BEEN HELPFUL TO YOU?

0 No [If No, Go to Interviewer Note #1]

1 Yes

6. WHO IS THIS ADULT? [Relationship to child] _____

7. IN WHAT WAYS HAS S/HE BEEN HELPFUL?

8. I WANT TO ASK YOU ABOUT THE KINDS OF HELP THAT (X) MAY HAVE GIVEN YOU. YOU TELL ME IF S/HE'S DONE THIS A LOT, SOME, A LITTLE, OR NOT AT ALL.

HOW MUCH HAS (X):

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not At All</u>
a. SHOWN YOU THAT S/HE CARES ABOUT YOU AND ABOUT WHAT HAPPENS TO YOU?	3	2	1	0
b. EXPLAINED THINGS TO YOU, TOLD YOU THINGS YOU NEED TO KNOW, OR HELPED YOU SOLVE A PROBLEM?	3	2	1	0
c. SPENT TIME WITH YOU?	3	2	1	0
c. HELPED YOU GET FOOD, CLOTHES, AND OTHER THINGS YOU NEED?	3	2	1	0

9. HAS THERE BEEN ANOTHER ADULT WHO HAD BEEN HELPFUL TO YOU?

0 No [If No, Go to Interviewer Note #1]

1 Yes

10. **WHO IS THIS ADULT?** [Relationship to Child]_____

11. **IN WHAT WAYS HAS S/HE BEEN HELPFUL?**

12. **I WANT TO ASK YOU ABOUT THE KINDS OF HELP THAT (X) MAY HAVE GIVEN YOU. YOU TELL ME IF S/HE'S DONE THIS A LOT, SOME, A LITTLE, OR NOT AT ALL.**

HOW MUCH HAS (X):

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not At All</u>
a. SHOWN YOU THAT S/HE CARES ABOUT YOU AND ABOUT WHAT HAPPENS TO YOU?	3	2	1	0
b. EXPLAINED THINGS TO YOU, TOLD YOU THINGS YOU NEED TO KNOW, OR HELPED YOU SOLVE A PROBLEM?	3	2	1	0
c. SPENT TIME WITH YOU?	3	2	1	0
c. HELPED YOU GET FOOD, CLOTHES, AND OTHER THINGS YOU NEED?	3	2	1	0

INTERVIEWER NOTE #1 (Mother As Support Figure)

13. **Circle the number that describes respondent's situation and follow corresponding instructions.**

- 1 **Child's mother/mother-figure was listed above as a support (Go to Interviewer Note #2)**
- 2 **Child does not have a mother/mother-figure (Go to Interviewer Note #2)**
- 3 **Child has a mother or mother-figure who was not mentioned as a support (Administer Items 14-15)**

14. WHAT ABOUT YOUR MOTHER, HOW HELPFUL HAS SHE BEEN TO YOU?

15. I WANT TO ASK YOU ABOUT THE KINDS OF HELP THAT YOUR MOTHER MAY HAVE GIVEN YOU. TELL ME IF SHE'S DONE THESE THINGS *A LOT, SOME, A LITTLE, OR NOT AT ALL.*

HOW MUCH HAS YOUR MOTHER:

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not At All</u>
a. SHOWN YOU THAT S/HE CARES ABOUT YOU AND ABOUT WHAT HAPPENS TO YOU?	3	2	1	0
b. EXPLAINED THINGS TO YOU, TOLD YOU THINGS YOU NEED TO KNOW, OR HELPED YOU SOLVE A PROBLEM?	3	2	1	0
c. SPENT TIME WITH YOU?	3	2	1	0
c. HELPED YOU GET FOOD, CLOTHES, AND OTHER THINGS YOU NEED?	3	2	1	0

INTERVIEWER NOTE #2 (Father As Support Figure)

16. Circle the number that describes respondent's situation and follow corresponding instructions.

- 1** Child's father/father-figure was listed above as a support (Go to Item #19)
- 2** Child does not have a father/father-figure (Go to Item #19)
- 3** Child has a father or father-figure who was not mentioned as one of the first three support persons (Administer Items 17-18)

17. WHAT ABOUT YOUR FATHER, HOW HELPFUL HAS HE BEEN TO YOU?

18. I WANT TO ASK YOU ABOUT THE KINDS OF HELP THAT YOUR FATHER MAY HAVE GIVEN YOU. TELL ME IF HE'S DONE THESE THINGS *A LOT, SOME, A LITTLE, OR NOT AT ALL.*

HOW MUCH HAS YOUR FATHER:

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not At All</u>
a. SHOWN YOU THAT S/HE CARES ABOUT YOU AND ABOUT WHAT HAPPENS TO YOU?	3	2	1	0
b. EXPLAINED THINGS TO YOU, TOLD YOU THINGS YOU NEED TO KNOW, OR HELPED YOU SOLVE A PROBLEM?	3	2	1	0
c. SPENT TIME WITH YOU?	3	2	1	0
c. HELPED YOU GET FOOD, CLOTHES, AND OTHER THINGS YOU NEED?	3	2	1	0

19. HAVE THERE BEEN ANY OTHER ADULTS WHO HAVE BEEN HELPFUL TO YOU?

0 NO *[If No, skip Item 20 and go to next form]*
1 YES

WHO? *[List each adult mentioned by relationship to child]*

- a. _____
- b. _____
- c. _____

Loneliness and Social Dissatisfaction Questionnaire

Cassidy, J., and Asher, S.

1992

Description of Measure

Purpose

To obtain children's self-reported feelings of loneliness and dissatisfaction with peer relations.

Conceptual Organization

The instrument includes 24 items, 16 of which assess loneliness and social dissatisfaction (e.g., Are you lonely at school?). The remaining items are fillers focusing on children's hobbies and other activities, designed to help children relax during the interview. Children are asked to rate the extent to which each statement is true by saying "yes," "no," or "sometimes."

Item Origin/Selection Process

The Loneliness and Social Dissatisfaction Questionnaire was designed by Asher, Hymel, and Renshaw (1984) and revised by Asher and Wheeler (1985) to place greater emphasis on the school setting. In earlier versions, children were asked to respond using a 5-point Likert-style scale rating how true each statement was about them (always true, true most of the time, sometimes true, hardly ever true, not true at all). In the original instrument, children responded to statements, whereas in Cassidy and Asher's (1992) revision, items are worded as questions.

Materials

Non-copyrighted form is included in this manual. Also see Cassidy and Asher (1992).

Time Required

5-10 minutes

Administration Method

Interviewer-administered. Prior to administration, children should be familiarized with the response format and given practice items until it is clear to the interviewer that the child understands the task.

Training

Minimal

Scoring

Score Types

Items are coded 1 (no), 2 (sometimes), or 3 (yes). A total score is computed by summing all items which assess loneliness and social dissatisfaction. Filler items (i.e., items 2, 5, 7, 11, 13, 15, 19, and 22) are omitted and do not contribute to the total score. Items 1, 3, 4, 8, 10, 14, 16, 18, 21, and 23 are reverse-coded so that higher scores reflect a greater degree of loneliness on all items. Total scores range from 15 to 45.

It is important to note that in the original administration the authors inadvertently omitted item 20, "Is it hard to get along with the kids at school?" (Cassidy & Asher, 1992). Thus, the range of total scores of 15 to 45 is derived by summing all loneliness and social dissatisfaction items excluding item 20.

If item 20 is included in the total score, the range of total scores is 16 to 48. (See LONGSCAN scoring notes.)

Score Interpretation

Higher scores indicate greater loneliness and social dissatisfaction.

Norms and/or Comparative Data

The authors tested the original instrument using a sample of 452 children (230 boys, 222 girls) from 7 kindergarten and 15 first grade classrooms. All children were from public schools in a moderately-sized town in the Midwest. Seventy percent of the children were White, 25% were African-American, and 5% were Asian. Mean scores for social status groups, defined based on peer assessments ranged from 18.3 for "popular" girls to 23.6 for "rejected" girls. "Average"

and “controversial” girls scored in between these two groups. Boys had slightly lower (less lonely) scores than girls in all groups except “average” (Cassidy & Asher, 1992). The assessments were made by showing the children a picture of each classmate and asking how much they liked to play with the person. Children were also asked to name up to three other children in response to the questions "who would you like to play with most: "___" or "___" and least: "___" or "___". These measures were used to classify children as popular, rejected, neglected, controversial, or average.

Psychometric Support

Reliability

The authors report satisfactory internal consistency reliability ($\alpha = .79$) (Cronbach's alpha) (Cassidy & Asher, 1992).

Validity

Children's self-report on this form correlates significantly with peer status derived from sociometric measures, and also with teacher report of child's social behavior (Cassidy & Asher, 1992).

LONGSCAN Use

Data Points

Age 6

Respondent

Child

Mnemonic and Version

LSDA

Rationale

Children's ability to form close relationships and to function successfully in peer groups was a focus of the 6-year assessment. Children's self-reports supplement those of parent's and teachers.

Administration and Scoring Notes

Each item was coded 0 (no), 1 (sometimes), or 2 (yes). Before scores were totaled, values for items 1, 3, 4, 8, 10, 14, 16, 18, 22, and 24 were reversed so that higher scores would indicate a greater degree of loneliness. Filler questions (2, 5, 7, 11, 13, 15, 19, and 23) were omitted. A total score was derived by adding the remaining 16 items.

If comparison with Cassidy and Asher's (1992) sample is desired, item scores should be converted from a range of 0 to 2 to a range of 1 to 3. Also, because Cassidy and Asher inadvertently omitted item 20 in their study, it is necessary to eliminate this item from the total score for a direct comparison.

Results

Table 1 lists the mean total scores and Cronbach's alpha values (with or without Q. 20) at the Age 6 interview by the child's race and by study site. Item scores (0, 1, 2) are not adjusted to conform with those of Cassidy and Asher (1, 2, 3) but adding 15 points to the scores that do not include Q. 20 would provide scores that would be directly comparable. For example, the overall score for LONGSCAN children (not including Q. 20) was 6.94, or 21.94. This score is comparable to those of the "controversial" and "rejected" groups in the Cassidy & Asher study. Yet this total score represents a mean score per item (i.e., 6.94/15) of .46, which on a scale of 0 to 3 (with 3 reflecting loneliness) is not very high. Black children reported less loneliness than other children. Children at the SO site reported the least amount of loneliness and those at the NW site the most.

Reliability

The internal consistency of the scale (Cronbach's alpha) was acceptable and ranged from .61 to .84 for all racial groups and sites. Alpha increased only slightly with the addition of Q. 20.

Validity

To examine the construct validity of the LSD total score, we correlated it with the teacher's report of peer problems on the Teacher's Estimation of Child's Peer Status form. The resulting coefficient of .21 ($p < .0001$) indicated a significant correspondence between the two measures.

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Table 1. Mean Scores and Cronbach's Alpha Coefficients by Race and Study Site. Age 6 Interview

	N	With Question 20		Without Question 20	
		<u>M</u> (<u>SD</u>)	α	<u>M</u> (<u>SD</u>)	α
<i>Total</i>	1109	7.61 (6.57)	.80	6.94 (6.13)	.78
<i>Race</i>					
White	289	7.72 (6.72)	.82	7.01 (6.24)	.81
Black	597	7.33 (6.32)	.77	6.69 (5.92)	.76
Hispanic	77	8.04 (6.79)	.79	7.30 (6.21)	.77
Multiracial	130	8.28 (7.27)	.84	7.57 (6.85)	.84
Other	15	7.67 (4.94)	.64	7.00 (4.44)	.61
<i>Site</i>					
EA	235	6.90 (6.25)	.76	6.31 (5.92)	.76
MW	175	7.36 (6.66)	.81	6.67 (6.13)	.79
SO	207	6.47 (6.52)	.83	5.90 (6.05)	.81
SW	276	7.84 (6.40)	.78	7.12 (5.97)	.77
NW	216	9.38 (6.76)	.78	8.60 (6.36)	.77

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Loneliness & Social Dissatisfaction Questionnaire LSDA

(Interviewer:) NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT SCHOOL AND FRIENDS. I WANT YOU TO ANSWER (show answer card) "YES" OR "NO" OR "SOMETIMES" WHICHEVER TELLS BEST HOW YOU FEEL.

FOR EXAMPLE, IF I SAID "DO YOU WALK TO SCHOOL?", WHAT WOULD YOU SAY?

WHAT IF I SAID, "DO YOU TAKE MEDICINE?" (If child does not answer "sometimes" to this question, probe to be sure s/he gave an accurate response. Ask more sample questions, if necessary, until you are certain that child understands response set.)

		<u>No</u>	<u>Sometimes</u>	<u>Yes</u>
1.	Is it easy for you to make friends at school?	0	1	2
2.	Do you like to read?	0	1	2
3.	Do you have other kids to talk to at school?	0	1	2
4.	Are you good at working with other kids at school?	0	1	2
5.	Do you watch TV a lot?	0	1	2
6.	Is it hard for you to make friends at school?	0	1	2
<hr/>				
7.	Do you like school?	0	1	2
8.	Do you have lots of friends at school?	0	1	2
9.	Do you feel alone at school?	0	1	2
10.	Can you find a friend when you need one?	0	1	2
11.	Do you play sports a lot?	0	1	2
12.	Is it hard to get kids in school to like you?	0	1	2
<hr/>				
13.	Do you like science?	0	1	2
14.	Do you have kids to play with at school?	0	1	2
15.	Do you like music?	0	1	2
16.	Do you get along with other kids at school?	0	1	2
17.	Do you feel left out of things at school?	0	1	2
18.	Are there kids you can go to when you need help in school?	0	1	2
<hr/>				
19.	Do you like to paint and draw?	0	1	2
20.	Is it hard for you to get along with the kids at school?	0	1	2
21.	Are you lonely at school?	0	1	2
22.	Do the kids at school like you?	0	1	2
23.	Do you like playing card games?	0	1	2
24.	Do you have friends at school?	0	1	2

My Family and Friends

Reid, M., and Landesman, S.

1986

Description of Measure

Purpose

To assess the child's satisfaction with different types of support and assistance from all family members and key individuals outside the family.

Conceptual Organization

There are 12 dialogue stems about perceptions of four types of support (Emotional, Informational, and Instrumental support, Companionship/Affiliative, and Conflict) on which the child ranks and assesses satisfaction with people in his/her social network. The 12 dialogue stems include: (1) sharing positive and negative feelings, (2) needing help with schoolwork, (3) doing fun things, (4) wanting to learn something, (5) getting angry, (6) feeling admired, (7) needing help with chores, (8) doing something bad, (9) being with someone who makes you feel happy, (10) feeling understood, (11) needing information, (12) feeling good about oneself/pleasure at success.

Item Origin/Selection Process

The content of My Family and Friends is based on Cohen and Willis' (1985) social support research with adults which emphasizes distinctions among emotional, affiliative, informational, and instrumental support areas, and on developmental research by Bretherton and Waters (1985) with children focusing on the importance of emotional security and nurturance (Reid & Landesman, 1986).

Materials

Personalized props--cards on which names of persons in child's social network are written, slotted ranking board, cardboard "barometers" for rating levels of support. Social network cards are typically used but others may be added as needed. A training tape and other materials are available from the authors.

Time Required

Total administration time ranges from 20-50 minutes, with an average of 35 minutes. The shorter LONGSCAN version with 4 dialogues takes about 15-20 minutes.

Administration Method

The interviewer uses a ranking board in which cards identifying people in the child's social network, derived from Social Network chart, are inserted. After the cards are ranked, the child then rates each one using an oversized cardboard barometer with a red level indicator. Barometer gradations range from 0-50 with labels at 10 point intervals.

All 12 dialogue stems are administered by interviewers in two sessions of six dialogues each. The two sessions are usually conducted on different days with a maximum of one- week time interval between the two.

Training

According to the authors, interviewers should receive four 3-hour training sessions in which they learn information about child development, memorize the 12 dialogue scripts, rehearse techniques for maximizing children's involvement and understanding, observe training tapes of actual sessions, and receive instruction regarding difficult or sensitive situations. An evaluation form is used at the completion of the training to assess the interviewer's readiness.

Scoring

Score Types

1. There is a summary score for each network member for each type of support. Most researchers and clinicians begin by summarizing the ratings of support for each network member, for each type of support, and for conflict, in a grid.
2. The average summary score for each person allows for ratings of support satisfaction to be seen across the different types of support for each person.
3. The average level of satisfaction score yields averages for each type of support. Ratings of support satisfaction are summed across provider categories.
4. The total conflict score summarizes the ratings for conflict across individuals in the network.
5. If a child rates more than one provider or sibling, then the one who was rated highest is used to calculate mean scores (as opposed to averaging all siblings and/or providers).

Norms and/or Comparative Data

The psychometric properties of the test were established with a population-based study of 249 children (105 boys, 144 girls; 205 white, 44 black) ranging from 6 to 12 years of age (Reid & Landesman Ramey, 1992; Reid, Landesman, Treder, & Jaccard, 1989).

Psychometric Support

Reliability

Test-retest. High correlations were found for rankings ($r = .68$) and ratings ($r = .69$) (Fleiss, 1981). Children with low test-retest numbers were much more likely to be experiencing family stress (Reid, Landesman, Treder, & Jaccard, 1989). Intraclass test-retest correlations for rankings and ratings were $r = .68$ for rankings and $r = .69$ for ratings (Reid, Landesman, Treder, & Jaccard, 1989).

Internal consistency. The internal consistency coefficient (Cronbach's Alpha) was higher

for children's ratings of family members ($r = .77$) than for ratings of non-family members ($r = .61$) (Reid, Landesman, Treder, & Jaccard, 1989). The internal consistency for the entire instrument was .72. Highest consistency scores were found in the emotional support dialogues (mother, father, sibling, friend, relative, and teacher were .77, .82, .92, .81, .91, and .78 respectively).

Validity

Convergent validity. Children's own beliefs and understandings of the social support items were used as the basis for convergent validity analysis, to determine how the items relate to the theoretical construct the test is designed to measure. A content analysis was completed using children's responses to queries regarding their understanding of the constructs measured (Harter & Pike, 1984). This analysis revealed that over 90% of their descriptions demonstrated convergent validity (good comprehension of the social support questions) (Harter & Pike, 1984). Overall, subjects' responses were consistent with Cohen and Wills' (1985) definitions of social support.

LONGSCAN Use

Data Points

Age 8

Respondent

Child

Mnemonic and Version

Age 8: FFA, FFB. The ordering of the stems is altered in Version B, and two of the emotional support stems, "talk about your feelings" and "make you feel good about yourself" are administered optionally by sites. The EA site administered version A to 42% of its subjects, then switched to version B for the other 58% of the sample, and did not administer the two optional stems to this latter group. The SO site administered version A to all of its subjects. The MW

and SW sites administered version B to all of their subjects, and did not administer the optional stems. The NW site switched to version B after administering version A to only a few subjects, and did administer the optional stems. The two versions have been consolidated into a single data file with the mnemonic MFF.

Rationale

The availability of caring and supportive family, friends, teachers, and neighbors has been shown to mediate stresses (Finkelhor & Berliner, 1995) and to be related to resilient behavior for children who have been exposed to adverse experiences (Radke-Yarrow & Sherman, 1990).

Administration and Scoring Notes

The Child Social Network Chart must be administered first to obtain information about the people in the child's Social Network. This takes approximately 5 to 10 minutes. The time required to administer My Friends and Family is approximately 3-5 minutes per dialogue.

After consulting with one of the authors (S. Ramey), LONGSCAN decided to administer only the 5 emotional stems and the 1 conflict stem, as other researchers have done, because of the length of interview time involved.

The decision to use only the emotional support items (scale) was based on:

1. the authors reported that this scale/set of items was the most reliable, in both the manual and in consultation with our committee;
2. the authors as well as the social support literature viewed emotional support as one of the most valuable constructs within the broader domain;
3. the authors specifically recommend using the emotional support dialogues if the entire measure cannot be administered for reasons 1 & 2 above.

Upon fielding the interview, we decided that even six stems were too lengthy (due to our subjects' large social networks). We shortened the form a second time by dropping Emotional Support Stems 1 and 12, in accordance with what others in the field were doing at the time, and with minimal losses to reliability based on preliminary analyses of data from the SO site. The three remaining emotional support stems (dialogues 6, 8, &10), and the conflict (dialogue 5) stem were administered in the following order: Stem 6 is administered first, then stem 5 (conflict), then 8, and finally 10.

Results

This measure has not been scored at the time this manual was completed so there are no results to report.

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My Family and Friends –Version A

FFA

Stem #1

- If you want to TALK to someone ABOUT YOUR FEELINGS (like happy, sad, or mad), which of these people do you go to the most often? *Pause.*

A. RANKINGS. Look at all the cards and put the name of the person you talk to the most often in the first slot. Record this name in the blank A1 below. Look at the people on the cards that are left. Who do you talk to, about your feelings, the next most often? Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people [record names of these people in the N (not applicable) blanks at the bottom of the list.] These people will not be given Barometer Ratings. All names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **Now, when you talk to _____ about your feelings, how much better does he or she make you feel?** Point to each of the categories on the barometer and say: **Do you feel . . . (read each rating in turn)? Move the barometer to show how you feel after sharing your feelings with _____.** I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. <u>RANK</u>		B. <u>PERSON CODE</u>
C. <u>BAROMETER RATING</u>		
1. _____	___ ___ / ___ / ___	1. _____
2. _____	___ ___ / ___ / ___	2. _____
3. _____	___ ___ / ___ / ___	3. _____
4. _____	___ ___ / ___ / ___	4. _____
5. _____	___ ___ / ___ / ___	5. _____
6. _____	___ ___ / ___ / ___	6. _____
7. _____	___ ___ / ___ / ___	7. _____
8. _____	___ ___ / ___ / ___	8. _____
9. _____	___ ___ / ___ / ___	9. _____
10. _____	___ ___ / ___ / ___	10. _____
11. _____	___ ___ / ___ / ___	11. _____
12. _____	___ ___ / ___ / ___	12. _____

N1. _____ _ / _ / _

N2. _____ _ / _ / _

Stem #2

- **Who do you GET UPSET OR ANGRY WITH most often, even if you don't show it?**

Pause.

A. RANKINGS. Look at all the cards and put the name of the person you get upset or angry with most often in the first slot. Record this name in the blank A1 below.

Look at the people on the cards that are left. Who do you get upset or angry with the next most? Put the name of that person in the second slot. Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people [record names of these people in the N (not applicable) blanks at the bottom of the list.] These people will not be given Barometer Ratings. All names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **I'm going to show you the barometer again and let you move it to show me how angry or upset you get with _____ even if you don't show it. How angry do you get with _____?** Point to each of the categories on the barometer and say: **Not very angry, a tiny bit angry, a little angry, somewhat angry, very angry, or very, very angry?** For subsequent ratings say: **Do not make all the barometers the same unless they really are.** Record the barometer rating for each person in the same order as ranked.

A. RANK C. BAROMETER RATING

B. PERSON CODE

1. _____ _ / _ / _

2. _____ _ / _ / _

3. _____ _ / _ / _

4. _____ _ / _ / _

5. _____ _ / _ / _

6. _____ _ / _ / _

7. _____ _ / _ / _

8. _____ _ / _ / _

9. _____ _ / _ / _

10. _____ _ / _ / _

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____ ___ ___ / ___ / ___
 12. _____ ___ ___ / ___ / ___
 N1. _____ ___ ___ / ___ / ___
 N2. _____ ___ ___ / ___ / ___

11. ___ ___
 12. ___ ___

Stem #3

• **When you do SOMETHING GOOD THAT MAKES YOU FEEL REALLY HAPPY, like getting 100 on a test or getting an award, how often do you tell each of these people?** *Pause.*

A. RANKINGS. Look at the cards, and put in the first slot the name of the person that you go to the MOST OFTEN when something good happens to you . *Record this name in the blank A1 below.*

Look at the people on the cards that are left. Of all the people that are left, who do you go to the next most often? Put the name of that person in the second slot. *Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people . All names should be coded following the interview.*

C. BAROMETER RATINGS. *Extracting the name of the person rated first (in the 1st slot), say:* **When you tell _____ about the good thing that happened, how happy does it make you feel?** *Point to each of the categories on the barometer and say:* **Not very happy, only a tiny bit happy, a little happy, somewhat happy, very happy, or very, very, happy?** Move the barometer to show how happy it makes you feel when you tell _____ about the good thing that happened. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. *Record the barometer rating for each person in the same order as ranked.*

A. RANK
 C. BAROMETER RATING

B. PERSON CODE

1. _____ ___ ___ / ___ / ___
 2. _____ ___ ___ / ___ / ___
 3. _____ ___ ___ / ___ / ___
 4. _____ ___ ___ / ___ / ___
 5. _____ ___ ___ / ___ / ___
 6. _____ ___ ___ / ___ / ___
 7. _____ ___ ___ / ___ / ___
 8. _____ ___ ___ / ___ / ___

1. ___ ___
 2. ___ ___
 3. ___ ___
 4. ___ ___
 5. ___ ___
 6. ___ ___
 7. ___ ___
 8. ___ ___

9. _____ — — — / — / —
 10. _____ — — — / — / —
 11. _____ — — — / — / —
 12. _____ — — — / — / —
 N1. _____ — — — / — / —
 N2. _____ — — — / — / —

9. — —
 10. — —
 11. — —
 12. — —

Stem #4

• If you did **SOMETHING YOU FELT REALLY BAD ABOUT**, like something no one knew about or something you were not supposed to do, how often would you go to each of these people? *Pause.*

A. RANKINGS. Look at the cards, and put the name of the person that you go to the **MOST OFTEN** in the first slot. Record this name in the blank A1 below.

Look at the people on the cards that are left. Of all the people that are left, who do you go to the next most often? Put the name of that person in the second slot. Record this name in blank A2. Continue with the task until all the cards are used or the child indicates that s/he never goes to any of the remaining people.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **Now, when you talk to _____ when you feel bad, how much better does s/he help you feel?** Point to each of the categories on the barometer and say: **Do you feel the same or not much better than you did before, only a tiny bit better, a little better, somewhat better, a lot better or a whole lot better?** Move the barometer to show how much better _____ makes you feel. Repeat the instruction for each of the support people in the order ranked. Remind: **Do not make all the barometers the same unless they really are.** Record the barometer rating for each person in the same order as ranked.

A. RANK
 C. BAROMETER RATING

1. _____ — — — / — / —
 2. _____ — — — / — / —
 3. _____ — — — / — / —
 4. _____ — — — / — / —
 5. _____ — — — / — / —

B. PERSON CODE

1. — —
 2. — —
 3. — —
 4. — —
 5. — —

6. _____ _ / _ / _
 7. _____ _ / _ / _
 8. _____ _ / _ / _
 9. _____ _ / _ / _
 10. _____ _ / _ / _
 11. _____ _ / _ / _
 12. _____ _ / _ / _
 N1. _____ _ / _ / _
 N2. _____ _ / _ / _

6. _ _
 7. _ _
 8. _ _
 9. _ _
 10. _ _
 11. _ _
 12. _ _

Stem #5

• Which of these people UNDERSTANDS OR KNOWS YOU THE BEST?

Pause.

A. RANKINGS. Look at the cards, and put the name of the person who knows you the best in the first slot. Record this name in the blank A1 below.

Of the cards that are left, who knows you the next best? Put the name of that person in the second slot.

Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people. Names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **How well, or how much, does _____ understand you?** Point to each of the categories on the barometer and say: **Not very much, only a tiny bit, a little, somewhat, a lot or a whole lot?** Move the marker on the barometer to show how well _____ understands you. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. RANK
 C. BAROMETER RATING

B. PERSON CODE

1. _____ _ / _ / _
 2. _____ _ / _ / _
 3. _____ _ / _ / _
 4. _____ _ / _ / _
 5. _____ _ / _ / _

1. _ _
 2. _ _
 3. _ _
 4. _ _
 5. _ _

6. _____ / _____ / _____
 7. _____ / _____ / _____
 8. _____ / _____ / _____
 9. _____ / _____ / _____
 10. _____ / _____ / _____
 11. _____ / _____ / _____
 12. _____ / _____ / _____
 N1. _____ / _____ / _____
 N2. _____ / _____ / _____

6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____

Stem #6

• **How often do each of these people do or say things that help MAKE YOU FEEL GOOD ABOUT YOURSELF?**

Pause.

A. RANKINGS. Look at the cards, and put the name of the person who helps you feel the best about yourself in the first slot. Record this name in the blank A1 below.

Of the cards that are left, who makes you feel the next best? Put the name of that person in the second slot.

Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people. Names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated (in the 1st slot), say: **Now, how good does _____ make you feel about yourself, or about being you ? Point to each of the categories on the barometer and say: Not very good, only a tiny bit good, a little good, somewhat good, very good, or very, very, good? Move the marker on the barometer to show how good _____ makes you feel about yourself. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are.** Record the barometer rating for each person in the same order as ranked.

A. RANK
 C. BAROMETER RATING

B. PERSON CODE

1. _____ / _____ / _____
 2. _____ / _____ / _____
 3. _____ / _____ / _____

1. _____
 2. _____
 3. _____

4. _____ — — —/ —/ —
 5. _____ — — —/ —/ —
 6. _____ — — —/ —/ —
 7. _____ — — —/ —/ —
 8. _____ — — —/ —/ —
 9. _____ — — —/ —/ —
 10. _____ — — —/ —/ —
 11. _____ — — —/ —/ —
 12. _____ — — —/ —/ —
 N1. _____ — — —/ —/ —
 N2. _____ — — —/ —/ —

4. — —
 5. — —
 6. — —
 7. — —
 8. — —
 9. — —
 10. — —
 11. — —
 12. — —

My Family & Friends – Version B

FFB

Stem #1

• When you do SOMETHING GOOD THAT MAKES YOU FEEL REALLY HAPPY, like getting 100 on a test or getting an award, how often do you tell each of these people? *Pause.*

A. RANKINGS. Look at the cards, and put in the first slot the name of the person that you go to the MOST OFTEN when something good happens to you . *Record this name in the blank A1 below.*

Look at the people on the cards that are left. Of all the people that are left, who do you go to the next most often? Put the name of that person in the second slot. *Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people . All names should be coded following the interview.*

C. BAROMETER RATINGS. *Extracting the name of the person rated first (in the 1st slot), say: When you tell _____ about the good thing that happened, how happy does it make you feel? Point to each of the categories on the barometer and say: Not very happy, only a tiny bit happy, a little happy, somewhat happy, very happy, or very, very, happy? Move the barometer to show how happy it makes you feel when you tell _____ about the good thing that happened. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.*

A. <u>RANK</u>		B. <u>PERSON CODE</u>
C. <u>BAROMETER RATING</u>		
1. _____	___ ___ / ___/___	1. ___ ___
2. _____	___ ___ / ___/___	2. ___ ___
3. _____	___ ___ / ___/___	3. ___ ___
4. _____	___ ___ / ___/___	4. ___ ___
5. _____	___ ___ / ___/___	5. ___ ___
6. _____	___ ___ / ___/___	6. ___ ___
7. _____	___ ___ / ___/___	7. ___ ___
8. _____	___ ___ / ___/___	8. ___ ___
9. _____	___ ___ / ___/___	9. ___ ___
10. _____	___ ___ / ___/___	10. ___ ___
11. _____	___ ___ / ___/___	11. ___ ___

12. _____ / /

12. _____

N1. _____ / /

N2. _____ / /

Stem #2

This stem is OPTIONAL, and should be administered ONLY IF the site has decided to administer it. Will questions pertaining to 'TALK ABOUT YOUR FEELINGS' be administered?

_____ No (0) *(skip to next stem)*

_____ Yes (1)

• If you want to TALK to someone ABOUT YOUR FEELINGS (like happy, sad, or mad), which of these people do you go to the most often? *Pause.*

A. RANKINGS. Look at all the cards and put the name of the person you talk to the most often in the first slot. Record this name in the blank A1 below. Look at the people on the cards that are left. Who do you talk to, about your feelings, the next most often? Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people [record names of these people in the N (not applicable) blanks at the bottom of the list.] These people will not be given Barometer Ratings. All names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **Now, when you talk to _____ about your feelings, how much better does he or she make you feel?** Point to each of the categories on the barometer and say: **Do you feel . . .** (read each rating in turn)? **Move the barometer to show how you feel after sharing your feelings with _____.** I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. RANK
C. BAROMETER RATING

B. PERSON CODE

1. _____ / /

1. _____

2. _____ / /

2. _____

3. _____ / /

3. _____

4. _____ / /

4. _____

5. _____ / /

5. _____

6. _____ / /

6. _____

7. _____ / /

7. _____

8. _____ — — — / — / —
 9. _____ — — — / — / —
 10. _____ — — — / — / —
 11. _____ — — — / — / —
 12. _____ — — — / — / —
 N1. _____ — — — / — / —
 N2. _____ — — — / — / —

8. — —
 9. — —
 10. — —
 11. — —
 12. — —

Stem #3

• **Who do you GET UPSET OR ANGRY WITH most often, even if you don't show it?**

Pause.

A. RANKINGS. Look at all the cards and put the name of the person you get upset or angry with most often in the first slot. Record this name in the blank A1 below.

Look at the people on the cards that are left. Who do you get upset or angry with the next most? Put the name of that person in the second slot. Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people [record names of these people in the N (not applicable) blanks at the bottom of the list.] These people will not be given Barometer Ratings. All names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **I'm going to show you the barometer again and let you move it to show me how angry or upset you get with _____ even if you don't show it. How angry do you get with _____? Point to each of the categories on the barometer and say: Not very angry, a tiny bit angry, a little angry, somewhat angry, very angry, or very, very angry? For subsequent ratings say: Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.**

A. RANK
 C. BAROMETER RATING

B. PERSON CODE

1. _____ — — — / — / —
 2. _____ — — — / — / —
 3. _____ — — — / — / —
 4. _____ — — — / — / —
 5. _____ — — — / — / —

1. — —
 2. — —
 3. — —
 4. — —
 5. — —

6. _____	___ ___ ___/ ___/ ___	6. _____	___ ___
7. _____	___ ___ ___/ ___/ ___	7. _____	___ ___
8. _____	___ ___ ___/ ___/ ___	8. _____	___ ___
9. _____	___ ___ ___/ ___/ ___	9. _____	___ ___
10. _____	___ ___ ___/ ___/ ___	10. _____	___ ___
11. _____	___ ___ ___/ ___/ ___	11. _____	___ ___
12. _____	___ ___ ___/ ___/ ___	12. _____	___ ___
N1. _____	___ ___ ___/ ___/ ___		
N2. _____	___ ___ ___/ ___/ ___		

Stem #4

• If you did **SOMETHING YOU FELT REALLY BAD ABOUT**, like something no one knew about or something you were not supposed to do, how often would you go to each of these people? *Pause.*

A. RANKINGS. Look at the cards, and put the name of the person that you go to the **MOST OFTEN** in the first slot. *Record this name in the blank A1 below.*

Look at the people on the cards that are left. Of all the people that are left, who do you go to the next most often? Put the name of that person in the second slot. *Record this name in blank A2. Continue with the task until all the cards are used or the child indicates that s/he never goes to any of the remaining people.*

C. BAROMETER RATINGS. *Extracting the name of the person rated first (in the 1st slot), say: Now, when you talk to _____ when you feel bad, how much better does s/he help you feel? Point to each of the categories on the barometer and say: Do you feel the same or not much better than you did before, only a tiny bit better, a little better, somewhat better, a lot better or a whole lot better? Move the barometer to show how much better _____ makes you feel. Repeat the instruction for each of the support people in the order ranked. Remind: Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.*

A. RANK
C. BAROMETER RATING

B. PERSON CODE

1. _____	___ ___ ___ / ___/ ___	1. _____	___ ___
2. _____	___ ___ ___/ ___/ ___	2. _____	___ ___
3. _____	___ ___ ___/ ___/ ___	3. _____	___ ___

4. _____	___ ___ ___/ ___/ ___	4. _____	___ ___
5. _____	___ ___ ___/ ___/ ___	5. _____	___ ___
6. _____	___ ___ ___/ ___/ ___	6. _____	___ ___
7. _____	___ ___ ___/ ___/ ___	7. _____	___ ___
8. _____	___ ___ ___/ ___/ ___	8. _____	___ ___
9. _____	___ ___ ___/ ___/ ___	9. _____	___ ___
10. _____	___ ___ ___/ ___/ ___	10. _____	___ ___
11. _____	___ ___ ___/ ___/ ___	11. _____	___ ___
12. _____	___ ___ ___/ ___/ ___	12. _____	___ ___
N1. _____	___ ___ ___/ ___/ ___		
N2. _____	___ ___ ___/ ___/ ___		

Stem #5

• **Which of these people UNDERSTANDS OR KNOWS YOU THE BEST?**

Pause.

A. RANKINGS. Look at the cards, and put the name of the person who knows you the best in the first slot. Record this name in the blank A1 below.

Of the cards that are left, who knows you the next best? Put the name of that person in the second slot.

Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people. Names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **How well, or how much, does _____ understand you?** Point to each of the categories on the barometer and say: **Not very much, only a tiny bit, a little, somewhat, a lot or a whole lot?** Move the marker on the barometer to show how well _____ understands you. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. RANK
C. BAROMETER RATING

B. PERSON CODE

1. _____	___ ___ ___ / ___/ ___	1. _____	___ ___
2. _____	___ ___ ___/ ___/ ___	2. _____	___ ___

3. _____	___ ___ ___/ ___/ ___	3. _____	___ ___
4. _____	___ ___ ___/ ___/ ___	4. _____	___ ___
5. _____	___ ___ ___/ ___/ ___	5. _____	___ ___
6. _____	___ ___ ___/ ___/ ___	6. _____	___ ___
7. _____	___ ___ ___/ ___/ ___	7. _____	___ ___
8. _____	___ ___ ___/ ___/ ___	8. _____	___ ___
9. _____	___ ___ ___/ ___/ ___	9. _____	___ ___
10. _____	___ ___ ___/ ___/ ___	10. _____	___ ___
11. _____	___ ___ ___/ ___/ ___	11. _____	___ ___
12. _____	___ ___ ___/ ___/ ___	12. _____	___ ___
N1. _____	___ ___ ___/ ___/ ___		
N2. _____	___ ___ ___/ ___/ ___		

Stem #6

This stem is OPTIONAL, and should be administered ONLY IF the site has decided to administer it. Will questions pertaining to ‘MAKE YOU FEEL GOOD ABOUT YOURSELF’ be administered?

_____ No (0) (*end of form*)
 _____ Yes (1)

• How often do each of these people do or say things that help MAKE YOU FEEL GOOD ABOUT YOURSELF? *Pause.*

A. RANKINGS. Look at the cards, and put the name of the person who helps you feel the best about yourself in the first slot. Record this name in the blank A1 below.

Of the cards that are left, who makes you feel the next best? Put the name of that person in the second slot. Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people. Names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated (in the 1st slot), say: **Now, how good does _____ make you feel about yourself, or about being you ?** Point to each of the categories on the barometer and say: **Not very good, only a tiny bit good, a little good, somewhat good, very good, or very, very, good?** Move the marker on the barometer to show how good _____ makes you feel about yourself. I’m going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. RANK
 C. BAROMETER RATING

B. PERSON CODE

1.	_____	__ __ __ / __/ __
2.	_____	__ __ __/ __/ __
3.	_____	__ __ __/ __/ __
4.	_____	__ __ __/ __/ __
5.	_____	__ __ __/ __/ __
6.	_____	__ __ __/ __/ __
7.	_____	__ __ __/ __/ __
8.	_____	__ __ __/ __/ __
9.	_____	__ __ __/ __/ __
10.	_____	__ __ __/ __/ __
11.	_____	__ __ __/ __/ __
12.	_____	__ __ __/ __/ __
N1.	_____	__ __ __/ __/ __
N2.	_____	__ __ __/ __/ __

1.	__ __
2.	__ __
3.	__ __
4.	__ __
5.	__ __
6.	__ __
7.	__ __
8.	__ __
9.	__ __
10.	__ __
11.	__ __
12.	__ __

My Family and Friends Combined Versions A and B MFF

Stem #1

- If you want to **TALK** to someone **ABOUT YOUR FEELINGS** (like happy, sad, or mad), which of these people do you go to the most often? *Pause.*

A. RANKINGS. Look at all the cards and put the name of the person you talk to the most often in the first slot. Record this name in the blank A1 below. Look at the people on the cards that are left. Who do you talk to, about your feelings, the next most often? Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people [record names of these people in the N (not applicable) blanks at the bottom of the list.] These people will not be given Barometer Ratings. All names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **Now, when you talk to _____ about your feelings, how much better does he or she make you feel?** Point to each of the categories on the barometer and say: **Do you feel . . .** (read each rating in turn)? **Move the barometer to show how you feel after sharing your feelings with _____.** I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. <u>RANK</u>		B. <u>PERSON CODE</u>
C. <u>BAROMETER RATING</u>		
1. _____	___ ___ / ___ / ___	1. _____
2. _____	___ ___ / ___ / ___	2. _____
3. _____	___ ___ / ___ / ___	3. _____
4. _____	___ ___ / ___ / ___	4. _____
5. _____	___ ___ / ___ / ___	5. _____
6. _____	___ ___ / ___ / ___	6. _____
7. _____	___ ___ / ___ / ___	7. _____
8. _____	___ ___ / ___ / ___	8. _____
9. _____	___ ___ / ___ / ___	9. _____
10. _____	___ ___ / ___ / ___	10. _____
11. _____	___ ___ / ___ / ___	11. _____

12. _____ / ____ / ____
 N1. _____ / ____ / ____
 N2. _____ / ____ / ____

12. ____

Stem #2

- **Who do you GET UPSET OR ANGRY WITH most often, even if you don't show it?**

Pause.

A. RANKINGS. Look at all the cards and put the name of the person you get upset or angry with most often in the first slot. Record this name in the blank A1 below.

Look at the people on the cards that are left. Who do you get upset or angry with the next most? Put the name of that person in the second slot. Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people [record names of these people in the N (not applicable) blanks at the bottom of the list.] These people will not be given Barometer Ratings. All names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **I'm going to show you the barometer again and let you move it to show me how angry or upset you get with _____ even if you don't show it. How angry do you get with _____? Point to each of the categories on the barometer and say: Not very angry, a tiny bit angry, a little angry, somewhat angry, very angry, or very, very angry? For subsequent ratings say: Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.**

A. RANK C. BAROMETER RATING

1. _____ / ____ / ____
 2. _____ / ____ / ____
 3. _____ / ____ / ____
 4. _____ / ____ / ____
 5. _____ / ____ / ____
 6. _____ / ____ / ____
 7. _____ / ____ / ____
 8. _____ / ____ / ____

B. PERSON CODE

1. ____
 2. ____
 3. ____
 4. ____
 5. ____
 6. ____
 7. ____
 8. ____

9. _____ ___ ___ / ___ / ___
 10. _____ ___ ___ / ___ / ___
 11. _____ ___ ___ / ___ / ___
 12. _____ ___ ___ / ___ / ___
 N1. _____ ___ ___ / ___ / ___
 N2. _____ ___ ___ / ___ / ___

9. ___ ___
 10. ___ ___
 11. ___ ___
 12. ___ ___

Stem #3

• **When you do SOMETHING GOOD THAT MAKES YOU FEEL REALLY HAPPY, like getting 100 on a test or getting an award, how often do you tell each of these people?** *Pause.*

A. RANKINGS. Look at the cards, and put in the first slot the name of the person that you go to the **MOST OFTEN** when something good happens to you . *Record this name in the blank A1 below.*

Look at the people on the cards that are left. Of all the people that are left, who do you go to the next most often? Put the name of that person in the second slot. *Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people . All names should be coded following the interview.*

C. BAROMETER RATINGS. *Extracting the name of the person rated first (in the 1st slot), say:* **When you tell _____ about the good thing that happened, how happy does it make you feel?** *Point to each of the categories on the barometer and say:* **Not very happy, only a tiny bit happy, a little happy, somewhat happy, very happy, or very, very, happy?** Move the barometer to show how happy it makes you feel when you tell _____ about the good thing that happened. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. *Record the barometer rating for each person in the same order as ranked.*

A. RANK
 C. BAROMETER RATING

1. _____ ___ ___ / ___ / ___
 2. _____ ___ ___ / ___ / ___
 3. _____ ___ ___ / ___ / ___
 4. _____ ___ ___ / ___ / ___
 5. _____ ___ ___ / ___ / ___
 6. _____ ___ ___ / ___ / ___

B. PERSON CODE

1. ___ ___
 2. ___ ___
 3. ___ ___
 4. ___ ___
 5. ___ ___
 6. ___ ___

7. _____	___ ___ ___/ ___/ ___	7. ___ ___
8. _____	___ ___ ___/ ___/ ___	8. ___ ___
9. _____	___ ___ ___/ ___/ ___	9. ___ ___
10. _____	___ ___ ___/ ___/ ___	10. ___ ___
11. _____	___ ___ ___/ ___/ ___	11. ___ ___
12. _____	___ ___ ___/ ___/ ___	12. ___ ___
N1. _____	___ ___ ___/ ___/ ___	
N2. _____	___ ___ ___/ ___/ ___	
N2. _____	___ ___ ___/ ___/ ___	

Stem #4

• If you did **SOMETHING YOU FELT REALLY BAD ABOUT**, like something no one knew about or something you were not supposed to do, how often would you go to each of these people? *Pause.*

A. RANKINGS. Look at the cards, and put the name of the person that you go to the **MOST OFTEN** in the first slot. Record this name in the blank A1 below.

Look at the people on the cards that are left. Of all the people that are left, who do you go to the next most often? Put the name of that person in the second slot. Record this name in blank A2. Continue with the task until all the cards are used or the child indicates that s/he never goes to any of the remaining people.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **Now, when you talk to _____ when you feel bad, how much better does s/he help you feel?** Point to each of the categories on the barometer and say: **Do you feel the same or not much better than you did before, only a tiny bit better, a little better, somewhat better, a lot better or a whole lot better?** Move the barometer to show how much better _____ makes you feel. Repeat the instruction for each of the support people in the order ranked. Remind: **Do not make all the barometers the same unless they really are.** Record the barometer rating for each person in the same order as ranked.

A. <u>RANK</u> C. <u>BAROMETER RATING</u>	B. <u>PERSON CODE</u>
1. _____	1. ___ ___
2. _____	2. ___ ___

3. _____	___ ___ ___/ ___/ ___	3. ___ ___
4. _____	___ ___ ___/ ___/ ___	4. ___ ___
5. _____	___ ___ ___/ ___/ ___	5. ___ ___
6. _____	___ ___ ___/ ___/ ___	6. ___ ___
7. _____	___ ___ ___/ ___/ ___	7. ___ ___
8. _____	___ ___ ___/ ___/ ___	8. ___ ___
9. _____	___ ___ ___/ ___/ ___	9. ___ ___
10. _____	___ ___ ___/ ___/ ___	10. ___ ___
11. _____	___ ___ ___/ ___/ ___	11. ___ ___
12. _____	___ ___ ___/ ___/ ___	12. ___ ___
N1. _____	___ ___ ___/ ___/ ___	
N2. _____	___ ___ ___/ ___/ ___	

Stem #5

• Which of these people UNDERSTANDS OR KNOWS YOU THE BEST?

Pause.

A. RANKINGS. Look at the cards, and put the name of the person who knows you the best in the first slot. Record this name in the blank A1 below.

Of the cards that are left, who knows you the next best? Put the name of that person in the second slot.

Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people. Names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated first (in the 1st slot), say: **How well, or how much, does _____ understand you?** Point to each of the categories on the barometer and say: **Not very much, only a tiny bit, a little, somewhat, a lot or a whole lot?** Move the marker on the barometer to show how well _____ understands you. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. <u>RANK</u>		B. <u>PERSON CODE</u>
C. <u>BAROMETER RATING</u>		
1. _____	___ ___ ___ / ___/ ___	1. ___ ___
2. _____	___ ___ ___/ ___/ ___	2. ___ ___

3. _____	___ ___ ___/ ___/ ___	3. ___ ___
4. _____	___ ___ ___/ ___/ ___	4. ___ ___
5. _____	___ ___ ___/ ___/ ___	5. ___ ___
6. _____	___ ___ ___/ ___/ ___	6. ___ ___
7. _____	___ ___ ___/ ___/ ___	7. ___ ___
8. _____	___ ___ ___/ ___/ ___	8. ___ ___
9. _____	___ ___ ___/ ___/ ___	9. ___ ___
10. _____	___ ___ ___/ ___/ ___	10. ___ ___
11. _____	___ ___ ___/ ___/ ___	11. ___ ___
12. _____	___ ___ ___/ ___/ ___	12. ___ ___
N1. _____	___ ___ ___/ ___/ ___	
N2. _____	___ ___ ___/ ___/ ___	

Stem #6

• How often do each of these people do or say things that help MAKE YOU FEEL GOOD ABOUT YOURSELF?

Pause.

A. RANKINGS. Look at the cards, and put the name of the person who helps you feel the best about yourself in the first slot. Record this name in the blank A1 below.

Of the cards that are left, who makes you feel the next best? Put the name of that person in the second slot.

Record this name in blank A2. Continue with this task until all the cards are used or the child indicates that s/he never goes to any of the remaining people. Names should be coded following the interview.

C. BAROMETER RATINGS. Extracting the name of the person rated (in the 1st slot), say: **Now, how good does _____ make you feel about yourself, or about being you ?** Point to each of the categories on the barometer and say: **Not very good, only a tiny bit good, a little good, somewhat good, very good, or very, very, good?** Move the marker on the barometer to show how good _____ makes you feel about yourself. I'm going to show you a barometer for each of these people, and I want you to think carefully. Do not make all the barometers the same unless they really are. Record the barometer rating for each person in the same order as ranked.

A. RANK
C. BAROMETER RATING

B. PERSON CODE _____

1. _____	___ ___ ___ / ___/ ___	1. ___ ___
----------	------------------------	----------------

2. _____ — — —/ —/ —
 3. _____ — — —/ —/ —
 4. _____ — — —/ —/ —
 5. _____ — — —/ —/ —
 6. _____ — — —/ —/ —
 7. _____ — — —/ —/ —
 8. _____ — — —/ —/ —
 9. _____ — — —/ —/ —
 10. _____ — — —/ —/ —
 11. _____ — — —/ —/ —
 12. _____ — — —/ —/ —
 N1. _____ — — —/ —/ —
 N2. _____ — — —/ —/ —

2. — —
 3. — —
 4. — —
 5. — —
 6. — —
 7. — —
 8. — —
 9. — —
 10. — —
 11. — —
 12. — —

Neighborhood Risk Assessment

LONGSCAN

1992

Description of Measure

Purpose

To assess potential neighborhood risk factors for family stress or child maltreatment.

Conceptual Organization

The instrument includes 32 items. The first 5 questions gather information about the neighborhood such as length of residence, location, and type of neighborhood. The next 25 items assess the respondent's attitude toward the neighborhood and were selected to measure four constructs: tangible support, child-friendliness, safety, and attachment. For these items, the respondent is asked to rate each statement (e.g., I could get help from a neighbor if I needed it) on a 5-point scale from 1 (never true) to 5 (always true). The final two questions are open-ended questions about the respondent's feelings toward the neighborhood.

Item Origin/Selection Process

Items were chosen based on the work of Garbarino and Sherman (1980) and an earlier measure developed at the LONGSCAN EA study site.

Materials

Non-copyrighted LONGSCAN form is included in this manual.

Time Required

5 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

A total score can be derived by summing values for items 6-30. Values for items 19, 23, 24, 27, 28, 29, and 30 should be reversed so that all items are scored in a positive direction.

Scale construction is as follows:

- Attachment: Items 15, 16, 17, 18, 19R, 20, 21, 22, and 23R
- Safety: Items 24R, 25, 26, 27R, 28R, and 29R
- Child-friendliness: Items 10, 11, 12, 13, and 14
- Tangible support: Items 6, 7, 8, 9, and 30R

Items followed by "R" are reverse coded.

Score Interpretation

A higher score reflects more favorable perceptions.

LONGSCAN Use

Data Points

Age 6

Respondent

Primary maternal caregiver

Mnemonic and Version

NRFA

Rationale

The ecological-developmental model and recent empirical work suggest that neighborhoods influence family life and subsequent child development (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993; Chalk & Phillips, 1996). Children in impoverished and/or unsafe neighborhoods are at an increased risk for experiencing some type of maltreatment and for poor developmental outcomes (Garbarino & Sherman, 1980). We included this measure in order to explore the relationship between neighborhood quality, child maltreatment, and child outcomes.

Results

Factor structure

Table 1 provides the results of a principal components analysis on this instrument (N = 1075). The *a priori* scales were confirmed. The highest loadings on Attachment are the more general items related to a “good neighborhood.” The feelings of attachment expressed by other items in this scale appear to be important considerations in evaluating the “goodness” of a neighborhood. A number of the safety items also had relatively high loadings on this factor, indicating that feelings of safety also contribute to feelings of attachment to a neighborhood.

Table 1 about here

Reliability

Internal consistency reliability of these scales is reported in Table 2. Each of the subscales had acceptable reliability.

Table 2 about here

Descriptive Statistics

Table 3 shows primary caregivers’ assessment of their neighborhoods as reported at the Age 6 interview, by race and study site. Compared to the Black caregivers, the White caregivers

felt more attached to their neighborhoods, safer in their neighborhoods, and felt they could count on more tangible support from neighbors. There was only a slight difference by race in report of Child-Friendliness. The EA site had lower scores on the Attachment, Safety, and Tangible Support subscales than the other sites. The higher mean scores for the SW site probably reflect the fact that over two-thirds of the respondents were substitute caregivers (including relative and non-relative guardians, adoptive and foster parents), who may have resided in better neighborhoods than the biological parents of LONGSCAN subject children.

Table 3 about here

Validity

Two of the Neighborhood Risk Assessment subscales relate to social support (Child-friendliness and Tangible Support). We correlated the scores on the subscales with the maternal caregiver's reports of social support from any sources (Duke-UNC Functional Social Support Scale). The total Functional Social Support score was significantly correlated ($p < .0001$) with both subscales (Child-friendliness, $r = .20$ and Tangible Support, $r = .17$).

The caregiver's report of Neighborhood Safety was also correlated with the child's report of exposure to violence on Things I have Seen and Heard. The caregiver's report of drug-dealing in the neighborhood was associated with the child's report of witnessing drug deals, arrests, someone shot, gangs, guns pulled, and knives pulled. The child's report of seeing gangs in the neighborhood was associated with the caregiver's report that the neighborhood was not safe for children playing or for anyone to walk alone during the day, that there was drug abuse in the neighborhood, victims of bodily crime, and neighbors who don't get along well with police. Finally, the caregiver's report of Safety in the neighborhood had a significant negative correlation with the teacher's report of an Unsafe Neighborhood around the school ($r = -.22$, $p < .0001$).

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Table 1. Principal Component Loadings of Neighborhood Risk Factor Scale. Age 6 Interview

	Attachment	Safety	Child-Friendliness	Tangible Support
People trust each other (15)	.54	.29	.38	.32
Sense of belonging here (16)	.55	.21	.39	.32
Care about neighbor's opinions (17)	.54	-.07	.21	.20
Good place to live (18)	.73	.46	.17	.07
Would move if possible (19)	.64	.33	-.02	.09
Good place for kids to play (20)	.52	.06	.23	-.05
Good place to raise family (21)	.72	.46	.14	.05
Safe for children outside (22)	.59	.49	.25	.06
Don't want kids play w/ some (23)	.47	.26	-.19	.13
Drug abuse/dealing (24)	.50	.62	-.04	-.10
Safe to walk during day (25)	.36	.55	.14	.09
People get on with police (26)	.50	.52	.16	.06
Homes/businesses broken into (27)	.04	.83	.09	-.02
Vandalism (28)	.14	.86	.05	.01
People are victims of crime (29)	.26	.80	.06	.06
Adult will stay with sick child (10)	.08	.08	.45	.01
I greet my neighbors (11)	.30	-.01	.51	.15
Neighbors watch kids (12)	.17	.09	.73	.26
Neighbors are parents to talk to (13)	.14	.01	.75	.31
Child plays w/ neighbor children (14)	-.08	.11	.74	.16
Would ask neighbor to borrow \$ (6)	.09	.04	.11	.81
Neighbor could ask to borrow \$ (7)	-.16	-.06	.17	.76
Could get help from neighbor (8)	.29	.10	.39	.63
Neighbor could get my help (9)	.30	.03	.34	.53
I keep to myself (30)	.37	.19	.14	.50

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Internal Consistency of the Neighborhood Risk Assessment Form by Race and by Study Site. Age 6 Interview

	N	Attachment α	Safety α	Child-Friendliness α	Tangible Support α
Total	1150	.86	.86	.73	.76
Race					
White	383	.86	.85	.74	.81
Black	616	.85	.86	.71	.72
Hispanic	84	.87	.86	.76	.71
Multiracial	33	.85	.87	.82	.54
Other	29	.89	.88	.70	.83
Site					
EA	246	.85	.85	.77	.69
MW	161	.87	.86	.75	.78
SO	219	.85	.86	.67	.76
SW	294	.86	.85	.64	.78
NW	232	.83	.86	.75	.76

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Mean Scores on the Neighborhood Risk Assessment Form by Race and by Study Site. Age 6 Interview

	N	Attachment <u>M</u> (SD)	Safety <u>M</u> (SD)	Child-Friendliness <u>M</u> (SD)	Tangible Support <u>M</u> (SD)
Total	1200	30.33 (9.44)	23.91 (5.84)	20.15 (4.64)	15.12 (5.02)
Race					
White	388	33.01 (8.66)	25.60 (4.73)	20.19 (4.68)	16.85 (5.07)
Black	654	28.10 (9.43)	22.67 (6.25)	20.05 (4.64)	13.91 (4.75)
Hispanic	89	33.60 (9.01)	25.29 (5.20)	20.57 (4.47)	15.71 (4.63)
Multiracial	34	32.21 (8.96)	23.53 (5.76)	19.82 (5.21)	15.91 (3.90)
Other	29	31.68 (9.71)	24.96 (5.44)	20.66 (4.30)	16.50 (5.56)
Site					
EA	246	26.51 (9.44)	21.00 (6.31)	19.65 (5.03)	13.32 (4.67)
MW	211	28.45 (9.41)	22.62 (5.95)	19.76 (4.75)	14.80 (5.08)
SO	219	29.59 (9.36)	24.83 (5.94)	20.39 (4.46)	15.44 (5.05)
SW	294	34.26 (8.54)	25.83 (4.56)	21.33 (3.79)	16.37 (4.98)
NW	232	31.79 (8.53)	24.84 (5.15)	19.32 (4.99)	15.49 (4.84)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Neighborhood Risk Assessment NRFA

THESE ARE THE LAST SET OF QUESTIONS. THEY ARE ABOUT YOUR NEIGHBORHOOD.

1. HOW LONG HAVE YOU LIVED IN YOUR NEIGHBORHOOD?

___ years ___ months

2. WOULD YOU DESCRIBE YOUR NEIGHBORHOOD AS:

- 1 **URBAN?** (in a city)
- 2 **SUBURBAN?** (low population density, within or outside city limits)
- 3 **RURAL?**
- 4 **OR SOMETHING ELSE?:** _____
describe

3. HOW CLOSE IS YOUR NEAREST NEIGHBOR? (*Obtain approximate estimate of physical distance*)

- 0 In same building (apt., duplex, townhouse, hotel, group home, shelter, etc.)
- 1 Not same building, but less than one-quarter mile
- 2 More than one-quarter mile

4. DOES YOUR FAMILY CURRENTLY RESIDE IN: [*Read through Column A, get most appropriate response, then read Column B. One box should be checked in each column.*]

Column A
(Check only one from list below)

- [] a. **a high rise apt. or building**
- [] b. **a low rise (3 floors or less) apartment**
- [] c. **a town house, duplex or other attached housing**
- [] d. **a mobile home**
- [] e. **a detached, single family home**

Column B
(Check only one from list below)

- [] g. **public housing project**
- [] h. **Section 8 housing**
- [] i. **military housing**
- [] j. **rehab(ilitation) center**
- [] k. **shelter (homeless, battered**

women)

- [] f. **other** (*describe*)

- [] l. **residential group home**

- [] m. **currently homeless**

- [] n. **NONE OF ABOVE**

5. DO YOU CURRENTLY:

- 1 **OWN YOUR HOME?**
- 2 **RENT YOUR HOME?**
- 3 **SHARE HOUSING WITH SOMEONE?** (Not owned or rented by respondent)
- 4 **OTHER** _____ (*specify*)

OK, NOW I'M GOING TO READ YOU SOME GENERAL STATEMENTS ABOUT NEIGHBORS AND NEIGHBORHOODS. PLEASE TELL ME *[Hand card]* IF WHAT I READ IS :

- 1 NEVER TRUE (NT)
- 2 ALMOST NEVER TRUE (ANT)
- 3 SOMETIMES TRUE (ST)
- 4 USUALLY TRUE (UT)
- 5 ALWAYS TRUE (AT)

	NT	ANT	ST	UT	AT	
	<hr/>					
	<u>NR</u>					
6. I WOULD FEEL COMFORTABLE ASKING A NEIGHBOR TO LOAN ME A FEW DOLLARS OR SOME FOOD.	1	2	3	4	5	--
7. MY NEIGHBORS WOULD FEEL COMFORTABLE ASKING ME TO BORROW A FEW DOLLARS OR SOME FOOD.	1	2	3	4	5	--
8. I COULD GET HELP FROM A NEIGHBOR, IF I NEEDED IT.	1	2	3	4	5	--
9. NEIGHBORS CAN GET HELP FROM ME, IF THEY NEED IT.	1	2	3	4	5	--
10. IF MY CHILD MISSES SCHOOL BECAUSE OF ILLNESS, THERE IS ALWAYS AN ADULT WHO CAN STAY WITH HIM/HER.	1	2	3	4	5	--
11. I GREET MY NEIGHBORS WHEN I SEE THEM.	1	2	3	4	5	--
12. WE WATCH OUT FOR EACH OTHER'S CHILDREN IN OUR NEIGHBORHOOD.	1	2	3	4	5	--
13. I HAVE NEIGHBORS I CAN TALK TO WHO ARE ALSO PARENTS.	1	2	3	4	5	--
14. MY CHILD PLAYS WITH OTHER CHILDREN IN THE NEIGHBORHOOD.	1	2	3	4	5	--
15. PEOPLE TRUST EACH OTHER IN MY NEIGHBORHOOD.	1	2	3	4	5	--
16. I FEEL A SENSE OF BELONGINGNESS IN MY NEIGHBORHOOD.	1	2	3	4	5	--
17. I CARE ABOUT WHAT MY NEIGHBORS THINK OF MY ACTIONS (e.g., HOW I DRESS, HOW I TREAT MY CHILD).	1	2	3	4	5	--
18. MY NEIGHBORHOOD IS A GOOD PLACE TO LIVE.	1	2	3	4	5	--
19. I WOULD MOVE OUT OF MY NEIGHBORHOOD IF I COULD.	1	2	3	4	5	--

20. THERE IS A GOOD PLACE (e.g., PLAYGROUND) FOR CHILDREN TO PLAY IN MY NEIGHBORHOOD.	1	2	3	4	5	--
1 NEVER TRUE (NT)						
2 ALMOST NEVER TRUE (ANT)						
3 SOMETIMES TRUE (ST)						
4 USUALLY TRUE (UT)						
5 ALWAYS TRUE (AT)						
	NT	ANT	ST	UT	AT	
	<hr/>					
	NR					
21. MY NEIGHBORHOOD IS A GOOD PLACE TO RAISE A FAMILY.	1	2	3	4	5	--
22. IT'S SAFE FOR MY CHILD TO PLAY OUTSIDE IN OUR NEIGHBORHOOD.	1	2	3	4	5	--
23. THERE ARE NEIGHBORHOOD CHILDREN THAT I DO NOT WANT MY CHILD TO PLAY WITH.	1	2	3	4	5	--
24. THERE IS OPEN DRUG ABUSE/DEALING IN MY NEIGHBORHOOD.	1	2	3	4	5	--
25. IT'S SAFE TO WALK ALONE IN MY NEIGHBORHOOD DURING THE DAY.	1	2	3	4	5	--
<hr/>						
26. PEOPLE IN MY NEIGHBORHOOD GET ALONG WELL WITH THE POLICE.	1	2	3	4	5	--
27. HOMES OR BUSINESSES GET BROKEN INTO IN MY NEIGHBORHOOD.	1	2	3	4	5	--
28. THERE IS VANDALISM IN MY NEIGHBORHOOD.	1	2	3	4	5	--
29. PEOPLE ARE VICTIMS OF BODILY CRIME IN MY NEIGHBORHOOD (e.g., MUGGINGS, BEATINGS, KNIFINGS, SHOOTINGS).	1	2	3	4	5	--
30. I KEEP TO MYSELF IN MY NEIGHBORHOOD.	1	2	3	4	5	--
<hr/>						
31. WHAT DO YOU LIKE LEAST ABOUT YOUR NEIGHBORHOOD?	<hr/>					
32. WHAT DO YOU LIKE MOST ABOUT YOUR NEIGHBORHOOD?	<hr/>					

Neighborhood Short Form
LONGSCAN
1991

Description of Measure

Purpose

To measure primary caregivers' perception of neighborhood quality.

Conceptual Organization

The instrument includes nine items reflecting social support, safety, and neighborhood pride/morale.

Item Origin/Selection Process

The Neighborhood Short Form was developed by LONGSCAN based on a review of the literature. The items were selected to capture primary caregivers' perceptions of the degree of social support, safety, and sense of pride in the neighborhood in which they live.

Materials

Non-copyrighted form is included in this manual.

Time Required

Less than five minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Respondents rank each item on a 4-point scale ranging from 1 (very much like my neighborhood) to 4 (not at all like my neighborhood). A total neighborhood satisfaction score

can be computed by summing scores across all 9 items (reverse coding is required for items 1, 4, 5, and 7). Subscale scores for the three *a priori* subscales are computed by summing items as follows:

- Safety: Items 3, 6, and 9
- Support: Items 1R, 4R, and 7R
- Pride/Morale: Items 2, 5R, and 8

(The letter “R” indicates items that are reverse-coded.)

Score Interpretation

Subscale scores can range from 3 to 12 with higher scores indicating a higher degree of the quality being measured.

LONGSCAN Use

Data Points

Pre-Age 4: MW & NW sites only

Age 4, 8: all sites

Respondent

Primary maternal caregiver

Mnemonic and Version

Pre-Age 4 and Age 4: NEIA

Age 8: NEA

Rationale

Neighborhood characteristics are potentially important risk or protective factors for child maltreatment and other child outcomes. At the Age 6 interview, an expanded version of the neighborhood measure was used which tapped more constructs related to community life (see Neighborhood Risk Assessment). At the Age 8 interview the Neighborhood Short Form was used again due to time constraints.

Results

Descriptive Statistics

Table 1 and 2 provide the mean total score for all nine items, and the mean score for each of the three subscales (Safety, Social Support, and Morale) by race and study site, as reported by caregivers at the Age 4 and 8 interviews.

At both interview points, Blacks reported having the lowest perceived levels of neighborhood safety, social support, and morale. This finding is consistent with other studies and may reflect problems of inner city living, including socioeconomic disadvantage, and segregated housing patterns. Furthermore, it reflects the fact that Black families were significantly poorer than other racial groups in the LONGSCAN sample.

With the exception of the SW site, the mean scores on the Neighborhood Short Form by study site appear to reflect the socioeconomic status of the respondents within the particular site. The two sites with the highest proportion of AFDC recipients, EA (77%) and MW (80%), exhibited the lowest scores on this form. The relatively high level of reported neighborhood quality for the SW site is probably due to the fact that a high percentage of children in that sample were living in foster families at the Age 4 interview.

Table 1 about here

Table 2 about here

Reliability

Table 3 and 4 display the internal consistency reliability coefficients for the total scale and the subscales for the Age 4 and 8 interviews. All of the Cronbach's alpha values showed acceptable levels of reliability.

Table 3 about here

Table 4 about here

Validity

To assess validity, measures from this instrument were compared to the Interviewer

Ratings of the Respondent and Home Environment from the Age 4 interview. Caregivers' reports of drugs in the neighborhood were significantly associated with the interviewers' rating neighborhoods as "unsafe" (χ^2 (12, $N = 525$) = 184.6, $p < 0.001$). Dangerousness of neighborhood was also related to the interviewer's rating of neighborhood safety (χ^2 (12, $N = 525$) = 141.7, $p < 0.001$). Neighborhood Pride/Morale was positively related to the interviewer's rating of the condition of the housing in the neighborhood (χ^2 (12, $N = 525$) = 13.5, $p < 0.001$). Likewise, Item 8, "the buildings and yards in this neighborhood are really run down", showed a significant association with the interviewer's rating of the condition of the housing (χ^2 (12, $N = 525$) = 17.0, $p < 0.001$).

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Table 1. Mean Scores on Neighborhood Short Form by Race and Study Site. Age 4 Interview

	N	Total Score M (SD)	Safety M SD)	Social Support M SD)	Morale M (SD)
<i>Total</i>	1101	25.5 (7.06)	8.3 (3.05)	8.7 (2.66)	8.7 (2.75)
<i>Race</i>					
White	386	26.7 (6.88)	8.8 (2.89)	8.7 (2.62)	9.1 (2.66)
Black	556	24.3 (7.18)	7.6 (3.10)	8.4 (2.73)	8.2 (2.77)
Hispanic	78	26.6 (6.32)	9.0 (2.88)	8.7 (2.34)	9.0 (2.69)
Multiracial	37	25.7 (7.06)	8.2 (2.99)	9.0 (2.64)	8.7 (2.64)
Other	43	27.5 (6.12)	9.3 (2.80)	9.2 (2.41)	9.3 (2.67)
<i>Site</i>					
EA	227	23.4 (6.99)	7.0 (3.01)	8.6 (2.76)	7.8 (2.70)
MW	120	22.1 (6.92)	6.9 (3.05)	8.2 (2.53)	7.4 (2.82)
SO	219	25.2 (6.87)	8.4 (3.02)	8.2 (2.69)	8.6 (2.59)
SW	293	28.5 (6.34)	9.4 (2.72)	9.4 (2.50)	9.7 (2.51)
NW	242	26.0 (6.83)	8.6 (2.88)	8.5 (2.63)	8.8 (2.68)

Source. Based on data received at the LONGSCAN Coordinating Center through 7/8/97.

Table 2. Mean Scores on Neighborhood Short Form by Race and Study Site. Age 8 Interview

	N	Total Score M (SD)	Safety M (SD)	Social Support M (SD)	Morale M (SD)
<i>Total</i>	1052	27.35 (6.61)	8.82 (2.94)	9.24 (2.43)	9.24 (2.58)
<i>Race</i>					
White	276	29.40 (5.99)	9.54 (2.76)	9.61 (2.15)	10.04 (2.39)
Black	570	25.90 (6.86)	8.21 (3.03)	9.03 (2.54)	8.73 (2.67)
Hispanic	72	29.18 (5.08)	9.96 (2.25)	9.34 (2.29)	9.87 (2.04)
Multiracial	126	28.32 (6.19)	9.33 (2.63)	9.21 (2.57)	9.45 (2.39)
Other	14	28.29 (4.27)	8.79 (2.29)	9.93 (1.49)	9.57 (1.65)
<i>Site</i>					
EA	233	25.00 (6.77)	7.57 (3.03)	9.06 (2.49)	8.38 (2.71)
MW	167	26.61 (6.38)	8.34 (2.88)	9.02 (2.42)	9.12 (2.34)
SO	179	26.93 (6.87)	8.97 (2.93)	8.94 (2.60)	9.00 (2.61)
SW	263	29.86 (5.84)	9.86 (2.57)	9.78 (2.21)	10.08 (2.39)
NW	213	27.95 (6.19)	9.16 (2.75)	9.19 (2.39)	9.51 (2.49)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 3. Cronbach's Alpha Coefficients from the Neighborhood Short form by Race and Study Site. Age 4 Interview

	Total Scale α	Safety α	Social Support α	Morale α
<i>Total</i>	.87	.85	.79	.73
<i>Race</i>				
White	.88	.85	.81	.71
Black	.86	.84	.78	.71
Hispanic	.82	.81	.63	.76
Multiracial	.87	.83	.82	.67
Other	.81	.86	.78	.66
<i>Site</i>				
EA	.85	.81	.78	.68
MW	.88	.91	.79	.76
SO	.86	.84	.77	.64
SW	.86	.80	.76	.74
NW	.87	.85	.80	.75

Source. Based on data received at the LONGSCAN Coordinating Center through 7/8/97.

Table 4. Cronbach's Alpha Coefficients from the Neighborhood Short form by Race and Study Site. Age 8 Interview

	Total Scale α	Safety α	Social Support α	Morale α
<i>Total</i>	.87	.84	.78	.72
<i>Race</i>				
White	.88	.88	.78	.82
Black	.86	.83	.78	.69
Hispanic	.81	.75	.78	.77
Multiracial	.86	.80	.84	.61
Other	.70	.66	--	--
<i>Site</i>				
EA	.85	.83	.78	.67
MW	.86	.84	.79	.67
SO	.86	.82	.77	.65
SW	.87	.82	.79	.76
NW	.87	.85	.79	.77

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Neighborhood Short Form NEIA

Now I'd like to ask you a few questions about your neighborhood (community).

IF RESPONDENT LIVES IN A RURAL AREA, SUBSTITUTE THE WORD *COMMUNITY*. IF RESPONDENT HAS NO IDENTIFIABLE NEIGHBORHOOD OR COMMUNITY, CIRCLE -- BELOW AND GO TO NEXT PAGE.

-- (NOT APPLICABLE)

You respond by telling me if what I say sounds

(HAND CARD)

1 Very much like your neighborhood/community

2 Somewhat like

3 Very little like

4 Not at all like

-- = NA/NR

	<u>VM</u>	<u>S</u>	<u>VL</u>	<u>NAA</u>	<u>NR</u>
1. People in this neighborhood help each other out.1	2	3	4	--	
2. Most of the people in this neighborhood are on welfare.....1	2	3	4	--	
3. There’s a lot of drug abuse in this neighborhood.1	2	3	4	--	
4. We watch out for each other’s children in this neighborhood.1	2	3	4	--	
5. I’m proud to live in this neighborhood.1	2	3	4	--	
6. It’s dangerous in this neighborhood.....1	2	3	4	--	
7. There are people I can count on in this neighborhood.1	2	3	4	--	
8. The buildings and yards in this neighborhood are really run down.1	2	3	4	--	
9. There are people in this neighborhood who might be a bad influence on my child(ren).1	2	3	4	--	

Neighborhood Short Form NEA

"Now I'd like to ask you a few questions about your neighborhood or community."

[Hand card.] **You respond by telling me if what I say sounds...** *[Read options in box.]*

1 VERY MUCH LIKE your neighborhood/community
 2 SOMEWHAT LIKE your neighborhood/community
 3 VERY LITTLE LIKE your neighborhood/community
 4 NOT AT ALL LIKE your neighborhood/community
 R REFUSED/NO RESPONSE

	<u>VM</u>	<u>S</u>	<u>VL</u>	<u>NAA</u>	<u>R</u>
1. People in this neighborhood help each other out.	1	2	3	4	R
2. Most of the people in this neighborhood are on welfare.	1	2	3	4	R
3. There's a lot of drug abuse in this neighborhood.	1	2	3	4	R
4. We watch out for each other's children in this neighborhood.	1	2	3	4	R
5. I'm proud to live in this neighborhood.	1	2	3	4	R
6. It's dangerous in this neighborhood.	1	2	3	4	R
7. There are people I can count on in this neighborhood.	1	2	3	4	R
8. The buildings and yards in this neighborhood are really run down.	1	2	3	4	R
9. There are people in this neighborhood who might be a bad influence on my child(ren).	1	2	3	4	R

Pictorial Scale of Perceived Competence and Social Acceptance for Young Children

Harter, S. and Pike, R.
1984

Description of Measure

Purpose

To obtain self-reported feelings of cognitive and physical competence and social acceptance from children aged 4 to 7 years.

Conceptual Organization

The 24-item instrument is made up of four *a priori* subscales comprised of six items each: Cognitive Competence, Physical Competence, Peer Acceptance, and Maternal Acceptance. Separate versions were developed for two age groupings: Preschool – Kindergarten (Form PK), and First – Second Grade. Because the scale is administered to young children, the items and response sets are pictorial. Factor analysis for both age groups has revealed that all items load on two major factors: General Competence and Social Acceptance (Harter & Pike, 1984). The four separate subscales were retained because the authors felt that they could provide useful information about individual children; e.g., for some children the items in maternal and peer acceptance may not cluster together.

Item Origin/Selection Process

The Pictorial Scales of Perceived Competence and Social Acceptance were devised as a downward extension of the Perceived Competence Scale for Children developed for children and adolescents 8 to 18 years old (Harter, 1983). Whereas older children are able to think of themselves in terms of trait labels or more generalized descriptions (e.g., smart, popular), younger children's self-judgements are much more concrete. Therefore, items were developed to correspond to specific skills that connote competence and social acceptance for these age groups. The two versions were necessitated by the fact that children's skills and activities change quite a bit over the four year age span from preschool to second grade.

Materials

Administration booklets, interview forms, score sheets, and procedural manuals are available from the publisher (Harter & Pike, 1983). Also see Harter and Pike (1984).

Time Required

10-15 minutes

Administration Method

Two illustrations are presented for each item, typically, a child who is very good at the task(s) depicted and a child who is not very good at the task(s). The child is read two brief statements, one positive and one negative, for each of the pictures (e.g., this child's mom takes him places he likes to go, and this child's mom does not take him places he likes to go). The child is then asked to choose which of the children from the two statements is most like him or her, the child depicting the positive statement or the child depicting the negative statement. After the respondent identifies with one of the children, the interviewer asks whether s/he is a lot like that child or a little like that child.

Training

Minimal. Interviewers should be familiar with the procedures manual.

Scoring

Score Types

Each item is scored on a 4-point scale, where 4 represents the highest degree of perceived acceptance or competence. Subscale scores are computed by adding values of child responses, and computing mean scores. Subscale totals range from 6 to 24. The subscales for both versions are comprised of items as follows:

- Cognitive Competence: Items 1, 5, 9, 13, 17, and 21
- Physical Competence: Items 3, 7, 11, 15, 19, and 23
- Peer Acceptance: Items 2, 6, 10, 14, 18, and 22
- Maternal Acceptance: Items 4, 8, 12, 16, 20, and 24

Score Interpretation

Higher scores reflect a greater sense of competence or social acceptance.

Norms and/or Comparative Data

Harter and Pike (1984)

In their sample, the authors included an equal number of female and male preschoolers (n = 90), kindergartners (n = 56), first graders (n = 65), and second graders (n = 44). Children were predominantly White (96%) and middle-class. The means for the four subscales, displayed in Table 1, indicate that children in this sample generally report feelings of high competence and acceptance.

Table 1 about here

Studies of maltreated children

Vondra, Barnett, and Cicchetti (1989, 1990) have found that young, maltreated, school-age children tend to inflate their self-report on this perceived competence measure. They hypothesized that younger, maltreated children may be cognitively delayed relative to their peers, and thus not as capable of making realistic self-appraisals.

Psychometric Support

Reliability

Alpha coefficients for the subscales for both age groups ranged from .53 for Physical Competence in the Grades 1-2 sample to .83 for the Maternal Acceptance subscale in the Preschool-Kindergarten sample (Harter & Pike, 1984). Even though children responded consistently to these items, the narrow range of scores produces lower estimates of statistical reliability (Harter & Pike, 1984). The authors also note that scores were skewed toward the upper end of the scale, especially for the competence subscales.

Validity

Scores on various subscales are reported to discriminate between children predicted to differ in each domain. For example, children new to a school setting reported lower peer

acceptance; children who had been held back a grade reported lower cognitive competence, and children who were preterm infants, with related delays in motor development, rated themselves lower in the physical competence domain as was predicted. Correlations between teacher and self-ratings were moderately weak, with highest agreement in the cognitive domain ($r = .37$, $p < .001$), next highest in the physical domain ($r = .30$, $p < .005$) and negligible agreement in the social acceptance domain ($r = .06$) (Harter & Pike, 1984).

Another study examining the construct validity and developmental appropriateness of this scale for low-income urban children did not replicate Harter and Pike's findings of meaningful constructs and concluded that this instrument is not developmentally appropriate for preschool children (Fantuzzo, McDermott, Manz, Hampton, & Burdick, 1996).

LONGSCAN Use

Data Points

Age 6

Respondent

Child

Mnemonic and Version

PCSA: For first and second graders.

PCKA: For preschoolers and kindergarteners. The EA and MW sites used this form because at the time of the Age 6 interview almost all subjects were either enrolled in preschool or kindergarten, or cognitive testing placed them in the preschool-kindergarten developmental range.

Rationale

Feelings of competence and acceptance are characteristics that have been associated with high self-esteem and resilience in children.

Administration and Scoring Notes

The EA and MW sites administered the PK version of the instrument. Because the scales of the two versions are comparable in terms of items and scoring, their results can be combined with those of the other sites. The Cognitive items differ in content according to specific cognitive activities that would be appropriate for each age group. The Physical Competence, Peer Acceptance, and Maternal Acceptance subscales each have four overlapping items.

Results

Subscale means and standard deviations are displayed in Table 2. The EA and MW sites' results for Form PK are presented separately. The scores obtained for these LONGSCAN samples are virtually identical to those reported by Harter and Pike (1984) for their predominantly White, middle class samples (See Table 1). The possibility that the children in our samples have exaggerated self-perceptions, as suggested by the work of Vondra, Barnett, and Cicchetti (1989, 1990), should be considered.

In our samples, Black children had more positive scores than the children in other racial groups. Site variation was mostly negligible and may be attributable to slight variations in age across the samples.

Table 2 about here

Reliability

Table 3 presents data on subscale internal consistency. The alpha coefficients are similar to those reported by Harter and Pike (1984).

Validity

To investigate validity, each of the subscales was compared to standardized measures of related constructs. No correlation was found between the Cognitive Competence subscale and either the WPPSI Vocabulary and Block Design subscales or the teacher's report of Academic Performance from the Teacher Report Form. No difference in mean scores on the Physical Competence subscale was found for children whose health was described as Excellent/Good and those whose health was described as Fair/Poor.

Table 3 about here

Harter and Pike found that their sample's competence judgements were related to their actual performance (Harter & Pike, 1984). To test the validity of the Social Competence domain, we correlated children's scores with their total scores on the Loneliness and Social Dissatisfaction self-report measure, with the mother's report of Social Problems on the CBCL, and with the teacher's report of Social Problems on the TRF. A significant association was found between the child's self report of Social Competence and self-report of Loneliness and Social Dissatisfaction ($r = -.47$, $p < .0001$), indicating that children gave consistent reports of their feelings in the social arena. There was also a small inverse association between the child's self report of Social Competence and the mother's report of Social Problems on the CBCL ($r = -.09$, $p < .05$). The correlation between the Social Competence domain and the teacher's report of Social Problems was of approximately the same magnitude ($-.07$), though the relationship was not significant. These latter two tests suggest that the children's perceived competencies are not strongly related to how external observers view them. While this does not necessarily indicate lack of validity of the instrument for our population, these findings suggest that continued monitoring of psychometric properties of this instrument is warranted.

Publisher Information

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Table 1. Subscale Means and Standard Deviations for the Pictorial Scale of Perceived Competence for Young Children

	Cognitive Competence	Physical Competence	Peer Acceptance	Maternal Acceptance
	<u>M</u> (SD)	<u>M</u> (SD)	<u>M</u> (SD)	<u>M</u> (SD)
Preschoolers/ Kindergartners	3.7 (0.38)	3.6 (0.45)	3.5 (0.57)	3.4 (0.66)
First & Second Graders	3.3 (0.66)	3.5 (0.49)	3.3 (0.66)	3.0 (0.68)

Source. Harter and Pike (1984).

Note. Subjects were administered age-appropriate versions of the scale.

Table 2. Mean Perceived Competence Scores by Race and Study Site. Age 6 Interview

	N	Cognitive Competence <u>M</u> (SD)	Physical Competence <u>M</u> (SD)	Peer Acceptance <u>M</u> (SD)	Maternal Acceptance <u>M</u> (SD)
Form PK					
<i>Total (EA, MW)</i>	417	3.64 (0.41)	3.60 (0.43)	3.42 (0.59)	3.34 (0.65)
<i>Race</i>					
White	30	3.64 (0.48)	3.44 (0.55)	3.34 (0.56)	3.14 (0.68)
Black	318	3.63 (0.41)	3.61 (0.42)	3.48 (0.56)	3.38 (0.64)
Hispanic	28	3.64 (0.33)	3.56 (0.41)	3.14 (0.69)	3.25 (0.66)
Multiracial	36	3.70 (0.34)	3.63 (0.49)	3.29 (0.65)	3.26 (0.70)
Other	5	3.67 (0.24)	3.57 (0.35)	2.77 (1.12)	3.03 (0.89)
Site					
EA	230	3.66 (0.38)	3.60 (0.45)	3.48 (0.57)	3.40 (0.65)
MW	187	3.61 (0.43)	3.59 (0.42)	3.34 (0.62)	3.27 (0.64)
Form 1-2					
<i>Total (SO, SW, NW)</i>	719	3.28 (0.66)	3.52 (0.49)	3.33 (0.66)	2.98 (0.68)
<i>Race</i>					
White	264	3.15 (0.69)	3.41 (0.51)	3.20 (0.66)	2.86 (0.67)
Black	296	3.44 (0.57)	3.67 (0.38)	3.45 (0.61)	3.10 (0.66)
Hispanic	51	3.15 (0.74)	3.42 (0.66)	3.27 (0.73)	2.97 (0.64)
Multiracial	98	3.18 (0.69)	3.45 (0.53)	3.32 (0.68)	2.98 (0.69)
Other	10	3.40 (0.69)	3.53 (0.48)	3.45 (0.67)	2.97 (0.79)
Site					
SO	216	3.52 (0.51)	3.62 (0.40)	3.39 (0.66)	3.00 (0.65)
SW	284	3.27 (0.65)	3.52 (0.50)	3.37 (0.62)	3.03 (0.65)
NW	219	3.04 (0.72)	3.43 (0.54)	3.22 (0.69)	2.90 (0.73)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Cronbach's Alpha Coefficients of Perceived Competence Scores by Race and Study Site. Age 6 Interview

	Cognitive Competence α	Physical Competence α	Peer Acceptance α	Maternal Acceptance α
Form PK (EA, MW)	.60	.59	.73	.78
<i>Race</i>				
White	.74	.61	.62	.71
Black	.60	.57	.72	.78
Hispanic	.32	.58	.75	.81
Multiracial	.60	.73	.71	.81
Other	.54	.30	.90	.82
<i>Site</i>				
EA	.59	.65	.72	.80
MW	.61	.51	.74	.75
Form 1-2 (SO, SW, NW)	.78	.61	.78	.72
<i>Race</i>				
White	.78	.58	.73	.72
Black	.74	.53	.74	.70
Hispanic	.86	.79	.80	.65
Multiracial	.77	.57	.74	.74
Other	.84	.58	.86	.72
<i>Site</i>				
SO	.75	.51	.80	.70
SW	.77	.61	.72	.69
NW	.77	.64	.74	.76

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

The Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (P-K Version) PCKA

Directions: Take out appropriate boy or girl booklet and read directions to the child. Enter the number in the circle that the child points to in the space beside each item.

Item Order and Description

Item Rating: (1-2-3-4)

1.	Good at puzzles	_____	(1)
2.	Has lots of friends	_____	(2)
3.	Good at swinging	_____	(3)
4.	Mom smiles	_____	(4)
5.	Get stars on paper	_____	(5)
6.	Stays overnight at friends	_____	(6)
7.	Good at climbing	_____	(7)
8.	Mom takes you places	_____	(8)
9.	Knows names of colors	_____	(9)
10.	Has friends to play with	_____	(10)
11.	Can tie shoes	_____	(11)
12.	Mom cooks favorite foods	_____	(12)
13.	Good at counting	_____	(13)
14.	Has friends on playground	_____	(14)
15.	Good at skipping	_____	(15)
16.	Mom reads to you	_____	(16)
17.	Knows alphabet	_____	(17)
18.	Gets asked to play by others	_____	(18)
19.	Good at running	_____	(19)
20.	Mom plays with you	_____	(20)
21.	Knows first letter of name	_____	(21)
22.	Eats dinner at friends	_____	(22)
23.	Good at hopping	_____	(23)
24.	Mom talks to you	_____	(24)

Comments: _____

Pictorial Scale of Perceived Competence and Social Acceptance for Young Children

PCSA

Directions: Take out appropriate boy or girl booklet and read directions to the child. Enter the number in the circle that the child points in the space beside each item.

<u>Item Order and Description</u>	<u>Item rating: (1-2-3-4)</u>
1. Good at numbers	_____ (1)
2. Friends to play with	_____ (2)
3. Good at swinging	_____ (3)
4. Eats at friends	_____ (4)
5. Knows a lot in school	_____ (5)
6. Others share	_____ (6)
7. Good at climbing	_____ (7)
8. Mom takes you places	_____ (8)
9. Can read alone	_____ (9)
10. Friends to play games with	_____ (10)
11. Good at bouncing ball	_____ (11)
12. Mom cooks favorite foods	_____ (12)
13. Good at writing words	_____ (13)
14. Has friends on playground	_____ (14)
15. Good at skipping	_____ (15)
16. Mom reads to you	_____ (16)
17. Good at spelling	_____ (17)
18. Gets asked to play by others	_____ (18)
19. Good at running	_____ (19)
20. Stays overnight at friends	_____ (20)
21. Good at adding	_____ (21)
22. Others sit next to you	_____ (22)
23. Good at jumping rope	_____ (23)
24. Mom talks to you	_____ (24)

Comments: _____

Preschool Symptom Self-Report (PRESS)

Martini, R. D., Strayhorn, J. M., and Puig-Antich, J.
1990

Description of Measure

Purpose

To obtain self-reports of depressive symptoms from preschool-aged children.

Conceptual Organization

The PRESS is a pictorial self-report instrument, consisting of 25 items, each comprised of two illustrations on a page. One drawing illustrates a problem behavior or a symptom; the other illustrates the absence of that problem or symptom. The child respondent is asked to indicate which picture is most like him or her. Sample items include feeling sad; feeling bad about oneself; thinking one's parents don't love him/her.

Item Origin/Selection Process

The PRESS is based on items from the Child Behavior Checklist [CBCL] for children aged 2 to 3 years (Achenbach & Howell, 1987), the General Rating of Affective Symptoms in Preschoolers [GRASP] (Kashani, Holcomb, & Orvaschel, 1986), major depressive items of the DSM-III-R (American Psychiatric Association, 1994), and internalizing items from the CBCL for children ages 4 to 18 years (Achenbach & Edelbrock, 1983).

Materials

Illustration booklets (separate male and female version are available) and response sheets are available from the author. The response sheet used by LONGSCAN is included in this manual.

Time Required

5 minutes

Administration Method

For each item, the interviewer displays two illustrations that represent opposite feelings. The interviewer points to one illustration and reads the caption describing the feeling depicted in the illustration. The interviewer then points to the other illustration and reads that caption. The child answers by indicating which of the two illustrations is most like him or her.

Training

Minimal

Scoring

Score Types

Each item represents a symptom, and children's responses are coded as present or absent. The total score is derived from counting the number of items indicating the presence of a symptom.

Score Interpretation

A higher score reflects more depressed affect.

Norms and/or Comparative Data

In a pilot study by the authors (Martini, Strayhorn, & Puig-Antich, 1990), of 84 Head Start children, ages 3 to 5 years, an average endorsement rate of 5.75 items (23%) was found.

Psychometric Support

Reliability

Test-retest reliability (time interval not reported) was reported by the authors as an intraclass coefficient of 0.86 ($p = 0.0005$). The internal consistency reliability coefficient (Cronbach's alpha) was .89.

Validity

Parent and teacher responses to the PRESS were compared to their responses to the following comparable, but non-pictorial formatted depression instruments: the CBCL (Achenbach & Edelbrock, 1983), the Teacher Report Form (Achenbach & Edelbrock, 1986), and

the GRASP (Kashani, Holcomb, Orvaschel, 1986). The authors noted that, at the time of the PRESS's development, there was no existing self-report instrument for preschool children that could serve as an anchoring criterion. Thus, they examined the validity of the PRESS as an instrument for adults to rate children's symptoms, reasoning that if the PRESS proved valid for parent and teacher report there would be at least an enhanced probability that it would also be valid for children. Moderate correlations were detected (parent PRESS and parent GRASP, $r = .54$; parent PRESS and parent CBCL, $r = .55$; teacher PRESS and teacher GRASP, $r = .68$; teacher PRESS and teacher TRF, $r = .63$). Parents' responses to the PRESS were compared to teachers' responses to the PRESS, with a resulting correlation of .37 (Martini, Strayhorn, & Puig-Antich, 1990).

The authors also examined the degree to which the child's self-report on the PRESS agreed with the parent's and teacher's reports on the PRESS. Both correlations were low and non-significant. The authors conclude that these results could indicate poor validity of the child's self-report, or that other factors could explain the lack of correspondence (e.g., the parent and teacher may not be accurate reporters of the child's internal state).

More recently, Cohen and Mannarino (1996) used the PRESS as an outcome measure in a study of sexually abused preschool children. They found that the children's PRESS scores were very low (lower than the mean reported by the authors for the Head Start sample) and that the pre- and post treatment PRESS scores did not differ significantly. Cohen and Mannarino also noted a social desirability bias in responses.

LONGSCAN Use

Data Points

Age 4, 6

Respondent

Child

Mnemonic and Version

Age 4: PREA

Age 6: PREB. Differs only in that responses are listed as A and B, rather than 1 and 2.

Rationale

Research indicates that other informants (e.g., parent, teacher) may not be able to accurately report on children's internal state (Achenbach & Edelbrock, 1983). The PRESS is one of the few self-reports of affective state available for this age group.

Administration and Scoring Notes

The PRESS is scored by first converting all 1s to 0s, and all 2's to 1's. (For the PRESS at Age 6, which has As and Bs rather than 1s and 2s, A is scored as 0, and B is scored as 1. Items 1, 2, 7, 8, 12, 15, 16, 18, 20, 22, 23, and 24 are reverse coded. Finally, all items are summed for a total score. The total score indicates the number of depressive symptoms.

Results

Descriptive Statistics

Table 1 shows the mean depression scores and standard deviations for children by race and study site at the Age 4 and Age 6 interviews. Site differences observed at Age 4 (NW with highest scores and SO with lowest) were no longer apparent at the Age 6 interview and children were reporting fewer depressive symptoms at Age 6. At Age 6, the PRESS scores declined for every site and every racial group.

Table 1 about here

Reliability

Table 2 displays internal consistency reliability statistics (Cronbach's alpha) for the PRESS at the time of the Age 4 and Age 6 interviews by race and study site. The overall alphas (.82 at Age 4 and .85 at Age 6) are slightly lower than those reported by the authors.

Validity

Like Cohen and Mannarino (1996) we expected children in the LONGSCAN sample to have elevated rates of depressive symptomatology, because of the high-risk criteria used for sample selection. At Age 4 the total sample mean was comparable to that reported by Martini,

Strayhorn, and Puig-Antich (1990) for their sample of Head Start children. Age 4 PRESS scores were compared with caregivers' reports of child symptomatology on the CBCL. Resulting correlations between the PRESS and the CBCL Total Score, Externalizing Score, and Internalizing Score were all non-significant. While finding agreement would have provided evidence that the children's responses were meaningful, the converse is not necessarily true, as poor agreement between parent and child report of the child symptomatology is not uncommon (Rapee, Barrett, Dadds, & Evans, 1994; Verhulst, Althaus, & Berden, 1987).

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Table 1. Mean Scores on the PRESS by Race and Study Site. Age 4 and Age 6 Interviews

	Age 4 Interview		Age 6 Interview	
	N	<u>M</u> (SD)	N	<u>M</u> (SD)
Total	932	5.12 (4.32)	1091	2.36 (3.35)
Race				
White	268	4.84 (4.32)	292	2.26 (3.18)
Black	485	5.23 (4.43)	590	2.30 (3.08)
Hispanic	65	4.13 (3.60)	76	3.17 (5.37)
Multiracial	98	5.65 (4.28)	110	2.52 (3.50)
Other	15	7.40 (4.77)	13	1.38 (1.61)
Site				
EA	184	6.01 (4.21)	242	2.01 (3.03)
MW	99	5.56 (4.43)	137	2.34 (3.03)
SO	206	3.31 (3.80)	208	2.29 (2.87)
SW	278	4.99 (4.24)	284	2.52 (4.00)
NW	165	6.59 (4.39)	220	2.63 (3.35)

Source. Age 4: Based on data received at the LONGSCAN Coordinating Center through 7/8/97.

Age 6: Based on data received at the LONGSCAN Coordinating Center through 6/30/00.

Table 2. Internal Consistency Reliability (Cronbach's Alpha) of the PRESS by Race and Study Site. Age 4 and Age 6 Interviews

	Age 4 Interview α	Age 6 Interview α
Total	.82	.85
Race		
White	.83	.83
Black	.82	.82
Hispanic	.78	.94
Multiracial	.79	.85
Other	.81	.53
Site		
EA	.78	.84
MW	.81	.81
SO	.85	.78
SW	.82	.90
NW	.78	.83

Source. Age 4: Based on data received at the LONGSCAN Coordinating Center through 7/8/97.

Age 6: Based on data received at the LONGSCAN Coordinating Center through 6/30/00.

PRESS Score Form

ITEM	PREB	
	(A) LIKE	(B) NOT LIKE
1. Sad	A	B
2. Cannot take it	A	B
3. Thinks parents love them	A	B
4. Good looking	A	B
5. Can play well	A	B
6. Wants to play, knows father will not leave	A	B
7. Does not feel good about things	A	B
8. Playing and not having fun	A	B
9. Happy when plays with others	A	B
10. Not tired, wants to play	A	B
11. Can fall asleep, sleeps well	A	B
12. Doesn't like to play with friends	A	B
13. Feels like eating	A	B
14. Doesn't feel sick, wants to play	A	B
15. Afraid of dog	A	B
16. Feels bad about self, sad	A	B
17. Doesn't get or stay mad	A	B
18. Rather play alone	A	B
19. Okay if parents leave for awhile	A	B
20. Others kids don't like	A	B
21. Doesn't like to tease others	A	B
22. Afraid to go to bed alone	A	B
23. Doesn't have enough energy	A	B
24. Can't listen to 1 whole story	A	B
25. Will pick up toys when asked	A	B

Revised Children's Manifest Anxiety Scales (RCMAS)

Reynolds, C., and Richmond, B. O.

1985

Description of Measure

Purpose

The Revised Children's Manifest Anxiety Scales (RCMAS) are designed to assess the level and nature of anxiety in children and adolescents ages 6 to 19 years. LONGSCAN administered two of these scales, the Social Concerns and the Lie Scale. The Social Concerns scale measures anxiety about living up to the expectations of other people and the related outcome of difficulty concentrating on schoolwork, while the Lie Scale assesses idealized view of self, social desirability or a need for acceptance.

Conceptual Organization

The RCMAS has 37 items divided into four scales: Physiological Anxiety (10 items; e.g., "Often I feel sick in my stomach."), Worry/Over-sensitivity (11 items; e.g., "I worry about what is going to happen."), Social Concerns/Concentration (7 items; "A lot of people are against me."), and the Lie Scale (9 items; e.g., "I never get angry."). The child responds to each question with a "Yes" or "No" answer. "Yes" indicates the item is descriptive of the child's feelings or behavior.

Item Origin/Selection Process

The Children's Manifest Anxiety Scales (CMAS), developed by Casteneda, Palermo, and McCandless (1956), was revised by Reynolds and Richmond (1978) to adapt it for use with 1st through 12th grade students (for younger students the reading level was simplified) and to improve robustness of the measure.

An in-depth description of the development of the revised CMAS can be found in the user's manual (Reynolds & Richmond, 1994).

Materials

Manual and test forms are necessary, and a scoring key is optional. All are available from the publisher.

Time Required

Less than 5 minutes

Administration Method

Group or individual administration. Individual administration is recommended for younger children and children with reading problems or other disabilities. For administration to kindergarten through second grade students and those with any reading problems, the examiner reads each item aloud. It is also easily administered in group-settings for children 9.5 years and older. For group administration the examiner reads the instructions aloud. The instructions are written on the test form at a third grade reading level.

Training

Minimal

Scoring

Score Types

A Total Anxiety score can be computed using the 28 anxiety items. The remaining items comprise the Lie Scale. The raw score on each scale is the number of items to which the child responds "Yes" for that scale. A scoring key is available from the publishers to help with scoring children's responses. Tables provided in the manual, are used to convert raw scores to percentiles and standardized scores. For the Total Anxiety score, the common T-score scale is used, which has a mean of 50 and a standard deviation of 10. For the subscales, scaled scores are used which have a mean of 10 and standard deviation of 3, like the scores used for the Wechsler Intelligence Scale for Children-Revised (WISC-R). This scale was chosen because standard scores with greater variability would have had the effect of "stretching" the raw score distribution and exaggerating the differences among the subscales. The tables in the manual provide norms by one-year age intervals, race, and sex.

Score Interpretation

Because scores are derived from affirmative responses by the child, high scores indicate high levels of the construct measured by each scale. Children scoring at higher levels on Social Concerns/Concentration may worry that they are not living up to the expectations of others. High scores on the Lie Scale reflect ideal behavior not characteristic of anyone, and may be indicative of social desirability or an inflated self-view.

Norms and/or Comparative Data

The sample on which the RCMAS was normed consisted of 4,972 children between the ages of 6 and 19 years (2208 White males; 2176 White females; 289 Black males, 299 Black females). The majority of the children came from the Midwest and Southwest. Norms are provided for the total sample at one year intervals and for each ethnic/sex combination (Reynolds & Richmond, 1994). The authors report the mean score for 8 year olds to be 3.07 (SD = 1.90) for the Social Concerns/Concentration scale, and 4.53 (SD = 2.47) for the Lie Scale.

Psychometric Support

Reliability

Alpha estimates for the Lie Scale are acceptable with a coefficient of .77. Lower coefficients were found at younger ages: The alphas for 6 year old Black males and females were .41 and .39, respectively (Reynolds & Richmond, 1994). For White males and females, they were .56 and .67, respectively. Given the low reliability, the authors advise that this scale be used cautiously with children under the age of 8 years. For Social Concerns, the alphas for 6 year olds were also low: Black males, .60; Black females, .44; White males, .56; White females, .66.

Test-retest reliability has been examined for the Total Anxiety score and the Lie Scale only. Reynolds reported a test-retest correlation of .68 for a study with 534 elementary children who were tested again after a nine-month interval (Reynolds, 1981). For the Lie Scale a correlation of .58 was found across the 9 month test-retest interval for the sample.

Validity

Reynolds (1980) examined the convergent and divergent validity in a concurrent administration of the State-Trait Anxiety Inventory for Children (STAIC; Spielberger, 1973), an

accepted measurement of state and trait anxiety. A high, significant correlation was found between the RCMAS and the STAIC Trait scale ($r = .85, p < .001$). In a similar study by Reynolds (Reynolds, 1985) with 465 children, the RCMAS Total Anxiety score was correlated .78 with the STAIC Trait scale and only .08 with the STAIC State scale. Another study by Reynolds (1982), found significant correlations between RCMAS anxiety scales and the Walker Problem Behavior Identification Checklist (WPBIC), completed by teachers (Walker, 1971) and the STAIC Trait scale.

Reynold's (1982) results suggest that the Lie Scale does appear to be a measure of defensiveness or social desirability, showing small but consistently negative correlations with other measures, with the exception being the STAIC trait scale. Negative correlations of -.50 (females) and -.31 (males) between the Lie Scale and STAIC State scale confirms the Lie scale as a measure of defensiveness or social desirability.

LONGSCAN Use

Data Points

Age 8

Respondent

Child

Mnemonic and Version

ALA

Rationale

The Lie scale was administered to address the concern that children may provide socially desirable answers. High Lie scale scores may be related to unrealistically high standards by caregivers or self, or to feelings of social isolation or rejection on the part of the child. The Social Concerns scale was included to buffer the Lie items and to obtain another self-report measure of anxiety against which to compare results from the Trauma Symptom Checklist. Anxiety may interfere with children's academic performance by interfering with their ability to concentrate.

Administration and Scoring Notes

The items in the two scales are as follows:

Social Concerns/Concentration: Items 1, 4, 6, 9, 11, 13, and 15.

Lie: Items 2, 3, 5, 7, 8, 10, 12, 14, and 16.

"Yes" responses are summed. Tables (see Appendix, Reynolds & Richmond, 1979b) are used to convert raw scores to standardized scores and percentiles. Standardized scores for each scale have a mean of 10 and a standard deviation of 3. As a general rule, caution should be used when giving anxiety-based interpretations of children's scores when both the Lie & Total anxiety scores exceed the test mean by one standard deviation or more (i.e., Lie scale score is greater than 13 and Total Anxiety T-score is greater than 60).

Results

Table 1 displays the mean scores, both raw and scaled, for the Social Concerns/Concentration and Lie scales at the Age 8 interview. Compared to the children in Reynolds and Richmond's (1985) normative sample the mean raw scores of the LONGSCAN children are somewhat higher, particularly on the Lie scale (normative sample Social Concerns/Concentration = 3.07, LONGSCAN Social Concerns/Concentration = 3.25; normative sample Lie scale = 4.53, LONGSCAN Lie scale = 5.36) indicating that the LONGSCAN children are demonstrating higher levels of anxiety and inaccurate self-reporting than average. However, when these scores are converted to scaled scores and compared to the normative scaled score, the LONGSCAN children appear to be slightly below average on Social Concerns and slightly above average on the Lie scale. Hispanic children and Multiracial children have the highest scores on Social Concerns/Concentration scale. Black children had the lowest scores on Social Concerns and the highest scores on the Lie scale. White children scored relatively low on both scales. Children at the SO site report the lowest levels of social anxiety on the Social Concerns scale and children at the EA site the highest scores on the Lie scale.

Table 1 about here

When comparing scaled scores of boys and girls in Tables 2 and 3, it can be seen that boys report greater anxiety on Social Concerns/Concentration and have lower scores on the Lie Scale than girls. Girls and boys at the SO site have the lowest Social Concerns scores and boys at

the EA site have the highest Lie Scale scores. When examined by site, the boys' scores are generally more consistent across race and site than girls. Only the boys at the EA site have elevated Lie scale scores compared to the other sites.

Table 2 about here

Table 3 about here

Table 4 displays the internal consistency reliability statistics (Cronbach's Alphas) for both scales by race and study site. For the total sample, the alpha coefficients for the Lie scale are good ($\alpha = .75$) and range from .70 for Black children to .79 for White children. Alpha coefficients at the EA site are the lowest ($\alpha = .66$) and are the highest at the NW site ($\alpha = .79$). The total alpha coefficient for the Social Concerns/Concentration scale is markedly lower ($\alpha = .57$). Internal reliability ranges from .41 for Hispanic children to .59 for Black children, and from .51 at the MW site to .63 at the SO site.

Table 4 about here

Publisher Information

Western Psychological Services (WPS)
12031 Wilshire Boulevard
Los Angeles, CA 90025-1251
1-800-648-8857
<http://www.wpspublish.com>

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Table 1. Mean Scores on the Social Concerns and Lie Scales by Race and Study Site. Age 8 Interview

	N	Social Concerns/Concentration		Lie Scale	
		Raw Score <u>M</u> (SD)	Scaled Score <u>M</u> (SD)	Raw Score <u>M</u> (SD)	Scaled Score <u>M</u> (SD)
Total	980	3.25 (1.81)	9.78 (2.78)	5.36 (2.40)	10.59 (2.85)
Race					
White	265	3.33 (1.81)	9.88 (2.78)	4.80 (2.60)	9.97 (3.06)
Black	533	3.16 (1.85)	9.64 (2.86)	5.74 (2.21)	11.02 (2.68)
Hispanic	57	3.40 (1.60)	10.00 (2.41)	5.37 (2.31)	10.60 (2.76)
Multiracial	113	3.42 (1.74)	10.05 (2.65)	4.89 (2.49)	10.03 (2.86)
Other	12	3.50 (1.68)	9.92 (2.31)	5.33 (2.39)	10.58 (2.81)
Site					
EA	229	3.06 (1.80)	9.49 (2.76)	5.83 (2.10)	11.12 (2.57)
MW	102	3.39 (1.73)	9.95 (2.70)	5.31 (2.35)	10.56 (2.80)
SO	182	2.86 (1.91)	9.14 (2.99)	5.45 (2.23)	10.62 (2.60)
SW	257	3.45 (1.75)	10.08 (2.67)	5.32 (2.53)	10.55 (3.03)
NW	211	3.51 (1.78)	10.18 (2.71)	4.86 (2.60)	10.05 (3.07)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Mean Scores on the Social Concerns and Lie Scales for Boys by Race and Study Site Age 8 Interview

	N	Social Concerns/Concentration		Lie Scale	
		Raw Score <u>M</u> (SD)	Scaled Score <u>M</u> (SD)	Raw Score <u>M</u> (SD)	Scaled Score <u>M</u> (SD)
Total	467	3.34 (1.76)	10.11 (2.52)	5.25 (2.37)	10.46 (2.82)
Race					
White	125	3.43 (1.73)	10.23 (2.46)	4.66 (2.58)	9.83 (3.07)
Black	253	3.28 (1.82)	10.04 (2.64)	5.59 (2.21)	10.85 (2.65)
Hispanic	28	3.39 (1.62)	10.18 (2.31)	5.11 (2.41)	10.29 (2.85)
Multiracial	57	3.46 (1.60)	10.23 (2.24)	5.02 (2.43)	10.16 (2.85)
Other	5	3.00 (2.35)	9.40 (3.21)	5.80 (1.64)	10.80 (1.64)
Site					
EA	114	3.25 (1.81)	10.01 (2.59)	5.86 (2.18)	11.19 (2.67)
MW	43	3.40 (1.66)	10.19 (2.46)	4.93 (2.25)	10.05 (2.55)
SO	81	3.06 (1.87)	9.74 (2.72)	4.96 (2.29)	10.05 (2.57)
SW	124	3.40 (1.67)	10.18 (2.36)	5.27 (2.34)	10.46 (2.81)
NW	107	3.57 (1.75)	10.41 (2.52)	4.91 (2.63)	10.13 (3.15)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Mean Scores on the Social Concerns and Lie Scales for Girls by Race and Study Site Age 8 Interview

	N	Social Concerns/Concentration		Lie Scale	
		Raw Score M (SD)	Scaled Score M (SD)	Raw Score M (SD)	Scaled Score M (SD)
Total	514	3.17 (1.85)	9.47 (2.97)	5.46 (2.41)	10.71 (2.88)
Race					
White	140	3.24 (1.88)	9.57 (3.02)	4.92 (2.62)	10.09 (3.06)
Black	281	3.05 (1.87)	9.28 (3.01)	5.87 (2.21)	11.17 (2.71)
Hispanic	29	3.41 (1.62)	9.83 (2.54)	5.62 (2.23)	10.90 (2.68)
Multiracial	57	3.39 (1.88)	9.88 (3.02)	4.77 (2.56)	9.89 (2.88)
Other	7	3.86 (1.07)	10.29 (1.60)	5.00 (2.89)	10.43 (3.55)
Site					
EA	115	2.87 (1.78)	8.98 (2.83)	5.79 (2.02)	11.04 (2.47)
MW	59	3.39 (1.79)	9.78 (2.87)	5.58 (2.41)	10.93 (2.94)
SO	102	2.69 (1.93)	8.66 (3.12)	5.82 (2.13)	11.07 (2.55)
SW	134	3.49 (1.83)	9.98 (2.93)	5.37 (2.71)	10.63 (3.23)
NW	104	3.44 (1.82)	9.95 (2.89)	4.81 (2.58)	9.96 (2.99)

Source. Based on data received at the LONGSCAN Coordinating Center by 8/24/01.

Table 4. Cronbach's alpha statistics for the Social Concerns and Lie Scales by Race and Study Site. Age 8 Interview

	Social Concerns/ Concentrations	Lie Scale
	α	α
Total	.57	.75
Race		
White	.56	.79
Black	.59	.70
Hispanic	.41	.75
Multiracial	.51	.77
Other	.45	.72
Site		
EA	.56	.66
MW	.51	.73
SO	.63	.70
SW	.53	.78
NW	.55	.79

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Revised Children's Manifest Anxiety Scales (RCMAS) ALA

“OK, now I have some sentences that describe the way some people think or feel. If you think that what I read is generally true about you, say ‘Yes.’ If it is not true about you, you say ‘No.’

For example, if I read, ‘I like to get up early in the morning,’ you think about whether you like to get up early, and then, what would you say?”

[If you're not certain that child understands, give more examples.]

0= No 1= Yes R= Refused

- | | |
|--|-----------|
| 1. Others seem to do things easier than I can. | (1) ____ |
| 2. I like everyone I know. | (2) ____ |
| 3. I am always kind. | (3) ____ |
| 4. I feel that others do not like the way I do things. | (4) ____ |
| 5. I always have good manners. | (5) ____ |
| 6. I feel alone even when there are people with me. | (6) ____ |
| 7. I am always good. | (7) ____ |
| 8. I am always nice to everyone. | (8) ____ |
| 9. Other children are happier than I. | (9) ____ |
| 10. I tell the truth every single time. | (10) ____ |
| 11. I feel someone will tell me I do things the wrong way. | (11) ____ |
| 12. I never get angry. | (12) ____ |
| 13. It is hard for me to keep my mind on my schoolwork. | (13) ____ |
| 14. I never say things I shouldn't. | (14) ____ |
| 15. A lot of people are against me. | (15) ____ |
| 16. I never lie. | (16) ____ |

School Information Form
LONGSCAN
1995

Description of Measure

Purpose

To collect demographic data on the target child's teacher and school, teacher's perception of child's parents' involvement with education, and child's attendance record.

Conceptual Organization

The School Information Form (SIF) is organized into three sections: information about the student, information about the school population, and information about the teacher. Student questions focus on parental involvement and support for the child's education, student absences, and student tardiness. School information questions relate to the racial/ethnic background of the school population and the proportion of students eligible for reduced or free lunch. Information about the teacher includes sex, race, age, and number of years in the classroom.

Materials

Non-copyrighted LONGSCAN form is included in this manual.

Time Required

Less than 5 minutes

Administration Method

Self-administered

Scoring

Score Types

Individual items. Items 1 and 2 can be combined for a composite measure of parental involvement in the child's education. The scores on these two items range from 1 (no involvement) to 5 (very involved).

Score Interpretation

A higher composite score on items 1 and 2 represents higher parental involvement in the child's education.

LONGSCAN Use

Data Points

Age 6, 8, 12

Respondent

Teacher

Form Version and Mnemonic

Age 6: SIFA. Includes inquiries about the school (i.e., proportion of students receiving a free lunch, racial composition), and the teacher (age, sex, race, teaching experience). These questions were not administered at subsequent data points.

Age 8: SIB. Includes an additional item asking the number of days child was assigned to the teacher's class to increase precision of measurement of child absences.

Age 12: SIFC. Includes only questions about parent involvement and school suspensions.

Rationale

Maltreatment and at-risk children may have higher absentee and tardy rates, and lower parental involvement in the school and classroom and reinforcement of education at home, thereby increasing the educational risk of maltreatment alone. High absentee and tardy rates are crude indicators of poor school achievement. School suspensions may be indicators of student behavior problems and risk for drop-out. Parent involvement is assessed to look for a possible relationship between this variable and school achievement.

Administration and Scoring Notes

After obtaining parental consent, all teacher respondent forms were sent by mail to the subject child's teacher with specific instructions regarding completion and remittance. Incentives for participation and responses differed by study site.

Results

Descriptive Statistics

Table 1 displays data from the Age 6 interview on school absenteeism, tardiness, and parental involvement. Teachers were not asked the number of days the child should have been in their class and therefore the period of exposure for absenteeism and tardiness (i.e., school days during which one could be absent or tardy) could not be ascertained.. The Age 8 version asks the number of days the child was assigned to the teacher's class to obtain a denominator for calculating absenteeism rates.

Parents who scored 3 or above on both item 1 (involvement with classroom and school) and item 2 (reinforcement of education at home) were rated as having "high involvement." The proportion of highly involved parents is displayed by race and site in Table 1. Less than half of the parents met the criteria for high involvement. The parents of White, Hispanic, and Multiracial children were more likely than parents of Black children to be classified as highly involved. Among the sites, the SW site's caregivers were the most involved and the parents at the SO site were the least involved. Parental involvement may be related to the family's socioeconomic status.

Table 1 about here

Table 2 displays data from the Age 8 interview on school absenteeism, tardiness, and parental involvement. The Age 8 version asks the number of days the child was assigned to the teacher's class to obtain a denominator for calculating absenteeism rates.

Unlike the Age 6 interview, less than half of the parents at the Age 8 interview met the criteria for high involvement. The parents of White, Hispanic, and Multiracial children were more likely than parents of Black children to be classified as highly involved. Like the Age 6 interview, among the sites, the SW site's caregivers were the most involved at the Age 8 interview and the parents at the SO site were the least involved.

Table 2 about here

Validity

We predicted that the teacher's report of the child's academic, adaptive, and behavioral performance would be significantly associated with parental involvement. Our hypothesis was supported by significant correlations between Teacher Report Form scores and Parent Involvement total score (Adaptive Functioning, $r = .32$; Academic Functioning, $r = .40$; Total Problems, $r = -.25$; $p < .0001$ for all coefficients). Similarly, t-tests comparing these mean scores for High vs. Low Involvement parents were also very significant ($p < .0001$ for all three comparisons).

We also hypothesized that caregivers who were more depressed as measured by the Center for Epidemiologic Studies Depression Scale (CES-D) would score lower on school involvement. T-tests comparing the caregiver's depression score for High vs. Low Involvement groups revealed a significant difference. The mean depression score for caregivers with Low Involvement was 13.0, compared to 10.2 for caregivers with High Involvement ($t(df) = 3.2$, $p = .001$).

Table 1. Absences, Tardiness, and Parental Involvement by Race and Study Site. Age 6 Interview

	N	# Days Absent M (SD)	# Days Tardy M (SD)	High Involvement %
Total	806	6.71 (8.70)	4.31 (11.38)	53.4
Race				
White	240	6.69 (9.97)	3.10 (6.56)	61.0
Black	424	7.20 (8.38)	5.42 (14.36)	46.1
Hispanic	50	7.17 (8.25)	5.05 (15.98)	58.3
Multiracial	80	5.07 (5.31)	3.63 (8.42)	66.1
Other	12	6.22 (8.81)	7.56 (8.66)	60.0
Site				
EA	194	--	--	55.0
MW	58	9.58 (8.23)	7.48 (18.41)	57.4
SO	200	8.45 (11.50)	5.63 (14.94)	45.7
SW	151	5.28 (7.08)	2.94 (5.69)	60.3
NW	203	5.22 (5.79)	3.13 (6.70)	53.4

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. The EA site did not collect data on school attendance.

Total N represents the total number of forms returned; missing data varies by measure.

Table 2. Absences, Tardiness, and Parental Involvement by Race and Study Site. Age 8 Interview

	N	# Days Absent M (SD)	# Days Tardy M (SD)	High Involvement %
Total	691	7.11 (12.77)	4.42 (12.09)	45.8
Race				
White	213	8.66 (17.81)	3.94 (9.55)	52.5
Black	366	6.24 (6.65)	5.84 (16.10)	37.3
Hispanic	29	9.77 (15.86)	2.95 (5.33)	65.2
Multiracial	76	4.65 (5.79)	2.36 (4.13)	59.2
Other	7	0.66 (0.58)	1.33 (2.31)	50.0
Site				
EA	170	--	--	54.9
MW	35	8.97 (8.08)	3.88 (6.18)	57.4
SO	167	8.31 (14.80)	4.05 (7.05)	45.7
SW	129	6.62 (15.91)	4.83 (13.86)	60.3
NW	190	5.94 (7.97)	4.58 (15.15)	53.1

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. The EA site did not collect data on school attendance.

Total N represents the total number of forms returned; missing data varies by measure.

School Information Form SIFA

ABOUT THIS STUDENT:

1. HOW INVOLVED ARE THIS STUDENT'S PARENTS WITH YOUR CLASSROOM AND THE SCHOOL? [Circle Response]

No involvement with
school/classroom
(Far below average)

1

2

3

4

Parents very involved
with school/classroom
(Far above average)

5

2. TO WHAT EXTENT DO THIS CHILD'S PARENTS REINFORCE THE CHILD'S EDUCATION AT HOME? [Circle Response]

Minimal or no
reinforcement

1

2

3

4

High level of
reinforcement

5

3. APPROXIMATELY HOW MANY DAYS HAS THIS STUDENT BEEN ABSENT DURING THE CURRENT SCHOOL YEAR? _____

4. APPROXIMATELY HOW MANY DAYS HAS THIS STUDENT BEEN TARDY THIS SCHOOL YEAR? _____

ABOUT YOUR SCHOOL:

5. APPROXIMATELY WHAT PERCENTAGE OF STUDENTS IN THIS SCHOOL ARE ELIGIBLE FOR FREE SCHOOL LUNCHES? _____%

6. WHAT IS YOUR ESTIMATE OF THE ETHNIC/RACIAL BREAKDOWN OF STUDENTS ENROLLED IN THIS SCHOOL? PLEASE PROVIDE APPROXIMATE PERCENTAGES FOR EACH GROUP?

A. _____% White

B. _____% African-American

C. _____% Hispanic

D. _____% Asian

E. _____% Native American

F. _____% Other

ABOUT YOU:

7. SEX: _____ 1 Male _____ 2 Female

8. ETHNICITY/RACE: _____

9. DATE OF BIRTH: ____/____/____

10. HOW MANY TOTAL YEARS HAVE YOU TAUGHT SCHOOL? _____

School Information Form SIB

ABOUT THIS STUDENT:

1. HOW INVOLVED ARE THIS STUDENT'S PARENT WITH YOUR CLASSROOM AND THE SCHOOL?

[Circle Response]

No involvement with
school/classroom
(Far below average)

1

2

Average

3

4

Parents very involved
with school/classroom
(Far above average)

5

DK

2. TO WHAT EXTENT DO THIS CHILD'S PARENTS REINFORCE THE CHILD'S EDUCATION AT HOME? [Circle Response]

Minimal or no
reinforcement

1

2

Average

3

4

High level of
reinforcement

5

DK

3a. HOW MANY DAYS HAS THIS STUDENT BEEN ASSIGNED TO YOUR CLASS? ____

b. HOW MANY DAYS HAS THIS STUDENT BEEN ABSENT FROM YOUR CLASS? ____

c. HOW MANY DAYS HAS THIS STUDENT BEEN TARDY? ____

d. HOW MANY DAYS HAS THIS STUDENT BEEN SUSPENDED FROM SCHOOL? ____

School Safety Questionnaire

LONGSCAN

1992

Description of Measure

Purpose

To assess the teacher's perception of the amount of violence and antisocial behavior present in the subject child's school environment.

Conceptual Organization

The instrument includes 10 items. The first eight items are statements related to the safety of the school environment (e.g., This school is in a safe neighborhood). The other two items ask about the number of times students and teachers were victimized while on school property during the current school year.

Item Origin/Selection Process

The first eight items were developed to measure perceptions of safety in the school environment as well as the presence of weapons, gangs, drugs, and serious discipline problems. Questions 9 and 10 were developed to assess the frequency of some of the most common crimes that occur in schools.

Materials

Non-copyrighted LONGSCAN form, included in this manual.

Time Required

Less than 5 minutes

Administration Method

Self-administered

Scoring

Score Types

The teacher is asked to rate each statement on a 5-point scale ranging in value from 1 (very much like my school) to 5 (not at all like my school).

Items 4 to 8 should be reverse scored after which items 1 to 8 can be summed to produce a composite score of children's exposure to violence or anti-social behavior in the school environment. Total scores on the first eight items range from 8 to 40.

Items 9 and 10, which have sub-items that directly assess the number of thefts, muggings, and assaults experienced by students and teachers can be analyzed separately or combined.

Score Interpretation

Higher scores reflect greater exposure to violence.

Data Points

Age 6, 8

Respondent

Teacher

Mnemonic and Version

Age 6: SAFA

Age 8: SSA (no modifications)

Rationale

The ecological developmental model used by LONGSCAN emphasizes the importance of viewing the development of a child within the nested contexts of family, community, and society. Therefore, as we examine the impact of acute and chronic exposures to violence, it is important to assess the prevalence of violence in the school as well as in the family and community.

Administration and Scoring Notes

After obtaining parental consent, all teacher respondent forms were sent by mail to the subject child's teacher with specific instruction for completion and remittance. Incentives for participation and response rate differed by study site.

Results

Descriptive Statistics and Reliability

Table 1 gives the mean total scores and Cronbach's alpha coefficients for the School Safety Questionnaire items 1 to 8, by child's race and study site at the Age 6 and Age 8 interviews. Black students appear to have been exposed to more violence in their school environments than children of any other racial group at Age 6. At Age 8, Black and Hispanic students appear to have been exposed to more violence at their schools. The school environments described at the EA site had the highest ratings for violence and the schools at the SO and NW sites had the lowest.

Table 1 about here

Table 2 summarizes data collected at Ages 6 and 8 on student and teacher victimization (items 9 and 10) in the schools. The table shows the proportion of LONGSCAN children who attended a school where the teacher reported that there had been at least one student victimized during the current school year by major theft, mugging, or assault, and also the percentage with at least one report of teacher victimization. These data indicate that the children at the EA and MW were sites are exposed to much more school violence than those at the other sites at both interviews. Data are incomplete for the MW site because interviews are still in progress at this site.

Table 2 about here

Validity

Principal components analysis of items 1 to 8, using a varimax orthogonal rotation, suggests two clusters of variables at both Age 6 and Age 8: Unsafe Environment (items 1, 2, 3,

4R, 7R) and Delinquent Students (items 5R, 6R, 8R). Two scales were created based on the results of the principal components analysis.

To assess the validity of these scales as measures of school safety, we correlated these scales with the caregiver's report of the quality of the home neighborhood, reasoning that while home and school may be in different neighborhoods, similarities between the two would be expected. Pearson correlation coefficients appear in Tables 3 and 4. Although different measures were used at Age 6 and Age 8 to gather the caregiver's report of the quality of the neighborhood, we were able to construct roughly comparable scales tapping neighborhood safety, availability of help or support from neighbors, and general feelings about the neighborhood. The significant negative correlations between the teacher's description of an unsafe environment around the school and the caregiver report of the home neighborhood, particularly neighborhood safety and positive feelings about the neighborhood, support the validity of these measures.

Table 3 about here

Table 4 about here

References and Bibliography

Heavenside, et al. (1998). Violence and discipline problems in US Public Schools: 1996-1997. Education Department, National Center for Education Statistics.
<http://nces.ed.gov/pubs98/violence/98030001.html>.

Table 1. Mean Total Scores and Cronbach's Alpha Coefficients for the School Safety Questionnaire. Age 6 and Age 8 Interviews

	Age 6 Interview			Age 8 Interview		
	N	<u>M</u> (<u>SD</u>)	α	N	<u>M</u> (<u>SD</u>)	α
Total	728	15.55 (6.14)	.84	634	15.18 (6.07)	.86
Race						
White	218	12.93 (5.22)	.86	200	13.03 (5.19)	.86
Black	378	17.46 (6.22)	.82	335	16.65 (6.25)	.85
Hispanic	42	14.48 (5.79)	.82	24	16.88 (6.69)	.83
Multiracial	78	14.54 (5.50)	.84	69	13.72 (5.25)	.84
Other	12	13.50 (4.62)	.81	6	16.00 (6.84)	.87
Site						
EA	169	19.78 (5.50)	.77	154	19.94 (6.12)	.83
MW	53	18.21 (6.91)	.88	26	16.04 (6.76)	.87
SO	190	13.07 (5.16)	.82	158	12.34 (4.17)	.80
SW	133	15.73 (6.40)	.86	119	14.45 (5.62)	.84
NW	183	13.29 (4.78)	.81	177	13.97 (5.31)	.85

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. Data collection incomplete at the MW site.

Table 2. Teacher Report of Student and Teacher Victimizations at School by Race and Site. Age 6 and Age 8 Interviews

	Age 6 Interview			Age 8 Interview		
	N	% with 1 or more students victimized	% with 1 or more teachers victimized	N	% with 1 or more students victimized	% with 1 or more teachers victimized
Total	744	17.7	28.5	657	18.3	29.1
Race						
White	218	10.1	16.6	202	11.9	22.7
Black	395	23.0	35.8	350	23.5	35.1
Hispanic	42	9.5	35.9	26	23.1	30.8
Multiracial	77	15.6	19.7	72	11.3	16.7
Other	12	25.0	25.0	7	0.0	33.3
Site						
EA	178	34.8	58.7	160	30.6	47.5
MW	53	43.4	41.5	29	34.5	44.8
SO	195	8.2	12.2	163	8.6	13.6
SW	136	10.3	27.1	124	19.7	30.1
NW	182	9.3	12.8	181	12.7	23.2

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Correlation Matrix Comparing Teacher's Report of Safety in the School and Caregiver's Report of Neighborhood. Age 6 Interview

	Caregiver report of neighborhood		
Teacher Report	Safety	Support	"Good" neighborhood
Unsafe environment	-.24***	-.16***	-.20***
Delinquent students	-.08*	-.02	-.04

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. * $p < .05$. ** $p < .01$, *** $p < .001$

Table 4. Correlation Matrix Comparing Teacher's Report of Safety in the School and Caregiver's Report of Neighborhood. Age 8 Interview

	Caregiver report of neighborhood		
Teacher Report	Safety	Support	"Good" neighborhood
Unsafe environment	-.27***	-.07	-.21***
Delinquent students	-.11*	-.06	-.08

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. * $p < .05$. ** $p < .01$, *** $p < .001$

School Safety Questionnaire SAFA

FOR EACH STATEMENT BELOW, PLEASE CHOOSE THE ONE RESPONSE THAT BEST DESCRIBES YOUR TEACHING SITUATION.

- 1 = Very much like my school
2 = Like my school
3 = Somewhat like my school
4 = Not very much like my school
5 = Not at all like my school

	VML	L	SL	NVML	NAAL
1. Students are safe from violence on the school's playground.	1	2	3	4	5
2. This school is a safe place for teachers and students	1	2	3	4	5
3. This school is in a safe neighborhood.	1	2	3	4	5
4. There is open drug activity in the neighborhood around this school.	1	2	3	4	5
5. There is drug activity in this school.	1	2	3	4	5
6. There are students in this school who carry weapons, such as knives and guns.	1	2	3	4	5
7. Maintaining discipline is a continuing problem at this school.	1	2	3	4	5
8. There are students involved in gangs in this school	1	2	3	4	5

Are you aware of any students or teachers being victims of a crime while at school this year?

9. Students? 0 NO

1 YES---->Please estimate number of occurrences of each type of crime:

- ___a. Theft (beyond minor items or minimal amounts of money)
___b. Mugging
___c. Assault
___d. Other: _____

Please specify

10. Teachers? 0 NO

1 YES---->Please estimate number of occurrences of each type of crime:

- ___a. Theft (beyond minor items or minimal amounts of money)
___b. Mugging
___c. Assault
___d. Other: _____

Please specify

Self-Report Family Inventory
Beavers, W. R., Hampson, R. and Hulgus, Y.
1990

Description of Measure

Purpose

To assess an individual's perception of his/her family's functioning.

Conceptual Organization

The Self-Report Family Inventory (SFI) includes 36 items assessing 5 areas: Family Health/Competence, Conflict, Cohesion, Expressiveness, and Directive Leadership.

Item Origin/Selection Process

This instrument is the self-report adaptation of the Beavers Model of Family Functioning (Beavers et al., 1985).

Materials

Forms are available from the publisher.

Time Required

5-10 minutes

Administration Method

Interviewer-administered

Training

None

Scoring

Score Types

Respondents are asked to rate each statement (e.g., We all have a say in household plans) on a 5-point scale ranging from 1 (fits our household very well) to 5 (doesn't fit our household at all).

Summary scores and mean scale scores for each of the five subscales can be obtained as follows: (An “R” refers to an item score that must be reversed prior to summing).

- Health/Competence: Items 2, 3, 4, 6, 12, 15, 16, 17, 18R, 19R, 20, 21, 24R, 25R, 27R, 28, 33, 35, and 36
- Conflict: Items 5R, 6, 7, 8R, 10R, 14R, 18R, 24R, 25R, 30R, 31R, and 34
- Cohesion: Items 2, 15, 19R, 27R, and 36
- Expressiveness: Items 1, 9, 13R, 20, and 22
- Leadership: Items 8R, 16, and 32

Score Interpretation

Lower scores represent greater competence on all SFI scales.

Norms and/or Comparative Data

Normative data for competent non-clinic families, less competent non-clinic families, and clinic families are available in the manual (Beavers et al., 1990).

Psychometric Support

Reliability

Beavers et al. (1985) reported that the alpha reliability coefficients for the entire scale ranging from .84 to .88. Test-retest reliability coefficients (for 30 to 90 days) ranged from .84 to .87 for Family Health/Competence, .50 to .59 for Conflict, .50 to .70 for Cohesion, .79 to .89 for Expressiveness, and .41 to .49 for Directive Leadership (Beavers et al., 1990).

Validity

Convergent and concurrent validity have been demonstrated through comparisons to other assessments of family functioning, such as FACES II and FACES III (Hampson, Hulgus,

& Beavers, 1991), the McMaster Family Assessment Device (Epstein, Baldwin, & Bishop, 1983), and the Beavers Interactional Scales (Beavers, Hampson, & Hulgus, 1985).

LONGSCAN Use

Data Points

Age 6, 8, 12

Respondent

Primary maternal caregiver

Mnemonic and Version

Age 6: SFIA.

Age 8: SFA. The form is identical to Age 6.

Age 12: SFIB/C. The form is identical to Age 6 and Age 8; only the layout differs: B is the paper form and C is the audio-CASI version.

Administration and Scoring Notes

To better reflect LONGSCAN populations and family situations, the word "household" was substituted for "family" throughout the questionnaire.

Rationale

Prior to joining the LONGSCAN consortium, the EA site administered the SFI and found that Competence, Conflict, Cohesion, and Expression were positively correlated with depression, anxiety, hostility, parenting stress, child related stress, and negative life events; and negatively correlated with support. Internal consistency for scale scores was acceptable for Health/Competence ($\alpha = .89$), Conflict ($\alpha = .84$), Cohesion ($\alpha = .64$), and Expressiveness ($\alpha = .71$), but poor for Leadership ($\alpha = .17$) in low-income families. Scores in all areas were stable over time (approximately one year) with no significant shifts (Black, 1992).

Results

Tables 1 and 2 list the mean scale scores on the SFI by caregiver's race and study site, based on responses obtained in the Age 6 and Age 8 interviews. Compared to scores reported by Beavers et al. (1990) LONGSCAN families are scoring well within the competent range on all scales at both the time points. However, the standard deviations of the LONGSCAN data are much larger than those reported for competent families in Beavers' sample suggesting that there may be more variability in, or a wider range of, the scores of the LONGSCAN families. Mean scale scores remain stable between the Age 6 and Age 8 interviews.

Table 1 about here

Table 2 about here

Reliability

Tables 3 and 4 display the alpha coefficients for the SFI by caregiver race and study site at the Age 6 and Age 8 interviews. Like Beavers et al (1985) we found strong internal consistency within the scale describing overall family health and competence. At Age 6 the alphas for the Conflict, Cohesion, and Expressiveness scales were moderate, ranging from .62 to .71, while the alpha for the 3-item Leadership scale demonstrated poor internal consistency ($\alpha = .16$). At Age 8 the alpha coefficient for Cohesion decreases slightly while the alphas for the other two scales remain essentially unchanged. The internal consistency for the Leadership scale remains poor ($\alpha = .17$). Lower internal consistency relative to other racial groups was also found for Black and Hispanic families on the Cohesion scale and Black and Multiracial families on the Expressiveness scales at the Age 6 interview.

Table 3 about here

At the Age 8 interview the reliability of the Conflict and Expressiveness scales increases to the moderate range for the Multiracial participants. Hispanic and Black families continue to show lower internal consistency reliability relative other racial groups on Cohesion, as do families at the EA site.

Table 4 about here

Publisher Information

Southwest Family Institute
12523 Nuestra Drive
Dallas, Texas 75230-1718

References and Bibliography

Beavers, W. R., Hampson, R. B., & Hulgus, Y. F. (1985). The Beavers approach to family assessment. Family Process, 24, 398-405.

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Black, M. (1992). [The growth and development project.] Unpublished raw data.

Epstein, N. B., Baldwin, L. M., Bishop, D. S. (1983). The McMaster Family Assessment Device. Journal of Marital and Family Therapy, 9(2), 171-180.

Hampson, R. B., Hulgus, Y. F., & Beavers, W. R. (1991). Comparisons of self-report measures of the Beavers System Model and Olsons Circumplex Model. Journal of Family Psychology, 4(3), 326-340.

Table 1. Mean Scores on the SFI Subscales by Caregiver Race and Study Site. Age 6 Interview

	N	Health/ Competence <u>M</u> (SD)	Conflict <u>M</u> (SD)	Cohesion <u>M</u> (SD)	Expressiveness <u>M</u> (SD)	Leadership <u>M</u> (SD)
Total	1215	1.87 (0.62)	1.71 (0.64)	2.16 (0.73)	1.79 (0.75)	1.99 (0.78)
Race						
White	394	1.96 (0.61)	1.75 (0.63)	2.27 (0.70)	1.75 (0.74)	2.16 (0.76)
Black	660	1.85 (0.62)	1.70 (0.65)	2.14 (0.75)	1.85 (0.78)	1.90 (0.81)
Hispanic	91	1.70 (0.57)	1.67 (0.64)	1.95 (0.64)	1.62 (0.68)	2.04 (0.68)
Multiracial	34	1.80 (0.52)	1.62 (0.46)	2.15 (0.78)	1.73 (0.56)	2.03 (0.63)
Other	30	1.70 (0.82)	1.58 (0.73)	1.97 (0.90)	1.53 (0.78)	1.76 (0.64)
Site						
EA	252	1.86 (0.64)	1.74 (0.68)	2.12 (0.74)	1.81 (0.77)	2.01 (0.83)
MW	214	1.87 (0.59)	1.72 (0.61)	2.12 (0.72)	1.90 (0.76)	2.07 (0.70)
SO	220	1.91 (0.68)	1.72 (0.71)	2.21 (0.78)	1.77 (0.80)	1.99 (0.86)
SW	295	1.76 (0.56)	1.62 (0.58)	2.07 (0.71)	1.68 (0.69)	1.92 (0.72)
NW	234	1.97 (0.62)	1.75 (0.62)	2.28 (0.71)	1.80 (0.76)	1.99 (0.81)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Mean Scores on the SFI Subscales by Caregiver Race and Study Site. Age 8 Interview

	N	Health/ Competence <u>M</u> (SD)	Conflict <u>M</u> (SD)	Cohesion <u>M</u> (SD)	Expressiveness <u>M</u> (SD)	Leadership <u>M</u> (SD)
Total	1033	1.88 (0.60)	1.68 (0.61)	2.20 (0.66)	1.84 (0.75)	2.02 (0.75)
Race						
White	282	1.96 (0.58)	1.76 (0.59)	2.29 (0.63)	1.81 (0.72)	2.17 (0.68)
Black	416	1.86 (0.60)	1.65 (0.61)	2.18 (0.68)	1.88 (0.77)	1.96 (0.82)
Hispanic	47	1.81 (0.52)	1.66 (0.60)	2.13 (0.59)	1.70 (0.79)	2.06 (0.69)
Multiracial	24	1.94 (0.60)	1.89 (0.64)	2.19 (0.71)	1.92 (0.65)	2.19 (0.82)
Other	17	1.86 (0.79)	1.81 (0.80)	2.25 (1.03)	1.71 (0.75)	1.82 (0.46)
Site						
EA	235	1.84 (0.64)	1.65 (0.62)	2.16 (0.70)	1.85 (0.80)	1.98 (0.81)
MW	124	1.91 (0.60)	1.77 (0.67)	2.17 (0.66)	1.94 (0.76)	2.13 (0.70)
SO	184	1.84 (0.57)	1.60 (0.57)	2.17 (0.65)	1.81 (0.73)	1.96 (0.81)
SW	269	1.84 (0.54)	1.65 (0.56)	2.18 (0.63)	1.78 (0.70)	2.03 (0.68)
NW	221	1.97 (0.63)	1.76 (0.63)	2.32 (0.67)	1.85 (0.76)	2.05 (0.74)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Alpha Coefficients for SFI Subscales by Caregiver Race and Study Site. Age 6 Interview

	Health/ Competence α	Conflict α	Cohesion α	Expressiveness α	Leadership α
Total	.88	.69	.61	.70	.15
Race					
White	.89	.73	.68	.79	.15
Black	.86	.67	.57	.67	.19
Hispanic	.88	.67	.51	.66	-.25
Multiracial	.84	.38	.67	.48	-.10
Other	.96	.83	.84	.85	-.39
Site					
EA	.87	.67	.56	.69	.21
MW	.87	.65	.60	.66	-.12
SO	.89	.74	.63	.77	.26
SW	.87	.66	.63	.68	.02
NW	.89	.71	.65	.74	.30

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 4. Alpha Coefficients for SFI Subscales by Caregiver Race and Study Site. Age 8 Interview

	Health/ Competence α	Conflict α	Cohesion α	Expressiveness α	Leadership α
Total	.87	.69	.55	.69	.14
Race					
White	.89	.68	.64	.76	.04
Black	.86	.67	.48	.64	.26
Hispanic	.80	.65	.26	.80	-.14
Multiracial	.87	.65	.66	.62	.27
Other	.93	.81	.86	.67	-2.25
Site					
EA	.88	.63	.48	.67	.27
MW	.84	.70	.41	.60	-.16
SO	.87	.70	.59	.71	.29
SW	.86	.69	.56	.68	.04
NW	.90	.73	.65	.76	.10

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Self-Report Family Inventory SFIA/SFA

“These questions are about your family - by that I mean the people you live with most of the time - the people in your household. For each question, choose the answer that best fits how you see your household now. If you feel that your answer is between two of the choices, then choose the number that is between them.”

[Hand answer card and read answers. Remind respondent frequently that she may choose a response between two of the labeled responses.]

Fits our household very well	1	R = Refused
_____	2	
Fits our household some	3	
_____	4	
Doesn't fit our household at all	5	

1. Household members pay attention to each other's feelings. (1) ____
 2. We would rather do things together than with other people. (2) ____
 3. We all have a say in household plans. (3) ____
 4. The grownups in this household understand and agree on household decisions. (4) ____
 5. Grownups in the household compete and fight with each other. (5) ____
-
6. There's closeness in our household but each person is allowed to be special and different. (6) ____
 7. We accept each other's friends. (7) ____
 8. There is confusion in our household because there is no leader. (8) ____
 9. Members of our household touch and hold each other. (9) ____
 10. Household members put each other down. (10) ____
-
11. We speak our minds, no matter what. (11) ____
 12. In our home, we feel loved. (12) ____
 13. Even when we feel close, our household members are embarrassed to admit it. (13) ____
 14. We argue a lot and never solve problems. (14) ____
 15. Our happiest times are at home. (15) ____

<u>Fits our household very well</u>	<u>1</u>	R = Refused
<u>_____</u>	<u>2</u>	
<u>Fits our household some</u>	<u>3</u>	
<u>_____</u>	<u>4</u>	
<u>Doesn't fit our household at all</u>	<u>5</u>	

- | | |
|--|-----------|
| 16. The grownups in this household are strong leaders. | (16) ____ |
| 17. The future looks good to our household. | (17) ____ |
| 18. One person in our household usually gets the blame when things don't go right. | (18) ____ |
| 19. Household members go their own way most of the time. | (19) ____ |
| 20. Our household is proud of being close. | (20) ____ |
| <hr/> | |
| 21. Our household is good at solving problems. | (21) ____ |
| 22. Household members easily express warmth and caring towards each other. | (22) ____ |
| 23. It's okay to fight and yell in our household. | (23) ____ |
| 24. One of the adults in this household has a favorite child. | (24) ____ |
| 25. When things go wrong we blame each other. | (25) ____ |
| <hr/> | |
| 26. We say what we think and feel. | (26) ____ |
| 27. Our household members would rather do things with other people than together. | (27) ____ |
| 28. Household members pay attention to each other and listen to what is said. | (28) ____ |
| 29. We worry about hurting each other's feelings. | (29) ____ |
| 30. The mood in our household is usually sad and blue. | (30) ____ |
| <hr/> | |
| 31. We argue a lot. | (31) ____ |
| 32. One person controls and leads our household. | (32) ____ |
| 33. Our household is happy most of the time. | (33) ____ |
| 34. Each person takes responsibility for his/her behavior. | (34) ____ |

35. On a scale of 1 to 5, choose the number that describes your household: [*Show & read response choices. Remind respondent that intermediate numbers may be chosen. Circle response.*]

(1)	(2)	(3)	(4)	(5)
My household functions very well together.				My family does not function well together at all. We really need help.

36. On a scale of 1 to 5, how would you rate the independence in your household ? [*Show & read response choices. Remind respondent that intermediate numbers may be chosen. Circle response.*]

(1)	(2)	(3)	(4)	(5)
No one is independent. There are no open Arguments. Household members rely on each other for satisfaction, rather than on outsiders		Sometimes independent. There are some disagreements. Household members find satisfaction both within and outside the household.		Household members usually go their own way. Disagreements are open. Household members look outside the household for satisfaction.

Service Utilization

LONGSCAN 1991, 1993

Description of Measure

Purpose

To assess the type and extent of services needed and utilized by the child for emotional, behavioral, school, and medical problems and by the child's primary caregiver for emotional and psychological problems.

Conceptual Organization

These instruments are designed to assess the reason(s) for seeking service, the type of service provider seen, number of visits, and the degree of satisfaction with services for both a child and the child's mother or primary caregiver.

At the Pre-Age 4/Age 4 interview a single form was developed to assess both child and adult services. For children, the instrument asks about services that have ever been sought. Child service information includes help needed and help sought for children's behavioral, emotional, or school problems, and medications the child is taking for these problems. For caregivers, only services sought and received in the last year are assessed. Adult services include help needed and sought for a personal or emotional problem, and medications taken in the past year. For the caregiver, the instrument also asks about hospitalization for personal or emotional problems, and treatment programs for substance abuse.

At Age 6 the instrument is divided into three forms. The first is caregiver focused and replicates the information gathered at the previous interview: The form asks for information concerning services sought and received, hospitalization for personal and emotional problems, and stays in residential programs for substance abuse in the past year. The second form is child focused and asks about help needed and sought for the child in the past year (rather than ever). Questions regarding well-child visits, medical problems, medications for any kind of problem, and hospitalizations for any kind of problem are also included. (The form used at Age 4 does not gather information on children's medical problems.) The third form is a Supplemental Service form (See Supplemental Services) designed to assess the use of other types of social and educational services.

At Age 8 the three forms used at Age 6 are combined and streamlined to create one instrument assessing the household's use of a variety of social and mental health services.

Item Origin/Selection Process

The initial focus was on identifying any mental health services for the child or family that might have resulted from a child maltreatment referral. This focus was expanded to examine other services that might decrease the incidence or ameliorate the effects of family problems including child maltreatment.

Materials

Non-copyrighted LONGSCAN forms, included in this manual.

Time Required

5-15 minutes, depending on extent of services utilization.

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Items are scored individually. Interviewers are provided with instructions for coding the "reason for seeking help" and "medications" items.

“Reasons for seeking help” for child are categorized, with 2-digit codes, under the broader headings of Somatic/Physical Problems, Developmental/Intellectual, Depression/Low Self Esteem and Self-Harm, Anxiety and Fearfulness, Interpersonal Problems/Antisocial Behavior, Activity or Attention Problem/Impulsiveness, Delusional/Thought Disorder, Sexual Problems, Problems in Adjustment to Life Changes, Psychological Trauma/Suspected Maltreatment, and Other. Medication code categories describe the problem(s) for which the

medications are prescribed. These categories were based on those used by the Physician's Desk Reference (1993).

LONGSCAN Use

Data Points

Pre-Age 4: NW sites only

Ages 4, 6, 8, 12, & 14, Annual contacts: all sites

Respondent

Primary caregiver

Mnemonic and Version

Pre-Age 4 and Age 4:

TXUA. Allows only one response code to be entered for questions 8, 10, 18, and 22.

TXUB. This modification allows two response codes to be entered for items 8 and 18, and three response codes to be entered for 10 and 22.

Age 6:

ASUA for caregivers

CSUA for child. The CSUA expands the data collected on the child to include physical as well as mental health services.

SERA for supplemental services, such as employment assistance or legal aid.

Age 8: SUA

Ages 12 & 14 and Annual Contact at 13: SRUB

Annual Contacts at ages 1, 3, 5 and 7: ASUA & CSUA

Annual Contacts at ages 9 and 11: ASUA & CSUA

Results

Descriptive Statistics at Age 4

Need and receipt of services for child. Table 1 provides information on child mental health services needed and used by race and study site as reported at the Age 4 interview. These data reflect perceived need and utilization of services related to emotional, behavioral, or school

problems in the past year only. Approximately one quarter of the children received professional help for problems. A difference by race was found in both perceived need and service receipt. Forty-one percent of the White mothers/caregivers felt that their child needed services and 89% of these children actually received services. Conversely only 20% of Black mothers/caregivers perceived the need for service, and 79% of these families actually received services. Among the Multiracial families, just over 40% perceived a need for services and 73% actually received services.

Table 1 about here

Comparisons by site revealed, the EA sample (98% Black) had the lowest perceived need and use of services. Not surprisingly, the SW and NW samples (both 100% reported for maltreatment) had the highest perceived need and use of services for the children. Three-quarters of all children who had received services at the time of the Age 4 interview were situated at either the SW or NW sites. This finding may also reflect the relatively greater proportion of foster parents in these two samples. Foster parents may be better informed about the availability of services and also have a higher perceived need for services. Additionally, CPS involvement may provide a pathway into mental health and related services.

Reason for seeking service for child and type of provider used. Of the 288 children who had received services by the Age 4 interview, 52% saw a mental health professional, 30% saw a teacher, 29% saw a speech and language specialist, 27% saw a health care professional, and 18% saw a social worker. These percentages may be somewhat inflated because children may have seen more than one provider. The most frequently reported reasons for seeking help for a child were “speech problem” (n = 58); hyperactivity/attention deficit (n = 32); physical aggression (n = 26); fears/anxiety (n = 25); delayed development (n = 23); and suspected sexual abuse (n = 19).

Need and receipt of services for caregiver. Table 2 provides information on the mother or primary caregiver’s use of mental health services, based on the responses at the Age 4 interview by race of the primary caregiver and study site. Paralleling the child data, perceived service need and receipt were highest in the White, Multiracial, and “Other” race groups. Also, like the child data, service receipt percentages were slightly lower than the percentages indicating need.

Table 2 about here

In the case of the Black and Hispanic caregivers, and caregivers from SW, service receipt was slightly higher than expressed need, indicating that some caregivers involuntarily received a “service.” This may have been true for other groups as well, but it is impossible to determine because this question was not asked directly. Overall, Whites had the highest rates of ever experiencing in-patient psychiatric care, while Blacks had the highest rates of residential treatment for substance abuse problems.

Reason for caregiver seeking service and type of provider used. Of the 280 maternal caregivers who sought help because of a personal or emotional problem in the year preceding the Age 4 interview, 56% saw a mental health professional, 53% used a self-help group, 22% saw a social worker, 17% saw a substance abuse counselor, and 13% saw a health care professional. Other providers seen less frequently included clergy, natural healers, lawyers, or probation officers. Some caregivers saw more than one provider. The most common reasons for caregivers seeking help were drug abuse/dependence (n = 47); parenting concerns (n = 37); depression (n = 36); alcohol abuse/dependence (n = 30); anxiety/stress (n = 26); and marital or relationship problem (n = 25). Eighteen caregivers reported seeking services because they were mandated to do so by some authority.

Descriptive Statistics at Age 6

Need and receipt of services for child. Table 3 provides information on child mental health services need and use by race and study site at the Age 6 interview. These data reflect perceived need and utilization of services related to an emotional, behavioral, or school problem in the year preceding the Age 6 interview only. Approximately one-third of the children received professional help for problems, reflecting an 8% increase in services receipt relative to Age 4. Both service need and service receipt were highest for Black children. About 50% of the White mothers/caregivers felt that their child needed services and 87% of this number received services. Only 29% of Black mothers/caregivers perceived the need for service, and 77% of these received services. The differential rate of service receipt compared to perceived service need observed between White and Black caregivers was also noted at Age 4. Similarly, as observed at Age 4, the EA sample had the lowest perceived need and use of services at Age 6. The SW and NW samples (both 100% reported for maltreatment) continued to have the highest perceived

need and use of services for the children.

Table 3 about here

Reason for seeking service for child and type of provider used. Of the 374 children who had seen someone for help because of a behavioral, emotional, or school problem by the Age 6 interview, 61% saw a teacher or principal, 35% saw a mental health professional, 27% saw a school counselor, 25% saw a health care professional, 19% saw a social worker, 19% saw a developmental evaluation specialist, and 17% saw a speech and language specialist. Children may have seen more than one provider.

Need and receipt of services for caregiver. Table 4 provides information on the mother or primary caregiver's use of mental health services, based on the responses at the Age 6 interview by race of the primary caregiver and study site. The need for and receipt of services among caregivers was slightly lower than that reported at Age 4. Perceived service need was lowest among Black caregivers (18%). As observed in the child data, Black caregivers were less likely than White caregivers to get the services they felt they needed (64% and 75%, respectively). Only half of the Hispanic caregivers who said they needed services actually received services.

Table 4 about here

Reason for caregiver seeking service and type of provider used. Of the 202 maternal caregivers who sought help because of a personal or emotional problem in the year preceding the Age 6 interview, 55% used a self-help group, 45% saw a mental health professional, 22% saw a social worker, 10% saw a substance abuse counselor, and 12% saw a health care professional. Other providers seen less frequently included clergy, natural healers, lawyers, or probation officers. Some caregivers saw more than one provider.

References and Bibliography

Physicians Desk Reference (47th ed.). (1993). Montvale, NJ: Medical Economics Data Production.

Table 1. Child Mental Health Services Use by Race and Study Site. Age 4 Interview

	N	Caregiver felt child ever needed MH service n (%)	Child ever received MH Service n (%)	# of Visits M (SD)
<i>Total</i>	1147	337 (29.4)	288 (25.1)	48.5 (39.5)
<i>Race</i>				
White	398	163 (41.0)	145 (36.4)	51.5 (40.4)
Black	584	116 (19.9)	91 (15.8)	44.0 (41.4)
Hispanic	81	24 (29.6)	22 (27.2)	47.3 (34.3)
Multiracial	37	15 (40.5)	11 (29.7)	34.0 (1.72)
Other	44	19 (43.2)	18 (40.9)	54.2 (43.2)
<i>Study Site</i>				
EA	236	30 (12.7)	18 (7.6)	23.3 (34.2)
MW	122	25 (20.5)	23 (18.9)	35.1 (44.8)
SO	221	46 (20.8)	31 (14.0)	35.2 (37.0)
SW	317	133 (41.8)	122 (38.4)	44.8 (36.6)
NW	250	103 (41.2)	94 (37.6)	64.9 (39.9)

Source. Based on data received at the LONGSCAN Coordinating Center by 7/8/97.

Table 2. Caregivers' Use of Health Services by Race and Study Site. Age 4 Interview

	N	Considered seeking MH service <u>n</u> (%)	Caregiver received MH Service <u>n</u> (%)	Number of Visits <u>M</u> (<u>SD</u>)	Ever hospitalized for MH problem (%)	Ever in substance abuse residential care (%)
<i>Total</i>	1148	316 (27.5)	280 (24.4)	60.2 (36.9)	9.9	13.5
<i>Race</i>						
White	398	162 (40.80)	127 (32.0)	59.6 (36.5)	14.0	12.5
Black	584	106 (18.2)	108 (18.5)	60.7 (40.4)	8.4	15.3
Hispanic	81	17 (21.0)	18 (22.2)	73.2 (32.3)	6.8	11.0
Multiracial	37	14 (37.8)	12 (32.4)	58.0 (37.3)	2.9	14.7
Other	44	16 (36.4)	16 (36.4)	49.6 (31.1)	4.9	7.3
<i>Study Site</i>						
EA	236	32 (13.6)	32 (13.6)	42.3 (41.1)	7.4	10.1
MW	122	33 (27.3)	29 (24.0)	44.8 (34.9)	12.4	9.1
SO	221	43 (19.5)	26 (11.8)	34.3 (36.6)	16.7	9.8
SW	317	72 (22.7)	82 (25.9)	78.8 (30.4)	7.9	14.9
NW	250	135 (54.0)	112 (44.8)	59.8 (35.7)	11.6	17.3

Source. Based on data received at the LONGSCAN Coordinating Center by 7/8/97.

Table 3. Child Mental Health Services Use in Past Year by Race and Study Site. Age 6 Interview

	N	Caregiver felt child needed MH service n (%)	Child received MH Service n (%)	# of Visits M (SD)
<i>Total</i>	1169	456 (39.1)	374 (32.0)	25.6 (30.3)
<i>Race</i>				
White	311	163 (52.4)	142 (45.7)	24.8 (29.8)
Black	620	181 (29.2)	140 (22.6)	25.3 (32.7)
Hispanic	85	40 (47.1)	29 (34.1)	22.1 (23.0)
Multiracial	133	63 (47.4)	55 (41.4)	30.0 (30.7)
Other	20	9 (45.0)	8 (40.0)	22.5 (29.0)
<i>Study Site*</i>				
EA	251	61 (24.3)	36 (14.3)	25.3 (37.1)
MW	166	51 (30.7)	42 (25.3)	27.7 (32.8)
SO	219	77 (35.2)	68 (30.9)	11.4 (13.3)
SW	299	154 (51.5)	131 (43.8)	28.9 (31.9)
NW	234	113 (48.3)	97 (41.6)	26.8 (30.2)

Source. Based on data received at the LONGSCAN Coordinating Center by 7/8/97.

*MW is not included because data collection was insufficiently complete.

Table 4. Caregivers' Use of Health Services In Past Year by Race and Study Site. Age 6 Interview

	N	Caregiver considered seeking MH service <u>n</u> (%)	Caregiver received MH Service <u>n</u> (%)	Number of Visits <u>M</u> (<u>SD</u>)	Hospitalized for MH problem <u>n</u> (%)	Substance abuse residential care <u>n</u> (%)
<i>Total</i>	1160	292 (25.2)	202 (17.4)	52.9 (38.6)	17 (1.5)	22 (1.9)
<i>Race</i>						
White	388	137 (35.3)	102 (26.3)	49.9 (36.8)	7 (1.8)	3 (0.8)
Black	617	111 (18.0)	73 (11.8)	56.6 (41.4)	8 (1.3)	13 (2.1)
Hispanic	87	19 (21.8)	10 (11.5)	52.5 (48.8)	1 (1.2)	3 (3.5)
Multi-racial	33	12 (36.4)	7 (21.2)	55.5 (61.5)	0 (0.0)	2 (6.1)
Other	29	13 (44.8)	10 (34.5)	59.3 (46.9)	1 (3.5)	1 (3.5)
<i>Study Site*</i>						
EA	245	42 (17.1)	25 (10.2)	59.5 (44.4)	4 (1.6)	10 (4.1)
MW	166	42 (25.3)	29 (17.5)	52.2 (36.9)	2 (1.2)	6 (3.6)
SO	218	24 (11.0)	17 (7.8)	24.6 (25.4)	5 (2.3)	1 (0.5)
SW	298	84 (28.2)	62 (20.8)	61.2 (39.9)	3 (1.0)	3 (1.0)
NW	233	100 (42.9)	69 (29.6)	50.1 (37.3)	3 (1.3)	2 (0.9)

Source. Based on data received at the LONGSCAN Coordinating Center by 7/8/97.

Child and Adult Mental Health Service Utilization
(Age 4: TXUA)

Here are some questions about any professional or outside help you may have gotten for you or your child.

Have you ever *felt you needed* to take (CHILD'S NAME) to anyone for help with any behavioral, emotional, or school problems?

- 0 NO
- 1 YES

Have you ever taken your child to see anyone for help?

- 0 NO (SKIP TO Q. 10)
- 1 YES

Who did you see for help? (DO NOT READ LIST, BUT BE SURE RESPONDENT GIVES TYPE OF PROFESSIONAL, AS BELOW)

INTERVIEWER/KEYER: ENTER 0 FOR NO, 1 FOR YES

- _____ a. Mental Health Professional
- _____ b. Health Care Professional
- _____ c. Social Services Worker
- _____ d. School Counselor

- _____ e. Principal, Teacher, or Day Care Provider
- _____ f. Speech & Language Specialist
- _____ g. Developmental Evaluation Specialist
- _____ h. Substance Abuse Counselor
- _____ i. Lawyer or Probation Officer
- _____ j. Clergy or Religious Counselor
- _____ k. Natural Healer or Advisor
- _____ l. Other _____

4. CIRCLE ONE: 1 ONE PROVIDER (GO TO Q. 7)
 2 MORE THAN ONE PROVIDER (GO TO NEXT QUESTION)

5. Approximately how many visits overall did your child have with these care providers?

__ __ (2 DIGITS, >99=99)

6. Which type of care provider did you take your child to see most often?

_____ (WRITE RESPONSE; DO NOT KEY)

__ (CODE FROM PROVIDER LIST; LOWER CASE LETTER)

7. Approximately how many times did your child see this person?

__ __ (2 DIGITS, >99=99)

7a. How many times within the last six months?

__ __ = # OF VISITS TO THIS PROVIDER IN LAST 6 MO. (2 DIGITS)

8. What was the main reason you sought help for (CHILD'S NAME)?

_____(RECORD RESPONSE; DO NOT KEY)

__ __ (REASON CODE)

9. How satisfied were you with the help that your child received from this person?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 SOMEWHAT DISSATISFIED
- 4 VERY DISSATISFIED
- DK; NO RESPONSE

10. Is (CHILD) currently taking any medication to help control an emotional or behavioral problem?

- 0 NO
- 1 YES-----> What medication? _____

10a. ____ (MEDICATION CODE)

11. In the past year, did you *consider* seeking outside help for any personal or emotional problem?

- 0 NO
- 1 YES

12. In the past year, did you actually see someone for help or participate in a self-help group

(like AA, Parents Anonymous, etc.)?

0 NO (END SERVICE UTILIZATION, GO TO NEXT FORM)

1 YES

Who did you see for help? (DO NOT READ LIST, BUT BE SURE RESPONDENT GIVES
TYPE OF PROFESSIONAL, AS BELOW)

INTERVIEWER/KEYER: ENTER 0 FOR NO, 1 FOR YES

- ___ a. Mental Health Professional
- ___ b. Health Care Professional
- ___ c. Social Services Worker
- ___ d. Work Counselor
- ___ e. Substance Abuse Counselor
- ___ f. Lawyer or Probation Officer
- ___ g. Clergy or Religious Counselor
- ___ h. Natural Healer or Advisor
- ___ i. Self-help group (e.g., Alcoholics Anonymous,
Parents Anonymous, Gambler's Anonymous)
- ___ j. Other _____

14. CIRCLE ONE: 1 ONE PROVIDER (GO TO Q. 17)
 2 MORE THAN ONE PROVIDER (GO TO NEXT

QUESTION)

15. Approximately how many times, overall, did you see any of these people and/or participate

in any groups, in the past year?

__ __ (2 DIGITS, > 99 = 99)

16. Who did you see most often? (TYPE OF HELPER/PROFESSIONAL)

_____(WRITE RESPONSE; DO NOT KEY)

__ (CODE FROM PROVIDER LIST; LOWER CASE LETTER)

Approximately how many times did you see this person (OR participate in this group)?

__ __ (2 DIGITS; > 99 = 99)

17a. How many times within the last six months?

__ __ (2 DIGITS; > 99 = 99)

18. If you don't mind my asking, what was the main reason you sought help?

(RECORD RESPONSE; DO NOT KEY)

__ __ (REASON CODE)

19. How satisfied were you with the help you received from this person (OR group)?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 SOMEWHAT DISSATISFIED

4 VERY DISSATISFIED

-- DK; NR

20. Have you ever been hospitalized for emotional or psychological problems?

0 NO ----> GO TO Q. 21

1 YES----> How many times?

20a. __ __ (# OF DIFFERENT HOSPITALIZATIONS)

21. Have you ever entered a residential program for the treatment of substance abuse?

0 NO

1 YES

22. Do you currently take any medications to help control; nervousness, depression, or some other emotional condition?

0 NO

1 YES---->What medication? _____

Child and Adult Mental Health Service Utilization
TXUB

Here are some questions about any professional or outside help you may have gotten for you or your child.

Have you ever *felt you needed* to take (CHILD'S NAME) to anyone for help with any behavioral, emotional, or school problems?

- 0 NO
- 1 YES

Have you ever taken your child to see anyone for help?

- 0 NO (SKIP TO Q. 10)
- 1 YES

Who did you see for help? (DO NOT READ LIST, BUT BE SURE RESPONDENT GIVES TYPE OF PROFESSIONAL, AS BELOW)

INTERVIEWER/KEYER: ENTER 0 FOR NO, 1 FOR YES

- _____ a. Mental Health Professional
- _____ b. Health Care Professional
- _____ c. Social Services Worker
- _____ d. School Counselor
- _____ e. Principal, Teacher, or Day Care Provider
- _____ f. Speech & Language Specialist

- ___ g. Developmental Evaluation Specialist
- ___ h. Substance Abuse Counselor
- ___ i. Lawyer or Probation Officer
- ___ j. Clergy or Religious Counselor
- ___ k. Natural Healer or Advisor
- ___ l. Other _____

4. CIRCLE ONE: 1 ONE PROVIDER (GO TO Q. 7)
 2 MORE THAN ONE PROVIDER (GO TO NEXT QUESTION)

5. Approximately how many visits overall did your child have with these care providers?

___ ___ (2 DIGITS, >99=99)

6. Which type of care provider did you take your child to see most often?

_____ (WRITE RESPONSE; DO NOT KEY)

___ (CODE FROM PROVIDER LIST; LOWER CASE LETTER)

7. Approximately how many times did your child see this person?

___ ___ (2 DIGITS, >99=99)

7a. How many times within the last six months?

___ ___ = # OF VISITS TO THIS PROVIDER IN LAST 6 MO. (2 DIGITS)

8. What was the main reason you sought help for (CHILD'S NAME)?

_____(RECORD RESPONSE; DO NOT KEY)

____ (REASON CODE)

9. How satisfied were you with the help that your child received from this person?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 SOMEWHAT DISSATISFIED
- 4 VERY DISSATISFIED
- DK; NO RESPONSE

10. Is (CHILD) currently taking any medication to help control an emotional or behavioral problem?

- 0 NO
- 1 YES-----> What medication? _____

10a. ____ (MEDICATION CODE)

11. In the past year, did you *consider* seeking outside help for any personal or emotional problem?

- 0 NO
- 1 YES

12. In the past year, did you actually see someone for help or participate in a self-help group (like AA, Parents Anonymous, etc.)?

- 0 NO (END SERVICE UTILIZATION, GO TO NEXT FORM)
- 1 YES

Who did you see for help? (DO NOT READ LIST, BUT BE SURE RESPONDENT GIVES TYPE OF PROFESSIONAL, AS BELOW)

INTERVIEWER/KEYER: ENTER 0 FOR NO, 1 FOR YES

- _____ a. Mental Health Professional
- _____ b. Health Care Professional
- _____ c. Social Services Worker
- _____ d. Work Counselor
- _____ e. Substance Abuse Counselor
- _____ f. Lawyer or Probation Officer
- _____ g. Clergy or Religious Counselor
- _____ h. Natural Healer or Advisor
- _____ i. Self-help group (e.g., Alcoholics Anonymous, Parents Anonymous, Gambler's Anonymous)
- _____ j. Other _____

14. CIRCLE ONE: 1 ONE PROVIDER (GO TO Q. 17)
- 2 MORE THAN ONE PROVIDER (GO TO NEXT

QUESTION)

15. Approximately how many times, overall, did you see any of these people and/or participate in any groups, in the past year?

__ __ (2 DIGITS, > 99 = 99)

16. Who did you see most often? (TYPE OF HELPER/PROFESSIONAL)

_____ (WRITE RESPONSE; DO NOT KEY)

____ (CODE FROM PROVIDER LIST; LOWER CASE LETTER)

17. Approximately how many times did you see this person (OR participate in this group)?

__ __ (2 DIGITS; > 99 = 99)

17a. How many times within the last six months?

__ __ (2 DIGITS; > 99 = 99)

18. If you don't mind my asking, what was the main reason you sought help?

_____ (RECORD RESPONSE; DO NOT KEY)

_____ (REASON CODE)

19. How satisfied were you with the help you received from this person (OR group)?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 SOMEWHAT DISSATISFIED
- 4 VERY DISSATISFIED
- DK; NR

20. Have you ever been hospitalized for emotional or psychological problems?

- 0 NO ----> GO TO Q. 21
- 2 YES-----> How many times?

20a. ____ (# OF DIFFERENT HOSPITALIZATIONS)

21. Have you ever entered a residential program for the treatment of substance abuse?

0 NO

1 YES

22. Do you currently take any medications to help control; nervousness, depression, or some other emotional condition?

0 NO

1 YES----->What medication? _____

22a. ____ (MEDICATION CODE)

Adult Service Utilization

ASUA

1a. IN THE PAST YEAR, DID YOU SEE SOMEONE FOR HELP, OR PARTICIPATE IN A SELF-HELP GROUP (LIKE AA, PARENTS ANONYMOUS, ETC.)?

0 No [*Go to Q. 2*]

1 Yes -----> FOR WHAT KIND OF PROBLEM(S)? [*Record all problems, then skip to Q. 3.*]

Codes: b. ___ c. ___ d. ___ [*For office use only*]

2a. IN THE PAST YEAR, DID YOU *CONSIDER* SEEKING OUTSIDE HELP FOR ANY PERSONAL OR EMOTIONAL PROBLEM?

0 No----->*Skip to Q. 9*

1 Yes-----> WHAT KIND OF PROBLEM(S)? _____

Codes: b. ___ c. ___ d. ___ [*For office use only*]

3. WHO DID YOU SEE OR TALK TO FOR HELP?

AGAIN, I HAVE A LIST OF DIFFERENT KINDS OF PEOPLE WHO ARE SOMETIMES CONSULTED FOR HELP. I'D LIKE TO READ THROUGH THE LIST AND HAVE YOU TELL ME IF YOU HAVE TALKED, IN THE LAST YEAR, WITH ANY OF THESE TYPES OF PEOPLE ABOUT SOME PROBLEM.

[*Check each provider consulted. For each helper named, be sure "problem" has been recorded in Q.1a.*]

- ___ a. Mental Health Professional
- ___ b. Health Care Professional
- ___ c. Social Services Worker
- ___ d. Work Counselor
- ___ e. Substance Abuse Counselor
- ___ f. Lawyer or Probation Officer
- ___ g. Preacher, Minister or Religious Counselor
- ___ h. Natural Healer or Advisor
- ___ i. Self-Help Group (e.g. Alcoholic Anonymous, Gambler's Anonymous, Parents Anonymous)
- ___ j. Other _____

4. Interviewer: How many providers were named in Q. 3?

- 1 One (Go to Q 7)
- 2 >1 Provider (Go To Next Question)

5. APPROXIMATELY HOW MANY VISITS OVERALL DID YOU HAVE WITH [all care providers named in Q. 3]?

___ Visits with all care providers

6. WHO DID YOU SEE MOST OFTEN? _____

_____ [CODE appropriate lower case letter from Provider List, Q. 3]

7. APPROXIMATELY HOW MANY TIMES DID YOU SEE THIS PERSON?

___ Visits with care provider seen most often/only care provider

8. HOW SATISFIED WERE YOU WITH THE SERVICES YOU RECEIVED FROM THIS PERSON?

- 1 Very satisfied

- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- DK; NO RESPONSE

9a. DURING THE PAST YEAR, HAVE YOU AT ANY TIME BEEN
HOSPITALIZED FOR EMOTIONAL OR PSYCHOLOGICAL PROBLEMS?

0 No

1 Yes----> b. HOW MANY TIMES? ____ # of different hospitalizations

c. FOR HOW MANY DAYS TOTAL WERE YOU IN
HOSPITAL? ____

10. DURING THE PAST YEAR, HAVE YOU AT ANY TIME ENTERED A
RESIDENTIAL PROGRAM FOR THE TREATMENT OF ALCOHOL OR DRUG ABUSE?

0 No

1 Yes

11. ARE YOU CURRENTLY TAKING ANY MEDICATIONS ON A REGULAR BASIS?

0 No

1 Yes-----> WHAT MEDICATIONS? [*Record all medications mentioned by
respondent.]*

Medication Codes: b. ____ c. ____ d. ____ [*For office use only]*

Child Service Utilization CSUA

NOW I HAVE A FEW QUESTIONS ABOUT ANY PROFESSIONAL OR OUTSIDE HELP YOU MAY HAVE GOTTEN FOR _____ IN THE PAST YEAR.

1a. DURING THE PAST YEAR, HAVE YOU CONSULTED WITH ANYONE ABOUT A BEHAVIORAL, _____ EMOTIONAL, OR SCHOOL PROBLEM RELATED TO _____?

[Do not include medical problems here]

0 No *[Go To Q. 2a)*

1 Yes-----> FOR WHAT KIND OF PROBLEM(S)? *[Record all problems, then skip to Q.3]*

Codes: b. ____ c. ____ d. ____ *[For Office Use Only]*

2a. IN THE PAST YEAR, HAVE YOU *FELT YOU NEEDED* HELP WITH ANY BEHAVIORAL, EMOTIONAL, OR SCHOOL PROBLEMS THAT _____ WAS HAVING?

0 No-*[Skip To Q. 9]*

1 Yes-----> WHAT KIND OF PROBLEM(S)? *[Record problems and skip to Q. 9]*

Codes: b. ____ c. ____ d. ____ *[For Office Use Only]*

3. WHO DID YOU SEE OR TALK TO FOR HELP? *[Record response, then say . . .]*

I HAVE A LIST OF (OTHER) PEOPLE WHO ARE SOMETIMES ASKED FOR HELP. TELL ME IF YOU HAVE TALKED, IN THE PAST YEAR, WITH ANY OF THESE TYPES OF PEOPLE ABOUT ANY PROBLEM _____ WAS HAVING.

[Check each provider named. For each Helper named, be sure "problem" has been recorded in 1a.)

PROVIDER LIST

- | | |
|---|--|
| ____ a. Mental Health Professional Specialist | ____ g. Developmental Evaluation |
| ____ b. Health Care Professional | ____ h. Substance Abuse Counselor |
| ____ c. Social Services Worker | ____ i. Lawyer |
| ____ d. School Counselor | ____ j. Preacher, Minister, or Religious Counselor |
| ____ e. Principal, Teacher, Day Care Provider | ____ k. Natural Healer or Advisor |
| ____ f. Speech & Language Specialist | ____ l. Other _____ |

4. Interviewer: How many providers were mentioned?

- 1 One provider (Go to Q. 7)
- 2 >1 Provider (Go on to next question)

5. DURING THE PAST YEAR, APPROXIMATELY HOW MANY TOTAL VISITS DID _____, YOU, _____ OR OTHER FAMILY MEMBERS HAVE WITH ANYONE [i.e. all providers named] ABOUT [child's problem] ?

___ # visits with all care providers

6. DURING THE PAST YEAR, WHO [of all care providers named] WAS SEEN MOST OFTEN?

___ [Code appropriate lower case letter from Provider List, Q. 3]

7. DURING THE PAST YEAR, APPROXIMATELY HOW MANY TIMES WAS [provider seen most often] SEEN BY YOU, _____, OR OTHER FAMILY MEMBERS?[for child's problem]

__ __ # visits with care provider seen most often / only care provider seen

8. HOW SATISFIED WERE YOU WITH THE SERVICES RECEIVED FROM THIS PERSON?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- DK; NO RESPONSE

HERE ARE SOME QUESTIONS ABOUT ANY MEDICAL OR HEALTH CARE SERVICES YOU MAY HAVE GOTTEN FOR _____ IN THE PAST YEAR.

9. DO YOU HAVE A REGULAR PLACE WHERE YOU TAKE _____ FOR MEDICAL CARE?

- DK
- 0 No
- 1 Yes

10. DURING THE PAST YEAR HAVE YOU TAKEN _____ FOR A WELL-CHILD VISIT (LIKE A VISIT FOR A CHECK-UP OR IMMUNIZATIONS)?

- DK
- 0 No
- 1 Yes

11a. DURING THE PAST YEAR, HAVE YOU TAKEN YOUR CHILD FOR HELP WITH A MEDICAL PROBLEM?

- DK

0 No [*Skip to Q. 18*]

1 Yes -----> WHAT KIND OF PROBLEM(S)?

CODES: b. ___ c. ___ d. ___ (*For office use only. Code up to 3 main problems.*)

12. WHERE DID YOU TAKE YOUR CHILD AND WHO DID YOU SEE (FOR EVERY PROBLEM MENTIONED)? [*Help respondent identify type of professional and then determine the location of service, as below. Check corresponding blank for each provider consulted*]

Provider List

- ___ a. Physician<-----PRIVATE OFFICE, CLINIC, HMO?-----> ___ h. Nurse or
physician's assistant
- ___ b. Physician<-----PUBLIC CLINIC?-----> ___ i. Nurse or
physician's assistant
- ___ c. Physician<-----HOSPITAL-BASED?-----> ___ j. Nurse or
physician's assistant
- ___ d. Physician<-----HOSPITAL E. R.?-----> ___ k. Nurse or
physician's assistant
- ___ e. Chiropractor
- ___ f. Natural healer, faith healer, or reader
- ___ g. Other _____

13. Interviewer: *How many providers were mentioned?*

1 One provider (*Go to Question 16a*)

2 >1 Provider (*Go on to next question*)

14. APPROXIMATELY HOW MANY VISITS OVERALL DID YOUR CHILD HAVE WITH THESE HEALTH CARE PROVIDERS?

__ __ *[Total # Of Visits To All Providers]*

15. WHICH TYPE OF CARE PROVIDER DID YOU TAKE YOUR CHILD TO SEE MOST OFTEN?

_____ *Provider Code (lower case letter from Provider list)* _____

16a. APPROXIMATELY HOW MANY TIMES DID YOUR CHILD SEE THIS PERSON?

__ __ *(2 Digits, Total # of visits to provider seen most often / only provider seen)*

b. HOW MANY TIMES WITHIN THE LAST SIX MONTHS?

__ __ *(2 Digits; # of visits to provider in last 6 months)*

17. HOW SATISFIED WERE YOU WITH SERVICES RECEIVED FROM THIS PERSON?

- 1 Very Satisfied
- 2 Somewhat Satisfied
- 3 Somewhat Dissatisfied
- 4 Very Dissatisfied
- DK; No Response

18. IS _____ CURRENTLY TAKING ANY MEDICATION ON A REGULAR BASIS?

0 No [*Go to Question 19*]

1 Yes [*List all medications currently taken by child with the corresponding illness, medical problem or condition. Codes will be supplied in office*]

a. Medication #1

_____ *[Code: _____ Office Use Only]*

FOR WHAT PROBLEM? _____

b. Medication #2

_____ [Code: ____ Office Use Only]

FOR WHAT PROBLEM? _____

c. Medication #3

_____ [Code: ____ Office Use Only]

FOR WHAT PROBLEM? _____

19. DURING THE PAST YEAR, HAS _____ BEEN HOSPITALIZED (STAYED OVERNIGHT IN A HOSPITAL) FOR MEDICAL , OR EMOTIONAL/PSYCHOLOGICAL PROBLEMS?

0 No [Go To Next Form]

1 Yes [Ask For Each Hospitalization. . .]

a. Hospitalization #1

REASON? _____

NUMBER OF DAYS? ____ [3 Digits]

b. Hospitalization #2

REASON? _____

NUMBER OF DAYS? ____ [3 Digits]

c. Hospitalization #3

REASON? _____

NUMBER OF DAYS? ____ [3 Digits]

d. Hospitalization #4

REASON? _____

NUMBER OF DAYS? ____ [3 Digits]

Socially Desirable Response Set Measure

Hays, R. D., Hayashi, T., and Stewart, A. L.
1989

Description of Measure

Purpose

To evaluate respondent's tendency to give socially desirable responses.

Conceptual Organization

The Socially Desirable Response Set Measure (SDRS-5) contains 5 items covering the most practical concerns of clinicians who rely on self-report data.

Item Origin/Selection Process

The items were drawn from the Marlowe-Crowne (MC) Form A (Reynolds, 1982), an 11-item short form measure developed from the 33-item Marlowe-Crowne Scale (Crowne & Marlowe, 1960). Ten of the 11 items were used in correlation analyses. The five items with the highest item-to-total correlations were selected for the SDRS-5 (Hays, Hayashi, & Stewart, 1989).

Materials

Non-copyrighted LONGSCAN forms are included in this manual. Also see Hays, Hayashi, and Stewart (1989).

Time Required

Less than one minute

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Respondents rank each item on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree). Only the most extreme response is considered indicative of socially desirable responding. The 4-point response scale was created because it is often difficult for respondents to give true or false answers to this type of item.

Because only the most extreme response is considered indicative of socially desirable responding, the responses should be dichotomized in scoring. This will minimize incorrect classifications of borderline responses as socially desirable.

Hays, Hayashi, and Stewart (1989) linearly transformed scale scores to a 0-100 distribution so that they could be interpreted directly as proportions of the total possible score.

Score Interpretation

A higher total score indicates more socially desirable answers.

Norms and/or Comparative Data

The authors tested the instrument on a sample of 614 outpatients (mean age = 37 years; 56% female) who were participating in pilot studies for the Medical Outcome Study. The mean scale score in the first study, based on the 0-100 linear transformation of scores (see *Score Types* above), was 17.66 and the cross-validation sample score was 35.80 (Hays, Hayashi, & Stewart, 1989). The higher scores in the cross-validation sample may have occurred because of the lower degree of anonymity associated with participation in a longitudinal study as opposed to a cross-sectional study. The resulting SDRS-5 was then evaluated on a cross-validation sample of 3,053 patients (mean age: 47 years; 62% female) in the Medical Outcomes Study. The scale was more recently used in a patient adherence to treatment study (DiMatteo, Hays, Gritz, Bastani, Crane, Elashoff, Ganz, Heber, & McCarthy, 1993).

Psychometric Support

Reliability

Internal consistency reliability of the scale was acceptable for the two Hays studies (Cronbach's $\alpha = .66$ and $.68$ respectively) (Hays, Hayashi, & Stewart, 1989).

The reliability is nearly as high as the MC Form A (Reynolds, 1982) and approached lower bound estimates for the full 33-item Marlowe-Crown scale (Crino, Svobada, Rubenfield, & White, 1983).

Validity

No reports related to the validity of this measure could be found.

LONGSCAN Use

Data Points

Age 8

Respondent

Primary maternal caregiver

Mnemonic and Version

SDA

Rationale

Having a measure of respondents' tendency to provide socially desirable responses is useful for assessing the validity of participants' response sets. A socially desirable response set can be used as a control variable in multivariate statistical analyses. Because of the length of LONGSCAN's battery of measures for caregivers, the brevity of the SDRS-5 made it a feasible measure to use.

Administration and Scoring Notes

The form was not modified in any way for LONGSCAN administration.

Scoring also followed the author's procedure of dichotomizing the response values so as to maximize the validity of the measure and is as follows:

- Item 1: 1 = 1, all other values = 0
- Item 2: 5 = 1, all other values = 0
- Item 3: 5 = 1, all other values = 0
- Item 4: 5 = 1, all other values = 0
- Item 5: 1 = 1, all other values = 0

LONGSCAN did not linearly transform scores to the 1 to 100 distribution developed by Hays, Hayashi, and Stewart (1989). Thus, total scores on the measure range from 0 to 5.

Results

Descriptive Statistics

Table 1 displays the mean scores and score frequency by caregiver race and study site at the Age 8 interview. The average total score was approximately 2 for the entire LONGSCAN sample, indicating that respondents did not tend to give extremely socially desirable responses, thus lending credibility to the validity of participants' response sets as a whole.

Based on mean total scores, Multiracial and Hispanic participants tended to give more socially desirable answers as did participants from the MW site.

Table 1 about here

Two-thirds of all respondents had total scores less than or equal to 2, and only 8.5% of all respondents had scores indicating extreme social desirability. White participants and participants of Other races had the greatest percentage of 0-scores, while Hispanic and respondents from Other races had the greatest percentage of 5-scores. Respondents at the SO site demonstrated the lowest social desirability scores and respondents at the MW site demonstrated the highest. High social desirability at the SW site may be due to the high number of foster caregivers.

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Table 1. Mean total scores and total score frequency for Socially Desirable Response Set by Caregiver Race and Study Site. Age 8 Interview

	N	Total Score M (SD)	Total Score %					
			0	1	2	3	4	5
Total	1037	1.93 (1.62)	25.3	21.1	18.7	13.7	12.7	8.5
Race								
White	283	1.47 (1.38)	32.5	23.3	21.2	12.4	8.5	2.1
Black	418	1.97 (1.62)	23.2	22.3	19.6	12.9	13.2	8.9
Hispanic	47	2.30 (1.84)	19.2	25.5	12.8	12.8	8.5	21.3
Multiracial	24	2.17 (1.81)	29.2	8.3	20.8	12.5	16.7	12.5
Other	17	2.12 (1.96)	29.4	23.5	0.0	17.7	11.8	17.7
Site								
EA	235	2.05 (1.59)	19.6	24.7	19.2	13.2	14.9	8.5
MW	127	2.43 (1.69)	19.7	10.2	23.6	15.8	15.8	15.0
SO	184	1.57 (1.51)	34.2	20.7	17.4	12.0	13.0	2.7
SW	270	2.09 (1.73)	25.2	18.9	16.3	13.7	13.3	12.6
NW	221	1.62 (1.44)	27.2	26.7	19.5	14.5	7.7	4.5

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Socially Desirable Response Set

SDA

“Here I have just a few more questions about your relationships with others. Using these answers [*hand answer card*], tell me how much each statement is TRUE or FALSE for you.”

1=Definitely True

2=Mostly True

3=Don't Know

4=Mostly False

5=Definitely False

R=Refused/ No response

	<u>DT</u>	<u>MT</u>	<u>DK</u>	<u>MF</u>	<u>DF</u>	<u>R</u>
1. I am always courteous, even to people who are disagreeable.	1	2	3	4	5	R
2. There have been occasions when I took advantage of someone.	1	2	3	4	5	R
3. I sometimes try to get even rather than forgive and forget.	1	2	3	4	5	R
4. I sometimes feel resentful when I don't get my own way.	1	2	3	4	5	R
5. No matter who I'm talking to, I'm always a good listener.	1	2	3	4	5	R

Social Provisions Scale
Russell, D. and Cutrona, C. E.
1984

Description of Measure

Purpose

To examine the degree to which respondent's social relationships provide various dimensions of social support.

Conceptual Organization

The instrument contains 24 items, four for each of the following: Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, and Opportunity for Nurturance. Half of the items describe the presence of a type of support and the others describe the absence of a type of support.

Item Origin/Selection Process

The items were based on the six social provisions identified by Weiss (1974). Individual item selection for each provision was based on factor analyses (Russell & Cutrona, 1984).

Materials

The non-copyrighted LONGSCAN version of the form is included in this manual. Also see Russell and Cutrona (1984).

Time Required

5 minutes

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

The respondent indicates on a 4-point scale the extent to which each statement describes her current social network. Responses range from 1 (strongly disagree) to 4 (strongly agree).

After reversal of negatively worded items (indicated by an “R” below) a total score may be computed by summing all items. Subscale scores may be computed by summing items as follows:

- Attachment: Items 2R, 11, 17, and 21R
- Social Integration: Items 5, 8, 14R, and 22R
- Reassurance of Worth: 6R, 9R, 13, and 20
- Reliable Alliance: Items 1, 10R, 18R, and 23
- Guidance: Items 3R, 12, 16, and 19R
- Opportunity for Nurturance: 4, 7, 15R, and 24R

Scores Interpretation

A high score indicates a greater degree of perceived support.

Norms and/or Comparative Data

This scale has been used with a variety of samples (Cutrona, Russell, & Rose, 1984; Russell, Altwater, & Van Velzen, 1984; Russell, Cutrona, Rose, & Yurko, 1984); however, it has not been used with a low income, minority population.

Psychometric Support

Reliability

Internal consistency: Overall, the internal consistency of this scale is acceptable. Russell et al. (1984) administered a 12-item version of the scale, with two items measuring each support dimension, to 505 college students. Each pair of items contained one item that was worded positively and one that was worded negatively. The correlations between the two items for each provision ranged from $r = -.33$ (Reassurance of Worth) to $r = -.56$ (Reliable Alliance) (Russell,

Cutrona, Rose, & Yurko, 1984). Cutrona, Russell, and Rose's (1984) study of approximately 100 elderly subjects revealed internal consistency figures across all provisions to be above .70. In a study of approximately 300 school teachers, internal consistency estimates were all above .60 (Russell, Altwater, & Van Velzen, 1984).

Test-retest: Cutrona, Russell, and Rose (1984) report test-retest reliability coefficient ranging from .37 to .66.

Validity

Predictive: In a study of first-time mothers, Cutrona (1984) found that the provisions of Reliable Alliance, Reassurance of Worth, Social Integration, and Guidance were predictive of postpartum depression. Women without these provisions were more likely to become depressed after their pregnancy. Social provision scores were also found to be predictive of loneliness, depression, and health status among teachers (Russell, Altwater, & Van Velzen, 1984).

Convergent: In Cutrona's 1982 study of college freshmen the Social Integration, Reassurance of Worth, and Guidance provisions were found to be significantly related to scores on the UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980). Deficits in these provisions explained 66% of the variance in the UCLA loneliness scores. Among the elderly, the total score correlated from .28 to .31 ($p < .05$) with life satisfaction, loneliness, and depression (Cutrona et al., 1984).

Individual provisions have also been shown to correlate significantly and differentially with ratings of different relationship categories, as predicated by Weiss (1974). For example, among college students, Social Integration correlated with relationship ratings most highly of all of the provisions. Attachment correlated most highly with satisfying romantic or marital relations ($r = .53$, Russell et al., 1984).

Additionally, scores on the Social Provisions scale were found to correlate with measures of social networks (i.e., number of relationships and frequency of contact) and satisfaction with different types of social relationships among the elderly (Cutrona, Russell, & Rose, 1984). Scores on the on the Social Provisions scale were associated with scores on the social support measure developed by House (1981).

Discriminant: Intercorrelations among the six provisions range from .10 to .51, with a mean intercorrelation of .27.

LONGSCAN Use

Data Points

Age 8

Respondent

Primary maternal caregiver

Mnemonic and Version

Age 8: SPA

Age 12: SSPB, SSPC. The C version is the ACASI-administered version.

Rationale

Social support is well established as a protective factor. The Social Provisions Scale was chosen because it is based in theory, has good psychometric properties, contains simply worded questions, and is relatively brief.

Results

Table 1 displays the means and standard deviations for the Total Scale and each of the provisions by caregiver race and study site at the Age 8 interview. Overall, caregivers in the LONGSCAN sample report having a relatively high degree of social support. Black caregivers report a perception of lower social support than caregivers of other races, and caregivers at the SO site reported lower perceived support than those at other sites. Caregivers at the SO site also reported the lowest Social Integration and Reassurance of Worth scores. White caregivers and caregivers of other races reported higher Reliable Alliance and Opportunity for Nurturance than other caregivers, and caregivers at the SW and NW sites reported the highest Reliable Alliance.

Table 1 about here

As can be seen in Table 2, total internal consistency reliability for the Social Provisions scales is excellent ($\alpha = .93$) with alpha coefficients for the total sample ranging from .59 (Opportunity for Nurturance) to .78 (Guidance) on the individual scales. Total scale alpha

reliabilities are excellent when considered by caregiver race ($\alpha = .91$ to $.95$) and study site ($\alpha = .90$ to $.93$). Alpha coefficients were lower on Opportunity for Nurturance by caregiver race and study site and generally fell into the moderate range, while the majority of alpha coefficients on the other individual scales were in the acceptable to good range. It would appear that the Social Provisions Scale is a reliable measure for use with a low income, minority population.

Table 2 about here

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**Table 1. Mean Scores on the Social Provisions Scales by Caregiver Race and Study Site.
Age 8 Interview**

	N	Total Scale M (SD)	Attachment M (SD)	Social Integration M (SD)	Reassurance of Worth M (SD)	Reliable Alliance M (SD)	Guidance M (SD)	Opportunity for Nurturance M (SD)
<i>Total</i>	1036	78.85 (10.37)	13.25 (2.11)	12.53 (1.99)	12.77 (1.99)	13.67 (2.05)	13.40 (2.15)	13.40 (1.93)
<i>Race</i>								
White	283	81.91 (9.68)	13.90 (1.97)	13.05 (1.83)	13.10 (1.96)	14.16 (1.96)	13.84 (2.13)	13.99 (1.81)
Black	417	75.93 (9.70)	12.64 (2.05)	11.98 (1.89)	12.31 (1.95)	13.19 (2.08)	12.99 (2.10)	12.92 (1.87)
Hispanic	47	78.09 (10.75)	13.09 (2.23)	12.29 (2.11)	12.98 (1.94)	13.64 (2.12)	13.36 (2.11)	12.98 (1.91)
Multiracial	24	80.96 (10.83)	13.29 (2.37)	12.92 (2.00)	13.25 (1.98)	14.25 (1.82)	13.50 (2.50)	13.75 (1.96)
Other	17	84.12 (11.60)	13.94 (2.19)	13.88 (1.96)	13.41 (2.50)	14.29 (2.20)	14.59 (1.94)	14.00 (2.15)
<i>Site</i>								
EA	236	76.68 (10.20)	12.83 (2.02)	12.06 (1.87)	12.57 (1.89)	13.28 (2.14)	13.17 (2.00)	13.03 (1.84)
MW	126	75.25 (10.69)	12.47 (2.27)	12.04 (2.14)	12.36 (2.06)	13.19 (2.24)	12.66 (2.61)	12.70 (1.98)
SO	183	75.15 (8.52)	12.64 (1.75)	11.91 (1.57)	11.94 (1.67)	13.18 (1.80)	12.75 (1.74)	12.94 (1.61)
SW	270	82.16 (9.90)	13.90 (2.00)	13.05 (2.03)	13.32 (1.89)	14.20 (1.83)	13.96 (1.91)	13.87 (1.93)
NW	221	82.22 (10.07)	13.87 (2.13)	13.18 (1.95)	13.23 (2.09)	14.13 (2.06)	13.90 (2.31)	13.98 (1.91)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Cronbach's Alpha of the Social Provisions Scales by Caregiver Race and Study Site. Age 8 Interview

	Total Scale A	Attachment α	Social Integration α	Reassurance of Worth α	Reliable Alliance α	Guidance α	Opportunity for Nurturance α
<i>Total</i>	.93	.75	.68	.72	.74	.78	.59
<i>Race</i>							
White	.93	.79	.70	.76	.77	.82	.64
Black	.91	.70	.61	.66	.70	.73	.52
Hispanic	.94	.75	.67	.71	.73	.76	.53
Multiracial	.93	.77	.67	.70	.75	.74	.55
Other	.95	.64	.82	.78	.88	.87	.64
<i>Site</i>							
EA	.90	.71	.60	.58	.69	.71	.46
MW	.91	.67	.70	.68	.72	.81	.52
SO	.92	.76	.60	.75	.76	.74	.61
SW	.93	.77	.69	.71	.69	.74	.62
NW	.92	.75	.68	.76	.77	.82	.58

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Social Provisions Scale

SPA

Next I'm going to ask you about your relationship with other people. Please tell me how much each statement describes your situation by using these responses." *[Hand answer card and read responses.]*
 "So, for example, if you feel a statement is VERY TRUE you would say Strongly Agree. If you feel a statement CLEARLY does not describe your relationships, you would answer Strongly Disagree. Do you have any questions?"

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>R</u>
1. There are people I know will help me if I really need it.	1	2	3	4	R
2. I do not have close relationships with other people.	1	2	3	4	R
3. There is no one I can turn to in times of stress.	1	2	3	4	R
4. There are people who call on me to help them.	1	2	3	4	R
5. There are people who like the same social activities I do.	1	2	3	4	R
6. Other people do not think I am good at what I do.	1	2	3	4	R
<hr/>					
7. I feel responsible for taking care of someone else.	1	2	3	4	R
8. I am with a group of people who think the same way I do about things.	1	2	3	4	R
9. I do not think that other people respect what I do.	1	2	3	4	R
10. If something went wrong, no one would help me.	1	2	3	4	R
11. I have close relationships that make me feel good.	1	2	3	4	R
12. I have someone to talk to about decisions in my life.	1	2	3	4	R

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	
13. There are people who value my skills and abilities.	1	2	3	4	R
14. There is no one who has the same interests and concerns as me.	1	2	3	4	R
15. There is no one who needs me to take care of them.	1	2	3	4	R
16. I have a trustworthy person to turn to if I have problems.	1	2	3	4	R
17. I feel a strong emotional tie with at least one other person.	1	2	3	4	R
18. There is no one I can count on for help if I really need it.	1	2	3	4	R
<hr/>					
19. There is no one I feel comfortable talking about problems with.	1	2	3	4	R
20. There are people who admire my talents and abilities.	1	2	3	4	R
21. I do not have a feeling of closeness with anyone.	1	2	3	4	R
22. There is no one who likes to do the things I do.	1	2	3	4	R
23. There are people I can count on in an emergency.	1	2	3	4	R
24. No one needs me to take care of them.	1	2	3	4	R

Supplemental Services Utilization

LONGSCAN

1992

Description of Measure

Purpose

To identify use of services (other than mental health and general medical services) by the family in the preceding year, and the degree of satisfaction with the services received.

Conceptual Organization

The instrument assesses utilization of services by asking if each of the listed services was received, who was the primary recipient, and degree of satisfaction with it.

Item Origin/Selection Process

The services listed are diverse and include those that were considered most likely to be used by caregivers of young children, especially those of lower SES, including: respite care, day care, educational assistance, employment assistance, financial help, homemaker services, legal aid, transportation, WIC, and parenting classes. Additionally, the interviewer probes for any other service use, and can record use of up to two additional services.

Materials

Non-copyrighted form, included in this manual.

Time Required

5-8 minutes, depending on number of services received

Administration Method

Interviewer-administered

Training

Minimal

Scoring

Score Types

Receipt of each individual service is scored yes (1) or no (0). The recipient of the service can be indicated as the caregiver, the child, or both. Degree of satisfaction is rated on a 4-point scale ranging from 1 (very satisfied) to 4 (very dissatisfied). Items can be analyzed individually or individual item scores can be summed to produce total scores related to use and/or satisfaction.

Score Interpretation

A higher total use score indicates more services received. Higher summary satisfaction score indicates greater overall satisfaction with services.

LONGSCAN Use

Data Points

Age 6 and Annual Contacts Age 1, 2, 3, 5, & 7

Respondent

Primary maternal caregiver

Mnemonic and Version

SERA

Rationale

This measure is used to supplement the information obtained from the Services Utilization Forms (TXU, ACU, CSU) by assessing other types of services used by the child and primary caregiver.

Results

Descriptive Statistics

Tables 1-3 display the five services most used by LONGSCAN for the Age 5, 6, and 7 interviews. For the Age 5 interview, the overall number of services used was slightly over 2 ($\underline{M} = 2.32$, $\underline{SD} = 1.61$). According to Table 1, Financial assistance was received by more than half the families. Day care and WIC (nutrition program for Woman, Infants, and Children) was used by approximately one-quarter of the families. All other services were used by less than 10% of the overall sample, with homemaker services being the least utilized (only 1%).

At the Age 5 interview, there were racial and site differences observed in the use of these supplemental services. White families used the most services ($\underline{M} = 2.44$, $\underline{SD} = 1.70$) as compared to Hispanic families ($\underline{M} = 0.29$, $\underline{SD} = 0.46$). Black families were more likely than White families to use financial assistance and WIC. White and Multiracial families were most likely to use day care.

Of the three sites included in the Age 5 data collection, the NW site used the most number of services ($\underline{M} = 2.91$, $\underline{SD} = 1.60$). Of the families from the MW site, 66% received financial assistance and 23% received job assistance. Families at the NW site had the the highest percentage receiving day care assistance (33.0%), WIC (19.1%), and educational help (22.3%).

Table 1 about here

At the Age 6 Interview, the overall number of services utilized decreased from the Age 5 interview (Age 6: $\underline{M} = 1.73$, $\underline{SD} = 1.39$). Between the Age 5 and 6 Interview, Financial assistance stayed the same and was received by more than half the families. Day care and WIC services decreased between interviews.

Looking at Table 2, there were racial and site differences observed in use of these supplemental services. Multiracial families had the used the most number of services ($\underline{M} = 2.00$, $\underline{SD} = 1.78$) as compared to Hispanic families ($\underline{M} = 1.45$, $\underline{SD} = 1.35$). Like the Age 5 Interview, Black families were more likely than White families to use financial assistance and WIC. White families were most likely to use day care and Hispanic families were more likely to receive WIC and education help.

Families at the EA site were more likely than any other site to receive financial help, whereas those at SW site was least likely. Families at the NW site used more total services ($\underline{M} = 2.24$) than those at the other four sites (EA: $\underline{M} = 1.68$; SO: $\underline{M} = 1.55$; SW: $\underline{M} = 1.43$; MW: $\underline{M} = 1.83$) and were most likely to use day care, educational help, and legal aid.

Table 2 about here

For the Age 7 interview, the overall number of services utilized was just over 1 and a half ($\underline{M} = 1.59$, $\underline{SD} = 1.34$). Between the Age 6 and 7 interview, receipt of financial assistance decreased by almost ten percent. Day care, WIC, educational help, and job assistance remained about the same between interviews.

According to Table 3, there were racial and site differences observed in use of these supplemental services. Like at Age 6, at Age 7 Multiracial families had the used the most number of services ($\underline{M} = 1.79$, $\underline{SD} = 1.23$) as compared to Hispanic families ($\underline{M} = 1.19$, $\underline{SD} = 1.34$). Like the Age 6 Interview, Black families were more likely than White families to use financial assistance and WIC. White and Multiracial families were most likely to use day care and multiracial families were more likely to receive financial assistance (67.9%).

Families at the EA and MW sites were more likely than any of the other sites to receive financial help. Families at the NW site used more total services ($\underline{M} = 1.99$) than those at the other four sites (EA: $\underline{M} = 1.45$; SO: $\underline{M} = 1.44$; SW: $\underline{M} = 1.41$; MW: $\underline{M} = 1.58$) and were most likely to use day care and WIC.

Table 3 about here

Table 1. Supplemental Services Used Most Often by LONGSCAN Families by Race and Site. Age 5 Interview

	N	Financial Help %	Day Care %	WIC %	Educational Help %	Job Help %
Total	676	51.8	14.8	14.5	13.8	13.9
Race						
White	287	50.5	21.6	14.6	15.7	10.5
Black	259	56.8	9.3	17.0	12.7	17.8
Hispanic	65	38.5	3.1	4.6	7.7	10.8
Multiracial	28	60.7	28.6	10.7	28.6	25.0
Other	26	46.1	3.9	23.1	0.0	11.5
Site*						
MW	209	66.0	3.4	14.8	12.9	23.0
SW	216	25.0	4.6	8.8	4.6	5.1
NW	251	63.0	33.1	19.1	22.3	13.9

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *EA and SO sites did not collect data at the Age 5 Interview.

Table 2. Supplemental Services Used Most Often by LONGSCAN Families by Race and Site. Age 6 Interview

	N	Financial Help %	Day Care %	WIC %	Educational Help %	Job Help %
Total	1213	51.2	6.8	9.8	9.5	11.7
Race						
White	393	39.2	13.0	6.9	11.5	11.5
Black	658	59.9	3.3	11.1	8.2	12.6
Hispanic	92	40.2	5.4	10.9	8.7	3.3
Multiracial	33	54.6	9.1	15.2	15.2	12.1
Other	30	50.0	6.7	13.3	10.0	2.5
Site						
EA	248	65.7	0.8	11.3	6.1	10.5
MW	214	60.8	2.3	8.4	7.9	20.6
SO	220	50.0	2.3	9.1	9.6	10.0
SW	298	29.9	3.4	8.1	8.1	5.0
NW	233	55.4	26.2	12.5	16.3	15.0

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Supplemental Services Used Most Often by LONGSCAN Families by Race and Site. Age 7 Interview

	N	Financial Help %	Day Care %	WIC %	Educational Help %	Job Help %
Total	998	43.4	8.0	7.7	7.0	12.1
Race						
White	348	35.1	10.9	7.2	7.2	8.9
Black	502	50.4	6.0	8.6	7.0	15.1
Hispanic	64	26.6	3.1	6.3	3.1	6.3
Multiracial	28	67.9	21.4	7.1	10.7	14.3
Other	22	40.9	9.1	4.6	18.2	13.6
Site						
EA	150	52.0	0.7	6.0	4.7	12.7
MW	184	55.4	6.0	9.2	9.2	21.7
SO	185	50.3	3.2	7.0	7.6	9.7
SW	57	24.1	2.1	5.1	5.1	8.0
NW	103	42.6	23.6	10.7	8.3	10.3

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Supplemental Services Utilization SERA

THESE QUESTIONS ARE ABOUT OTHER TYPES OF SERVICES YOU MAY HAVE USED.

1. I'M GOING TO READ A LIST OF DIFFERENT TYPES OF SERVICES AND FOR EACH ONE PLEASE

TELL ME IF YOU'VE USED A SERVICE LIKE THIS IN THE PAST YEAR.

[Read list below. For each service listed, circle "0" if service not received. Otherwise circle "1" and ask follow-up questions 2 & 3]

2. WAS (SERVICE) PRIMARILY FOR YOU OR YOUR CHILD? *[Record "recipient of service" by circling the appropriate answer in column 2, using the following codes]*

1 = Parent

2 = Child

3 = Both

3. HOW SATISFIED WERE YOU WITH THE HELP? *[Record "satisfaction with service" by circling the appropriate answer in column 3, using the following codes]*

1 = Very Satisfied

2 = Somewhat Satisfied

3 = Somewhat dissatisfied

4 = Very Dissatisfied

	(1) Service Received		(2) Recipient of Service			(3) Satisfaction with Service			
	N	Y	P	C	B	VS	SS	SD	VD
a. CARETAKER/RESPIRE CARE (MORE THAN 24 HOURS AT A TIME, IN OR OUT OF HOME)	0	1	1	2	3	1	2	3	4
b. DAY CARE	0	1	1	2	3	1	2	3	4
c. EDUCATIONAL	0	1	1	2	3	1	2	3	4
d. EMPLOYMENT (JOB FINDING)	0	1	1	2	3	1	2	3	4
e. FINANCIAL HELP (WELFARE, FOOD STAMPS, HOUSING,ETC.)	0	1	1	2	3	1	2	3	4
f. HOMEMAKER SERVICES	0	1	1	2	3	1	2	3	4
g. LEGAL AID	0	1	1	2	3	1	2	3	4
h. TRANSPORTATION	0	1	1	2	3	1	2	3	4
i. WIC	0	1	1	2	3	1	2	3	4
j. PARENTING CLASSES	0	1	1	2	3	1	2	3	4
OTHER (SPECIFY):									
k. _____	0	1	1	2	3	1	2	3	4
l. _____	0	1	1	2	3	1	2	3	4

Teacher's Estimation of Child's Peer Status

Lemerise, E. and Dodge, K.

1990

Description of Measure

Purpose

To estimate teacher's perception of the subject child's peer status.

Conceptual Organization

The instrument includes 7 items. The first item asks how well liked the child is. The remaining 6 items address the subject child's social skills in relation to other students in the class, and ask how many nominations that child would receive if his/her classmates were asked to nominate a classmate in a given situation (e.g., would like least for play or work partner).

Materials

Non-copyrighted form is included in this manual.

Time Required

2-5 minutes

Administration Method

Self-administered

Scoring

Score Types

Teachers rank the first item on a 5-point scale from 1 (very well liked) to 5 (liked very little). Subsequent nominations are rated on a 5-point scale ranging from 1 (one of the kids with the most nominations) to 5 (one of the kids with the fewest nominations).

An overall composite score and two subscale scores can be computed, and individual item scores can be used. When calculating a total or composite score, items 3, 4, 5, and 7 must first be reversed. Items 4 and 5 can be summed to measure Peer Aggression, and items 1, 2, and 6 can be summed to measure Peer Popularity.

Score Interpretation

Higher scores on individual items and on any composite score reflect more peer problems.

Psychometric Support

Reliability

In a sample of children in seven grade 3, 4, and 5 classrooms (N = 100) Lemerise and Dodge (1990) found that teacher's ratings of students on this measure correlated positively with students' rating of their peers. Correlations ranged from .55 to .65.

LONGSCAN Use

Data Points

Ages 6, 8, and 12

Respondent

Teacher

Form Version and Mnemonic

TRPA

TPB. No modifications

TRPC. Administered by ACASI. No modifications.

Rationale

Peer relationship data were requested from the teacher to allow examination of the relationship between child maltreatment and social competence. Peer rejection and aggression are predictors of later delinquency and conduct problems (Coie, Lochman, Terry, & Hyman, 1992), with aggressive behavior cited as the most common reason for peer rejection (Coie, Dodge, & Coppotelli, 1982).

Administration and Scoring Notes

After obtaining parental consent, all teacher respondent forms were sent by mail to the subject child's teacher with specific instructions regarding completion and remittance. Incentives for participation and response rate differed by study site.

LONGSCAN renamed the Peer Popularity subscale to Low Peer Status to reflect the fact that higher scores indicate that the child is less liked by peers.

Results

Tables 1 and 2 display means and standard deviations for the total peer problems score at the Age 6 and Age 8 interviews. At Age 6 racial differences were minimal. The Multiracial children were rated as having the fewest problems with peers. Children from the NW site were rated as having the highest level of peer problems, while children at the EA site had the fewest. Because the site data did not reflect the racial composition of the samples, we looked at race within site. Interestingly, Black children at the EA (94% Black) and SO (65% Black) sites had much lower peer problem scores (17.0 and 17.4, respectively) than their counterparts in the SW and NW sites (18.6 and 18.9, respectively).

Table 1 about here

Table 2 about here

Reliability

Tables 1 and 2 also display Cronbach's alpha coefficients by site and race for the Age 6 interview and Age 8 interviews. Alphas for the 7-item scale ranged from .72 to .85 for the Age 6 interview, and from .74 to .88 for the Age 8 interview, indicating good internal consistency.

Validity

Based on the theoretical constructs and interitem correlations we formed two indices: Peer Aggression (starts arguments + gets angry easily) and Low Peer Status (liked very little + fewest nominations for work or play partner + not good at leading others). To examine the validity of these subscales, as well as the total peer problems score, we conducted correlation analyses with three theoretically linked measures: the Teacher Report Form (TRF, teacher report of total problems and aggression), the Child Behavior Checklist (CBCL, parent report of total problems and aggression), and the total score on the Loneliness and Social Dissatisfaction Scale (child report). Tables 3 and 4 display the resulting correlation coefficients for comparison of the

Age 6 and Age 8 data. All correlations were statistically significant with highest coefficients observed for measures using the same informant (teacher). Peer Aggression and Low Peer Status were distinguished by the differing magnitude of the coefficients for teacher and parent ratings of aggression.

Table 3 about here

Table 4 about here

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Lemerise, E., & Dodge, K. A. (1990). Teacher simulation of peer sociometric status. Unpublished instrument, Vanderbilt University, Nashville, TN.

Table 1. Mean Total Score and Cronbach's Alpha Coefficients for the Teacher Estimation of Peer Status by Race and Study Site. Age 6 Interview

	N	<u>M</u> (SD)	α
Total	803	18.0 (5.9)	.84
Race			
White	239	18.1 (5.7)	.84
Black	419	18.0 (6.2)	.85
Hispanic	50	17.4 (5.0)	.77
Multiracial	82	17.0 (5.5)	.80
Other	12	18.2 (4.9)	.72
Site			
EA	194	17.0 (5.7)	.82
MW	57	17.3 (5.7)	.82
SO	198	17.7 (6.0)	.85
SW	149	18.6 (6.1)	.84
NW	204	18.9 (5.8)	.85

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 2. Mean Total Score and Cronbach's Alpha Coefficients for the Teacher Estimation of Peer Status by Race and Study Site. Age 8 Interview.

	N	<u>M</u> (<u>SD</u>)	α
Total	682	19.15 (6.27)	.86
Race			
White	213	19.19 (6.34)	.88
Black	364	19.24 (6.49)	.86
Hispanic	29	18.21 (4.97)	.75
Multiracial	77	18.80 (5.55)	.82
Other	7	20.29 (6.05)	.74
Site			
EA	169	18.88 (6.63)	.85
MW	36	16.91 (5.50)	.81
SO	166	19.12 (6.64)	.88
SW	129	19.33 (6.08)	.86
NW	190	19.68 (5.83)	.84

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Correlations of Peer Problems with Total Behavior Problems, Aggression, and Loneliness and Social Dissatisfaction. Age 6 Interview (N= 713)

	CBCL Total	TRF Total	CBCL Aggression	TRF Aggression	Loneliness and Social Dissatisfaction
TRP Total	.27**	.68**	.31**	.64**	.20**
TRP Aggress	.19**	.61**	.30**	.79**	.10*
TRP Unpopular	.24**	.51**	.23**	.34**	.19**

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. * $p < .01$, ** $p < .001$

**Table 4. Correlations of Peer Problems with Total Behavior Problems, and Aggression.
Age 8 Interview (N=628)**

	CBCL Total	TRF Total	CBCL Aggression	TRF Aggression
TRP Total	.28**	.75**	.30**	.67**
TRP Aggress	.23**	.65**	.29**	.79**
TRP Unpopular	.23**	.58**	.24**	.39**

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. ** $p < .001$

Teacher's Estimation of Child's Peer Status TRPA

For questions 1-7, please check the answer that best describes this child.

1. OVERALL, HOW MUCH IS THIS CHILD LIKED BY CLASSMATES?

- ☐ 1 Very well liked
- ☐ 2 Above average liked
- ☐ 3 Right in the middle
- ☐ 4 Below average liked
- ☐ 5 Liked very little

If the children in your classroom were asked to nominate a classmate for each of the following descriptions, how many nominations would this child likely get?

2. NOMINATIONS FOR 'WOULD LIKE MOST FOR PLAY OR WORK PARTNER'.

- ☐ 1 One of the kids with the most nominations
- ☐ 2 More than average
- ☐ 3 Average/Right in the middle
- ☐ 4 Less than average
- ☐ 5 One of the kids with the fewest nominations

3. NOMINATIONS FOR 'WOULD LIKE LEAST FOR PLAY OR WORK PARTNER'.

- ☐ 1 One of the kids with the most nominations
- ☐ 2 More than average
- ☐ 3 Average/Right in the middle
- ☐ 4 Less than average
- ☐ 5 One of the kids with the fewest nominations

4. NOMINATIONS FOR 'STARTS ARGUMENTS OR FIGHTS'.

- ☐ 1 One of the kids with the most nominations
- ☐ 2 More than average
- ☐ 3 Average/Right in the middle
- ☐ 4 Less than average
- ☐ 5 One of the kids with the fewest nominations

5. NOMINATIONS FOR 'GETS ANGRY EASILY'.

- ☐ 1 One of the kids with the most nominations
- ☐ 2 More than average
- ☐ 3 Average/Right in the middle
- ☐ 4 Less than average
- ☐ 5 One of the kids with the fewest nominations

6. NOMINATIONS FOR 'GOOD AT LEADING OTHERS'.

- ☐ 1 One of the kids with the most nominations
- ☐ 2 More than average
- ☐ 3 Average/Right in the middle
- ☐ 4 Less than average
- ☐ 5 One of the kids with the fewest nominations

7. NOMINATIONS FOR 'GETS PICKED ON OR TEASED'.

- ___ 1 One of the kids with the most nominations
- ___ 2 More than average
- ___ 3 Average/Right in the middle
- ___ 4 Less than average
- ___ 5 One of the kids with the fewest nominations

Teacher's Report Form

Achenbach, T.

1991

Description of Measure

Purpose

To obtain teacher's perception of child's academic performance, adaptive functioning and problem behavior in a standardized format.

Conceptual Organization

The first section of the Teacher Report Form (TRF) requests relevant background information (6 items), ratings of academic performance (1 item), and ratings of four aspects of adaptive functioning (1 item each). The remaining 112 items comprise a problem behavior checklist. The TRF is a complement measure to the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR). The problem behavior items measure three broad-band scales: Internalizing, Externalizing, and Total Problems, and eight syndrome scales that are identical to those in the Child Behavior Checklist (CBCL): Withdrawal, Somatic Problems, Anxiety/Depression, Social Problems, Thought Problems, Attention Problems, Delinquency, and Aggression. The Internalizing scale is comprised of the Social Withdrawal, Somatic Complaints and Anxiety/Depression subscales. The Externalizing Problems scale includes the Delinquent Behavior and Aggressive Behavior subscales.

Item Origin/Selection Process

Problem items were derived from research, consultation with professionals and parents, and successive revisions based on findings from numerous pilot studies. The "cross-informant" measures of behavioral syndromes (CBCL, TRF, YSR) were obtained from evaluation of multiple principal components analyses using the 89 items common to all three forms. For a complete description of item derivation for the TRF, see the Manual for the Teacher's Report Form and 1991 Profile (Achenbach, 1991).

Materials

Copyrighted forms and scoring manuals are available from the publisher.

Time Required

10 minutes

Administration Method

Designed for self-administration by teachers (See pp. 11-12 and pp. 184-195 in the manual.)

Training

None

Scoring

Score Types

Individual items are scored as follows: not true (0), sometimes true (1), or always true (2). If two responses are circled, the item is given a score of 1.

Total scores may be computed for Academic Performance, Adaptive Functioning, Behavior Problems, Internalizing Problems, and Externalizing Problems, plus scores for each of the 8 syndrome scales. A global index of adaptive functioning can be obtained by summing the scores of 4 items in section VIII. A global score of current school performance can be obtained by computing the mean of individual current school performance scores. The Total Problem score is computed by summing all items on pages 3 and 4 of the instrument. The Total Behavior Problems scale is not to be scored if more than 8 items are missing, excluding items 56h and 113 (see Manual, Appendix A). Raw scores for each of the TRF scales can be converted to T scores that are based on percentiles for a normative sample. T scores indicate how a particular scale score compares with the score obtained from children in the normative sample within the same broad age range. (A computer program available from the publisher converts raw scores to T scores.)

Score Interpretation

For the Academic Performance and Adaptive Functioning scales, assigned T scores are truncated at 35 and 65 (with a mean score of 50) to reduce gaps and to prevent overinterpretation

of differences at the extremes of the distributions (Achenbach 1991).

For the narrow band, or syndrome scales, a T score of 50 is assigned to *all* raw scores that fall at or below the 50th percentile. Raw scores falling between the 50th and 98th percentile are assigned T scores using a method that equalizes the gaps between T scores, up to a T score of 70, which corresponds to approximately the 98th percentile in the normative sample. For raw scores above the 98th percentile, T scores between 71 and 100 are assigned in as many increments as there are remaining raw scores on each scale above the score which corresponds to the 98th percentile. Because of the way in which T scores are derived, they have a mean above 50 and a SD below 10. Means and Standard Deviations for T scores vary by sample.

For the syndrome scales, T scores less than 67 are considered in the normal range, T scores ranging from 67-70 are considered to be borderline clinical, and T scores above 70 are considered to be in the clinical range. For Total Problems, Externalizing, and Internalizing groupings, T scores less than 60 are considered to be in the normal range, while 60-63 represent borderline scores, and greater than 63 is considered to be in the clinical range.

For statistical analyses of the adaptive functioning and syndrome scales, it is usually preferable to use the raw scale scores, which reflect all the variation in the sample without any truncation or transformation of the data. T scores are not truncated for the Internalizing, Externalizing, and Total Problem scores, however; hence the results using T scores should be similar to those using raw scores for these broadband scales.

Norms and/or Comparative Data

Norms and comparative data are presented in the Manual for the Teacher Report Form and 1991 Profile (Achenbach, 1991).

Psychometric Support

Reliability

The test-retest reliability was found to be high over a mean interval of 15 days with a mean correlation of .90 for Academic Performance and Adaptive Functioning scores and .92 for the Total Problems score (Achenbach, 1991).

Interrater reliability was good for teachers seeing children under different conditions; specifically, $r = .55$ (Academic Performance and Adaptive Functioning), $r = .53$ (Total

Problems). Cronbach's alpha coefficients for the syndrome scales ranged from $r = .63$ (Thought Problems, 5-11 year old girls) to $r = .97$ (Aggressive Behavior, 12-18 year old girls) (Achenbach, 1991).

Validity

The TRF manual (Achenbach, 1991) presents several kinds of evidence for the validity of the TRF showing that the item scores, the syndrome scores, and the clinical cut points all significantly discriminate between demographically matched students referred for services and non-referred students.

LONGSCAN Use

Data Points

Ages 6, 8, 10 (optional), and 12

Respondent

Teacher

Mnemonics and Versions

Age 6: TRFA

Ages 8 and 10: TRA

Age 12: TRFB

Rationale

To obtain a complete and reliable assessment of the child's adaptive and problem behavior, it is important to have multiple informants. The TRF is perhaps the most widely used teacher report measure of these constructs. The existence of a comparable parent report (CBCL) and Youth Self-Report (YSR) allows us to look at the child's behavior from different viewpoints using a similar measure.

Administration and Scoring Notes

After obtaining parental consent, all teacher respondent forms were sent by mail to the

subject child's teacher with specific instructions for completion and remittance. Incentives for participation and the response rate differed by study site. Site differences in response rates can be attributed in part to school size and teacher familiarity with the study. For example, at the MW site, which has the most large, inner city schools, teachers may not have known the subject child well enough to complete the form or there may have been a greater perceived burden on the teachers' time for completing the form. At the SO site, child interviews are conducted at school and therefore school personnel may have been more likely to participate as a result of greater familiarity with the purpose of the study as explained to school personnel and with the interviewers.

Results

Descriptive Statistics

The mean T Scores for Academic Performance and Adaptive Functioning at the Age 6 interview are displayed in Table 1, by race and study site. These normalized scores may range from 35-65, and have a mean of 50. The scores indicate that LONGSCAN children were below average on all indicators of Academic Performance and Adaptive Functioning. In general the children were rated slightly higher on the items Happy and Working Hard and lower on Academic Performance and Appropriate Behavior. Comparisons by race show that White children tended to score higher than children of other races on Academic Performance, while Multiracial children scored highest on Adaptive Functioning. Children at the EA and MW sites had higher levels of Adaptive Functioning and those at the SW site had the lowest.

Table 1 about here

Table 2 shows that LONGSCAN children's T scores decreased slightly from the Age 6 to the Age 8 interview, but the pattern of scores remains the same. Although still below average relative to the normative sample, LONGSCAN children were rated slightly higher at the Age 8 interview on the Happy and Working Hard items and lower on Academic Performance, Appropriate Behavior, and Learning. Comparisons by race at age 8 show that White children still had the highest scores for Academic Performance. Hispanic children tended to have higher T scores for all the component measures of Adaptive Functioning. Site differences in Academic Performance were small. Children at the EA and MW sites again had the highest levels of

Adaptive Functioning and those at the NW site had the lowest levels.

Table 2 about here

Tables 3 and 4 display the T Scores for the Internalizing, Externalizing, and Total Problems scales, by race and study site at the Age 6 and Age 8 interviews. The scores suggest a greater than average number of behavior problems at both times. Comparisons by race at Age 6 (Table 3) show that the Black and Hispanic children had the highest scores for Total Problems. The Black children also tended to have higher T scores for both Internalizing and Externalizing problems. Children at the SW and SO sites had the highest Total Problems scores and those at the NW site had the lowest scores.

Table 3 about here

Table 4 suggests that in general, T scores on Internalizing, Externalizing, and Total Problems increased from the Age 6 to the Age 8 interview. This is particularly true for multiracial and White children's Externalizing Problems scores and Internalizing Problems scores for children of other racial backgrounds. Children at the SW and SO sites had the highest Total Problems scores and those at the NW site had the lowest scores.

Table 4 suggests that in general, T scores on Internalizing, Externalizing, and Total Problems increased from the Age 6 to the Age 8 interview. This is particularly true for Externalizing problems among multiracial and White children, and Internalizing problems among children of Other racial backgrounds. Total Problems scores of children at the SW and SO sites were still among the highest; however the NW site went from having the lowest Total Problems scores at Age 6 to having the highest at Age 8.

Table 4 about here

Tables 5 and 6 provide mean T scores for the eight narrow band, or syndrome, scales by race and study site at the Age 6 and the Age 8 interview, respectively. In general, the children were rated slightly higher on all of the syndrome scales (except Thought Problems) at Age 8 than at Age 6. Overall, the greatest problems were noted in the areas of Attention Problems, Delinquency, and Aggression at both interviews.

Table 5 about here

Table 6 about here

Comparisons by race at Age 6 show that the Black children had more problems than children of other races in the areas of Anxious/Depressed, Social problems, Thought problems, Attention problems, and Aggression. Teachers reported that multiracial children exhibited fewer problems with Withdrawn behavior and Attention problems. At Age 8, White children were rated as having the most social problems, and Black children had the highest scores on delinquency and continued to have the highest scores on Aggression.

Comparisons by study site at Age 6 show that the children at the SW site were noted to have higher problems in the areas of Withdrawn, Anxious/Depressed, Social problems, Thought problems, Attention problems, and Aggression. At the Age 8 interview, children at the MW site had the fewest problems reported. This may reflect a response bias (note the low response rate for this sample), with teachers of "better" students being more likely to complete forms.

Scores in Clinical Range. Table 7 presents the percentages of children whose scores were at or above the borderline clinical cutpoint ($T \geq 60$; percentile rank = 84) for behavior problems on the three broadband scales at the Age 6 interview. Over 36% of the total sample met the criterion for Total and Externalizing Problems, while just over one-quarter were at or above the cutpoint for Internalizing Problems. Comparisons by race show that a higher proportion of Black children met the clinical criteria for Internalizing and Externalizing Problems. The SW site had the highest proportion of children who exceeded the clinical cut point for all three scales.

Table 7 about here

Table 8 shows that the percentage of children scoring at or above the clinical cut point increased from the Age 6 to the Age 8 interview. At the Age 8 interview greater than 40% of the total sample met the clinical criteria for Total and Externalizing Problems, while the number meeting this criterion for Internalizing Problems increased from approximately one-quarter to almost 29%. One would expect only 16% of the normal population of children to fall within the clinical range. The LONGSCAN samples are clearly outside the normal range. Comparisons by race at Age 8 show that again, the highest proportion of Black children met the clinical criteria

for Internalizing and Externalizing Problems. The NW site had the highest proportion of children who met the clinical criteria for Externalizing and Total Problems.

Table 8 about here

It is interesting to compare the data in Table 8 to the results from the parent ratings of the same children at Age 6 (CBCL/4-18, Table 7). For all three scales, multiracial parents rated their children as having more problems than did their teachers. The reverse is true for Black children whose teachers were much more likely than their parents to rate them as having behavior problems. This was also true for parents of White children, though not to the same extent as the Black children. To illustrate, 27% of the parents of Black children gave their children scores that would place them at or above the borderline clinical range on Total Problems, while approximately 38% of parents of multiracial children rated their children as such. In comparison, 45% of Black children were rated at or above the borderline clinical range on Total Problems by their teachers, while teachers rated approximately 34% of multiracial children this way.

Tables 9 and 10 show the percentages of children at or above the borderline clinical cut point for the narrow band syndrome scales at the Age 6 and Age 8 interviews. One would expect to find clinical T scores in 4.5% of the normal population of children this age. Again, the findings demonstrate that LONGSCAN children are outside the norm for exhibiting behavior problems and these problems are increasing as children get older. On the narrow band syndromes, the LONGSCAN children demonstrated the fewest problems in the areas of Depression and Somatic Complaints at both interview times.

Comparisons by race at Age 6 show that the Black children had the highest percentage of children in the clinical range on the Social Problems, Thought Problems, Attention Problems, and Aggressive Behavior syndrome scales. Among the five sites, the SW site generally had the highest number of children in the clinical range at Age 6.

Table 9 about here

At Age 8, Black children had the highest percentage scoring above the clinical cutpoint for Delinquent and Aggressive Behavior, whereas White children were more likely to be in the clinical range on Social Problems, Thought Problems, and Attention Problems. The SW site had the highest percentage of children in the clinical range on four of the syndrome scales (Somatic

Complaints, Social Problems, Thought problems, and Delinquent Behavior), whereas the children at the EA site were more likely to have scores in the clinical range on the Withdrawn and Attention Problems subscales, and the SO site had the highest percentage of children in the clinical range on the Anxious/Depressed and Aggressive Behavior scales.

Table 10 about here

Reliability

We found Cronbach alphas for the broadband scales for the overall sample at Age 6 were good for Internalizing ($\alpha = .91$), Externalizing ($\alpha = .96$), and Total Problems ($\alpha = .97$) scales . Cronbach alpha coefficients for Total Problems by race and site ranged from $\alpha = .65$ (Hispanic) to .98 (Other children) and from $\alpha = .96$ (NW) to .97 (all other sites). Overall reliability measured by Cronbachs Alpha at Age 8 was also good for Internalizing ($\alpha = .87$), Externalizing ($\alpha = .96$), and Total Problems ($\alpha = .97$) scales. Cronbach alpha coefficients for the Total Problems scale at Age 8 by child race and site ranged from $\alpha = .82$ (Other children) to .97 (Black and multiracial) and from $\alpha = .96$ (MW and SW) to .97 (all other sites). For Age 6, the Cronbach alpha coefficients for the syndrome scales for the total sample ranged from .66 (Thought Problems) to .96 (Aggressive Behavior), and for Age 8 the statistics ranged from $\alpha = .56$ (Thought Problems) to .96 (Aggressive Behavior).

Internal reliability statistics are reported for the broadband scales at Ages 6 and 8 in Tables 3 and 4, respectively, and for the syndrome scales in Tables 5 and 6. We do not report Cronbach's Alpha coefficients however, because the number of items with no non-zero responses resulted in invalid statistics for a number of subgroups. Instead, the statistics reported in the tables as measures of the internal consistency of the scales are split-half reliability estimates (odd-even correlations corrected by the Spearman-Brown formula).

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Table 1. T Scores for Academic Performance and Adaptive Functioning by Race and Study Site. Age 6 Interview

	N	Academic Performance <u>M</u> (SD)	Adaptive Functioning				
			Appropriate Behavior <u>M</u> (SD)	Happy <u>M</u> (SD)	Learning <u>M</u> (SD)	Working Hard <u>M</u> (SD)	Total <u>M</u> (SD)
Total	812	43.67 (8.13)	44.83 (8.71)	46.64 (7.59)	45.19 (8.82)	46.32 (8.38)	44.29 (8.44)
Race							
White	240	44.88 (8.25)	44.35 (8.17)	46.26 (7.16)	44.90 (8.31)	46.26 (7.81)	43.90 (8.05)
Black	426	42.75 (8.06)	44.94 (8.99)	46.74 (7.88)	45.40 (9.31)	46.25 (8.94)	44.45 (8.83)
Hispanic	53	41.65 (7.49)	45.33 (10.27)	47.24 (7.86)	42.63 (8.07)	44.31 (7.48)	43.12 (8.31)
Multiracial	81	44.77 (7.93)	45.38 (8.10)	47.03 (7.17)	46.83 (8.02)	48.59 (7.34)	45.68 (7.66)
Other	12	41.20 (7.58)	44.25 (6.69)	45.42 (7.96)	43.75 (6.76)	43.33 (5.61)	42.67 (6.51)
Site*							
EA	192	--	46.95 (9.51)	48.72 (8.45)	47.97 (10.41)	48.27 (10.18)	46.99 (9.72)
MW	58	45.68 (9.26)	45.47 (9.71)	45.86 (8.55)	46.00 (8.95)	47.00 (8.95)	44.39 (9.05)
SO	200	42.82 (7.60)	44.88 (8.51)	46.15 (6.92)	43.55 (8.04)	44.70 (7.42)	43.25 (7.82)
SW	156	43.17 (8.41)	43.27 (8.35)	45.38 (7.34)	43.65 (8.11)	44.70 (7.64)	42.75 (7.69)
NW	206	44.36 (7.97)	43.78 (7.72)	46.33 (6.96)	45.11 (7.70)	47.10 (7.22)	43.87 (7.48)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. * The EA site did not collect Academic Performance data.

Table 2. T Scores for Academic Performance and Adaptive Functioning by Race and Study Site. Age 8 Interview

	<i>N</i>	Academic Performance <u>M</u> (SD)	Adaptive Functioning				
			Appropriate Behavior <u>M</u> (SD)	Happy <u>M</u> (SD)	Learning <u>M</u> (SD)	Working Hard <u>M</u> (SD)	Total <u>M</u> (SD)
Total	640	42.95 (8.13)	44.22 (8.29)	45.46 (7.63)	44.15 (8.60)	45.07 (8.62)	43.13 (8.40)
Race							
White	208	43.92 (8.40)	44.22 (8.56)	45.13 (7.73)	44.01 (8.22)	45.00 (8.37)	42.83 (8.34)
Black	322	41.90 (7.88)	44.38 (8.45)	45.80 (7.63)	44.11 (9.02)	45.08 (9.00)	43.30 (8.64)
Hispanic	29	43.11 (8.21)	45.03 (7.78)	46.39 (8.53)	45.55 (9.31)	46.10 (8.97)	44.82 (8.64)
Multiracial	75	43.47 (7.95)	43.19 (7.25)	44.63 (7.18)	44.42 (7.59)	45.04 (7.60)	42.85 (7.51)
Other	6	39.00 (4.58)	44.50 (4.42)	44.17 (5.38)	41.00 (7.40)	42.33 (8.73)	40.33 (7.06)
Site*							
EA	124	--	46.21 (9.48)	47.53 (8.74)	45.98 (10.68)	46.15 (10.63)	45.20 (10.01)
MW	35	43.89 (8.43)	46.57 (7.89)	46.42 (7.66)	45.74 (8.14)	46.97 (8.94)	44.52 (8.74)
SO	167	43.41 (8.30)	44.84 (8.57)	45.72 (6.64)	43.71 (8.18)	44.64 (8.14)	43.05 (8.14)
SW	128	43.43 (8.35)	43.55 (7.74)	45.27 (8.41)	45.02 (8.53)	45.39 (8.04)	43.45 (8.30)
NW	186	42.05 (7.74)	42.35 (7.15)	43.74 (6.71)	42.41 (7.11)	44.15 (7.77)	41.30 (6.98)

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Note. *EA site did not collect Academic Performance data.

Table 3. T Scores for Internalizing, Externalizing, & Total Problems by Race and Study Site. Age 6 Interview

	N	Internalizing Problems		Externalizing Problems		Total Problems	
		<u>M</u> (<u>SD</u>)	<i>r</i>	<u>M</u> (<u>SD</u>)	<i>r</i>	<u>M</u> (<u>SD</u>)	<i>r</i>
Total	811	51.81 (10.83)	.84	55.83 (11.01)	.94	55.37 (11.38)	.96
Race							
White	240	51.17 (11.04)	.86	53.84 (9.94)	.93	54.06 (11.12)	.94
Black	425	52.56 (10.91)	.82	57.36 (11.84)	.95	56.69 (11.78)	.96
Hispanic	51	51.71 (9.92)	.79	54.57 (10.32)	.86	55.04 (9.81)	.95
Multiracial	83	49.93 (10.21)	.82	54.58 (9.11)	.94	52.80 (10.21)	.96
Other	12	51.58 (10.71)	.90	55.42 (8.56)	.94	54.08 (10.98)	.98
Site							
EA	194	51.92 (10.46)	.81	56.27 (11.80)	.94	55.21 (11.68)	.97
MW	58	50.05 (9.89)	.84	55.57 (10.92)	.91	54.57 (10.89)	.96
SO	198	53.31 (10.85)	.82	55.41 (10.83)	.93	56.41 (10.98)	.94
SW	154	53.46 (11.76)	.94	56.60 (11.27)	.95	57.08 (11.56)	.96
NW	207	49.55 (10.29)	.82	55.31 (10.26)	.93	53.48 (11.27)	.94

Source. Based on data received at the LONGSCAN Coordinating Center by 8/24/01.

Table 4. T Scores for Internalizing, Externalizing, & Total Problems by Race and Study Site. Age 8 Interview

	N	Internalizing Problems		Externalizing Problems		Total Problems	
		<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>
Total	641	53.27 (9.95)	.79	57.26 (11.02)	.94	57.04 (10.93)	.95
Race							
White	210	53.62 (9.97)	.82	56.21 (10.73)	.94	57.09 (10.86)	.94
Black	324	53.61 (9.90)	.78	58.29 (11.39)	.95	57.53 (11.10)	.96
Hispanic	29	51.31 (10.44)	.70	55.52 (9.37)	.96	56.00 (9.64)	.93
Multiracial	72	51.36 (9.65)	.74	56.56 (10.65)	.94	54.99 (10.95)	.96
Other	6	54.50 (12.44)	.88	55.17 (10.65)	.88	59.17 (10.03)	.74
Site							
EA	127	53.09 (9.50)	.80	57.46 (11.84)	.94	56.76 (11.38)	.95
MW	35	49.14 (10.24)	.75	53.80 (8.79)	.95	52.06 (10.05)	.94
SO	165	52.95 (9.51)	.74	57.15 (12.37)	.96	56.96 (11.41)	.95
SW	127	54.10 (10.68)	.80	57.36 (10.16)	.95	57.67 (10.65)	.95
NW	187	53.88 (9.95)	.82	57.80 (10.07)	.93	57.81 (10.39)	.94

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 5. T Scores on Syndrome Scales by Race and Study Site. Age 6 Interview

	N	Withdrawn		Somatic Complaints		Anxious/Depressed		Social Problems	
		<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>
Total	819	56.08 (8.23)	.69	53.82 (6.71)	.64	54.75 (6.82)	.78	56.79 (7.71)	.76
Race									
White	243	55.86 (8.61)	.74	53.98 (7.43)	.77	54.38 (6.58)	.76	56.73 (7.90)	.78
Black	428	56.62 (8.34)	.67	53.96 (6.46)	.52	55.13 (7.05)	.78	57.25 (7.88)	.75
Hispanic	53	56.69 (8.05)	.78	52.88 (6.02)	.55	54.14 (4.86)	.68	55.55 (5.97)	.70
Multiracial	83	53.63 (5.67)	.47	52.95 (5.91)	.63	54.29 (7.52)	.83	55.47 (7.14)	.80
Other	12	55.92 (9.87)	.84	55.75 (7.91)	.63	54.50 (5.07)	.83	56.08 (7.17)	.62
Site									
EA	196	56.51 (8.90)	.74	53.65 (6.27)	.53	54.54 (6.33)	.79	55.95 (7.19)	.72
MW	58	55.55 (8.85)	.79	52.86 (5.94)	.52	53.45 (5.94)	.86	54.91 (6.21)	.68
SO	200	56.80 (8.42)	.63	55.29 (7.83)	.70	55.12 (6.83)	.72	57.68 (8.33)	.77
SW	157	57.19 (8.99)	.72	54.28 (7.46)	.71	55.89 (7.73)	.78	57.99 (8.15)	.80
NW	208	54.32 (6.12)	.59	52.52 (5.13)	.50	54.11 (6.66)	.83	56.37 (7.42)	.76
	N	Thought Problems		Attention Problems		Delinquent Behavior		Aggressive Behavior	
		<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>
Total	819	54.30 (7.56)	.53	57.90 (9.06)	.96	57.35 (8.41)	.61	57.84 (9.67)	.94
Race									
White	243	54.14 (7.58)	.61	57.40 (8.80)	.92	55.63 (7.44)	.57	56.24 (7.87)	.92
Black	428	54.61 (7.81)	.53	58.71 (9.54)	.94	58.63 (9.01)	.64	59.25(10.93)	.95
Hispanic	53	53.43 (6.60)	.49	57.43 (8.64)	.92	56.69 (7.90)	.56	56.67 (8.49)	.95
Multiracial	83	53.90 (6.87)	.21	55.65 (7.23)	.94	55.87 (6.83)	.41	56.41 (7.33)	.93
Other	12	52.58 (6.83)	.95	56.33 (7.23)	.93	59.83 (9.73)	.77	55.00 (6.69)	.98
Site									
EA	196	54.14 (7.26)	.31	57.58 (9.57)	.94	58.14 (9.30)	.74	58.36(10.19)	.95
MW	58	54.36 (8.00)	.58	56.69 (8.82)	.94	57.36 (9.38)	.75	57.38 (9.14)	.94
SO	200	54.27 (7.24)	.56	58.98 (9.41)	.94	58.02 (8.22)	.53	57.17 (9.53)	.94
SW	157	55.51 (8.69)	.66	59.08 (9.53)	.94	57.19 (8.04)	.60	58.77(10.46)	.96
NW	208	53.54 (7.03)	.62	56.61 (7.68)	.91	56.11 (7.59)	.48	57.45 (8.80)	.93

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 6. T Scores on Syndrome Scales by Race and Study Site. Age 8 Interview

	N	Withdrawn		Somatic Complaints		Anxious/Depressed		Social Problems	
		<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>
Total	647	56.34 (7.59)	.62	54.57 (7.09)	.59	55.24 (6.53)	.76	57.51 (7.88)	.78
Race									
White	211	56.54 (7.19)	.59	55.00 (7.58)	.69	55.46 (6.34)	.76	58.10 (8.10)	.78
Black	326	56.60 (8.19)	.64	54.71 (7.12)	.55	55.29 (6.56)	.74	57.46 (7.79)	.77
Hispanic	29	55.38 (7.27)	.63	53.28 (6.50)	.72	53.90 (6.70)	.86	55.69 (7.53)	.91
Multiracial	75	54.96 (5.84)	.58	53.06 (5.46)	.27	54.89 (6.33)	.79	56.83 (7.68)	.80
Other	6	57.33 (7.20)	.49	56.67 (5.85)	-.19	55.67 (12.47)	.95	57.17 (9.26)	.95
Site									
EA	128	57.06 (9.13)	.69	54.98 (7.12)	.49	54.31 (5.70)	.67	56.50 (7.06)	.86
MW	35	54.49 (6.75)	.60	53.17 (5.53)	.49	53.29 (5.42)	.74	54.00 (6.00)	.77
SO	167	55.65 (6.86)	.51	54.30 (6.86)	.58	55.02 (6.42)	.78	57.19 (7.66)	.77
SW	129	57.06 (7.68)	.61	54.45 (7.19)	.64	56.13 (7.30)	.79	58.54 (8.34)	.77
NW	188	56.34 (7.06)	.67	54.88 (7.46)	.64	55.82 (6.66)	.79	58.45 (8.34)	.80
	N	Thought Problems		Attention Problems		Delinquent Behavior		Aggressive Behavior	
		<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>	<u>M</u> (SD)	<i>r</i>
Total	647	54.10 (6.84)	.48	58.92 (9.17)	.92	58.35 (8.65)	.62	58.90 (9.93)	.95
Race									
White	211	54.44 (7.08)	.28	59.38 (9.13)	.92	57.37 (8.51)	.60	58.09 (9.40)	.94
Black	326	54.27 (6.94)	.55	58.97 (9.22)	.92	59.37 (8.76)	.64	59.79 (10.52)	.95
Hispanic	29	52.93 (7.72)	.87	58.41 (10.13)	.97	56.86 (8.68)	.60	56.28 (8.82)	.98
Multiracial	75	52.54 (4.73)	.06	57.25 (8.60)	.89	57.67 (8.40)	.65	58.39 (8.87)	.95
Other	6	56.67 (9.03)	-.20	62.67 (9.89)	.86	52.67 (3.20)	-.13	58.00 (9.82)	.98
Site									
EA	128	54.29 (7.25)	.61	58.97 (10.06)	.93	59.16 (8.54)	.62	59.32 (10.92)	.96
MW	35	51.31 (3.90)	**	54.89 (7.15)	.91	56.66 (6.23)	.51	55.03 (7.74)	.94
SO	167	53.59 (6.21)	.26	59.09 (8.94)	.93	58.88 (9.30)	.66	59.33 (10.82)	.96
SW	129	55.12 (7.89)	.53	58.97 (9.25)	.90	57.98 (8.76)	.68	58.66 (9.03)	.94
NW	188	54.24 (6.64)	.39	59.45 (8.93)	.91	57.90 (8.46)	.57	59.12 (9.25)	.94

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 7. Children at or above Borderline Clinical Range ($T \geq 60$) on Internalizing, Externalizing, & Total Problems by Race and Study Site. Age 6 Interview

	N	Internalizing Problems %	Externalizing Problems %	Total Problems %
Total	811	25.65	36.99	36.13
Race				
White	240	21.67	31.25	31.67
Black	425	30.12	42.59	39.76
Hispanic	51	25.49	33.33	33.33
Multiracial	83	15.66	28.92	31.33
Other	12	16.67	25.00	41.67
Site				
EA	194	29.38	39.18	36.08
MW	58	20.69	37.93	24.14
SO	198	27.78	33.33	39.90
SW	154	31.17	40.26	40.26
NW	207	17.39	35.75	32.85

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 8. Children at or above Borderline Clinical Range ($T \geq 60$) on Internalizing, Externalizing, & Total Problems by Race and Study Site. Age 8 Interview

	N	Internalizing Problems %	Externalizing Problems %	Total Problems %
Total	641	28.86	40.41	40.41
Race				
White	210	28.10	39.05	41.90
Black	324	31.48	43.83	41.67
Hispanic	29	20.69	20.69	34.48
Multiracial	72	23.61	37.50	34.72
Other	6	16.67	33.33	16.67
Site				
EA	127	29.13	40.94	40.16
MW	35	20.00	22.86	17.14
SO	165	27.27	41.21	41.21
SW	127	30.71	38.58	41.73
NW	187	30.48	43.85	43.32

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 9. Children at or above Borderline Clinical Range ($T \geq 67$) on Syndrome Scales by Race and Study Site. Age 6 Interview

	N	Withdrawn %	Somatic Complaints %	Anxious/Depressed %	Social Problems %
Total	811	9.7	6.3	6.2	11.3
Race					
White	240	9.2	6.3	5.0	11.3
Black	425	11.1	6.4	7.1	12.9
Hispanic	51	9.8	7.8	3.9	5.9
Multiracial	83	3.6	4.8	7.2	7.2
Other	12	16.7	8.3	0.0	8.3
Site					
EA	194	11.3	7.2	6.2	9.3
MW	58	10.3	3.5	3.5	8.6
SO	198	10.1	8.1	5.6	15.7
SW	154	14.3	9.1	9.1	11.7
NW	207	4.4	2.4	5.3	9.7
	N	Thought Problems %	Attention Problems %	Delinquent Behavior %	Aggressive Behavior %
Total	811	12.8	14.9	15.0	15.3
Race					
White	240	11.7	15.4	10.0	9.6
Black	425	13.9	17.2	18.1	20.5
Hispanic	51	11.8	7.8	13.7	11.8
Multiracial	83	12.1	7.2	10.8	8.4
Other	12	8.3	8.3	41.7	8.3
Site					
EA	194	10.8	13.9	16.5	17.5
MW	58	17.2	6.9	15.5	12.1
SO	198	12.1	18.7	16.2	15.7
SW	154	17.5	20.8	17.5	18.2
NW	207	10.6	10.1	10.6	11.6

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 10. Children at or above Borderline Clinical Range ($T \geq 67$) on Syndrome Scales by Race and Study Site. Age 8 Interview

	N	Withdrawn %	Somatic Complaints %	Anxious/Depressed %	Social Problems %
Total	641	10.0	6.2	7.0	11.4
Race					
White	210	10.0	7.1	6.7	14.3
Black	324	11.1	6.8	7.7	10.8
Hispanic	29	10.3	3.5	6.9	6.9
Multiracial	72	4.2	2.8	4.2	6.9
Other	6	16.7	0.0	16.7	16.7
Site					
EA	127	13.4	6.3	4.7	4.7
MW	35	8.6	0.0	2.9	8.6
SO	165	7.3	6.7	9.1	10.3
SW	127	11.8	7.1	8.7	17.3
NW	187	9.1	6.4	6.4	13.4
	N	Thought Problems %	Attention Problems %	Delinquent Behavior %	Aggressive Behavior %
Total	641	9.8	17.9	19.5	18.6
Race					
White	210	12.4	19.5	15.2	15.7
Black	324	10.2	17.3	22.5	20.7
Hispanic	29	6.9	17.2	20.7	17.2
Multiracial	72	1.4	13.9	19.4	19.1
Other	6	16.7	50.0	0.0	16.7
Site					
EA	127	10.2	20.5	22.1	18.9
MW	35	0.0	5.7	8.6	11.4
SO	165	8.5	17.0	18.8	21.2
SW	127	15.0	18.9	22.8	17.3
NW	187	9.1	18.7	18.2	18.2

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Things I Have Seen and Heard

Richters, J. E. and Martinez, P.

1992

Description of Measure

Purpose

To assess the frequency, through child self-report, of exposure to violence and violence-related activities at home and in the community.

Conceptual Organization

The instrument, developed for children in Grades 1 and 2, contains 20 items that probe young children's exposure to violence or violence-related events (e.g., seeing someone arrested). A pictorial format is used to facilitate child comprehension of response options. On the response form five stacks of balls are depicted below each description of violence, each with a different number of balls, ranging from no balls (an empty circle) to four balls (representing many times).

Item Origin/Selection Process

The original version, developed in 1990 and discussed in the 1993 article by Richters and Martinez, had only 15 items. The 1992 version expanded the form and added items related to violence within the home. Thus, items in the current version describe exposure to community violence, exposure to violence-related activities (drugs, arrests), exposure to violence within the home, direct experience of violence, feelings of safety at home, in school, and with adults in general.

The authors note that the instrument is only a crude assay of the violence to which children are exposed. Because contextual factors are not included in the measure, there is little basis for assuming that the witnessing of a seemingly more serious act (e.g., a shooting) would be more severe in its effects than seeing someone being beaten up (Richters & Martinez, 1993a).

Materials

Non-copyrighted LONGSCAN version of the form is included in this manual. Richters and Martinez's 20-item form can be obtained by contacting the first author (See author information.).

Time Required

5-10 minutes

Administration Method

Interviewer-administered. Children must be taught how to indicate the frequency of their violence exposure using the visual scale of responses.

Training

Minimal

Scoring

Score Types

Children select 1 of 5 pictorial responses ranging from 0 (never) to 4 (many times).

Individual item scores or summary scores can be used depending on the research question.

Score Interpretation

With the exception of the safety items, higher scores reflect greater exposure to violence.

Norms and/or Comparative Data

In a pilot study of 152 first and second grade students from a low-income, moderately violent neighborhood in Southeast Washington, D.C., 47% reported that they had witnessed shootings, 31% had witnessed stabbings, and 37% had seen a dead body outside (Richters & Martinez, 1993a).

The literature suggests that exposure to violence increases with age. Richters and Martinez also surveyed children in Grades 5 and 6 found that 61% of the younger children had been exposed to some type of violence, while 72% of the older children reported exposure (Richters & Martinez, 1993a).

A survey conducted at a public hospital-based pediatric clinic in Boston indicated that 1 out of every 10 children under the age of six reported having witnessed a shooting or stabbing. It

is important to note that these samples were drawn from low-income inner city neighborhoods (Groves, Zuckerman, Marans, & Cohen, 1993).

Psychometric Support

Reliability

One-week test-retest reliability of the composite variable reflecting the sum of all instances of child-reported exposure was $r = .81$ for a random subsample of 21 children (Richters & Martinez, 1993a).

Validity

The 1st and 2nd grade children were 2 to 6 times more likely than their parents to report having witnessed violence. Agreement between boys and their parents on a summary measure of witnessed community violence was moderate, $r = .42$, $p < .05$. In contrast, agreement between girls and their parents was non-significant (Richters & Martinez, 1990). Richters and Martinez observed that their confidence in the ability and willingness of young children and parents to provide useful estimates of violence exposure was buttressed by their group-level agreement, their moderate and significant levels of pairwise agreement, and by the details of violence exposure they often volunteered during face-to-face interviews.

In a corollary study, Martinez and Richters (1993) found that the 1st and 2nd graders' report of witnessing violence in the community was associated with higher self-ratings of overall distress ($r = .30$, $p < .01$) but not with fear at school or at home. The children's ratings of seeing guns or drugs in their homes was also related to feelings of overall distress ($r = .30$, $p < .01$); fear at school ($r = .36$, $p < .01$); and fear at home ($r = .25$, $p < .01$).

Finally, children who reported witnessing drugs and/or guns in their homes reported significantly higher levels of feeling threatened or victimized than the other children ($t(68) = 4.85$, $p < .01$) but did not report higher levels of witnessing violence to others (Richters & Martinez, 1993b). These children also reported higher levels of fear in their homes, $r = .24$ (drugs) and $.31$ (guns), $p < .05$. Furthermore their reports of being threatened or victimized were strongly related to their self-reported fear while at home, $r = .53$, $p < .001$, while their reports of witnessing violence to others were not related to self-reports of fear at home (Richters & Martinez, 1993b).

LONGSCAN Use

Data Points

Age 6, 8

Respondent

Child

Form Version and Mnemonic

Age 6: CEVA. Also CSVA, for optional administration, which includes the six items deleted from the CEVA form related to child's personal experience of violence or severe violence in the home.

Age 8: WVA. Item syntax was changed from the statement format used at Age 6 to a question format. Interviewers had observed at Age 6 that the statement format--e.g., "I have seen somebody arrested"--was confusing to the children. WVA also included the six items omitted from the CEVA form for optional administration at the discretion of individual sites.

Administration and Scoring Notes

The introduction to the measure includes statements that help the child to focus on events in "real life," not things that may have been seen on TV, movies, videos, etc. Before administering the items, interviewers teach the child how to use the 5-point visual scale of occurrence frequency. After obtaining responses to all items, the interviewer probes any responses that seem unusual, including the witnessing of severe violence, by asking the child to "tell me a little more about that." The purpose of the post-measure probes is to ascertain the validity of the child's report by attention to the details the child provides about the event(s).

LONGSCAN deleted six of the items from Richters and Martinez (1992) 20-item form because of human subjects concerns. Four of these related to the child's personal experience of violence (items 6, 12, 14, 15) and two (items 10, 18) were related to adult behavior in the home that might be considered reportable as child abuse or neglect. Six items were developed to replace the deleted items (LONGSCAN items 12, 14, 15, 17, 18, and 19). The new items included the witnessing of behaviors that might be construed as minor neighborhood violence or

delinquency (threats with guns, threats with knives, gangs, breaking and entering, burglary or thievery). Also an item about feeling “safe in the neighborhood” was added to complement similar items on feeling safe at home and at school.

At both Age 6 and Age 8, the EA, MW and NW sites administered the six optional items. The SO and SW sites did not administer these items.

Rationale

We are interested in the risk and protective factors related to violence exposure, as well as its impact. Both theory and research suggest that witnessing severe violence may be as distressing as being victimized (Saigh, 1991). LONGSCAN conceptualized exposure to violence to include not only a focus on children as the victims of violence, but also as witnesses to violence, both in their homes and in the broader community, including neighborhood and school. Longitudinal data collection on violence exposure will provide the opportunity to examine both the long-term impact of acute exposures as well as the effects of cumulative exposure.

Results

Descriptive Statistics

Table 1 displays the distribution of the children’s responses, by study site, at the Age 6 interview. Response categories, “one time,” “two times,” and “three times” were combined to simplify presentation of the data. Of the exposure items, hearing guns shot, seeing someone arrested, hearing grown-ups yell in their homes, and seeing someone beaten, were the most commonly endorsed. More than half of the children reported having had these experiences. A little more than 20% of these six-year-olds had seen someone stabbed and one-quarter of them had seen someone shot. The least common experiences overall were seeing a dead body in their neighborhoods (13%) and having seen someone get shot or stabbed in their own homes (9.8%). Only 6.2% responded “never” to the statement, “grown-ups are nice to me”; 6.4% said they never feel safe at home; 9% said they never feel safe at school, and 22.8% said they never feel safe outside. There were some site differences observed that may reflect the characteristics of rural versus urban culture. For example, the children in the SO sample were most likely to report seeing a gun in the home (41.4%) and hearing guns shot (79.7%). It is impossible to know the extent to which these experiences relate to field and game hunting, as opposed to community

violence. On the other hand, the children in the EA site, the most urban site, were most likely to report having seen arrests (70.8%), drug deals (51%), someone being beaten (63.8%), someone getting shot (29.1%), and seeing a dead body (13.1%). The children in the EA sample were also the most likely to say that they never feel safe outside (29.4%) or at school (15%).

Table 1 about here

Table 2 displays the distribution of the children’s responses, by study site, at the Age 8 interview. Of the exposure items, hearing guns shot (71.8%), seeing someone arrested (68.3%), hearing grown-ups yell in their homes (70.1%), and seeing someone beaten (65.5%), were the most commonly endorsed. The least common experiences overall were seeing a dead body in their neighborhoods (5.9%) and having seen someone get shot or stabbed in their own homes (2.6%). Only 2.9% responded “never” to the statement, “grown-ups are nice to me”; 5.8% said they never feel safe at home; 7.5% said they never feel safe at school, and 22.9% said they never feel safe outside. As was the case at the Age 6 interview, there were some site differences observed that may reflect the characteristics of rural versus urban culture. The children in the SO sample were most likely to report seeing a gun in the home (40.8%) and hearing guns shot (81.5%). On the other hand, the children in the EA site, the most urban site, were most likely to report having seen arrests (79.5%), drug deals (62.1%), someone getting shot (29.1%), and seeing a dead body (13.1%). The children in the EA sample were also the most likely to say that they never feel safe outside (29.4%) or at school (15%).

Table 2 about here

Table 3 provides the frequency distribution for the items by racial group for the Age 8 Interview. The group, Other Races, is omitted here because the sample size (N = 16) was insufficient for statistical power. As a group, Black children reported more exposure to violence than the other groups. Black children were more likely to have heard guns shot (71%), seen arrests (69%), seen drug deals (47%), seen someone beaten (63%), seen someone shot (30%), seen someone stabbed (23%), seen a dead body in the neighborhood (14%), and seen a gun (20%) or knife (19%) pulled. Hispanic children were more likely to have seen gangs in their neighborhoods (35%) than the other groups. Black and Hispanic children were least likely to feel safe at school or in their neighborhoods. White children were more likely to have heard grown-

ups in the home yelling at each other (72%), seen a gun in the home (36%), and had their homes broken into (17%).

Table 3 about here

Overall, the frequency of these exposures to violence or violence-related activities seems high for 6-year-old children. Yet the level of exposure was not quite as high as that reported by Richters and Martinez for inner-city Washington DC first and second graders (Richters & Martinez, 1993a).

We summed the frequency values of each exposure item (not including the items related to feeling safe or nice grown-ups) to create a Total Exposure score. The mean total scores and standard deviations are presented in Table 3. As would be expected from the frequency distributions, the Black children had higher total scores than those in other racial groups. It is somewhat surprising to see that the SO site has the highest mean score of the four sites. The higher mean can be attributed primarily to the greater exposure to guns that was observed in the children from this site.

Table 4 provides the frequency distribution for the items by racial group for the Age 8 interview. As at the Age 6 interview, Black children reported more exposure to violence than the other groups at the Age 8 interview. Black children were more likely to have heard guns shot (77%), seen arrests (69%), seen drug deals (53%), seen someone beaten (70%), seen someone shot (22%), seen someone stabbed (12%), and seen a dead body in the neighborhood (6%). Hispanic children were more likely to have seen gangs in their neighborhoods (49%) than the other groups. As at the Age 6 interview, Black and Hispanic children were least likely to feel safe at school or in their neighborhoods at the Age 8 interview. White children were more likely to have heard grown-ups in the home yelling at each other (82%), seen a gun in the home (39%), and had their homes broken into (15%).

Table 4 about here

Reliability

Table 5 also provides Cronbach's alpha coefficients that attest to the scale's internal consistency. Alphas were computed after deleting Items 3, 10, 12, and 20, the items that refer to

feelings of safety, to include only items tapping exposure to violence. Two of the exposure items detracted slightly from scale reliability across some of the subgroups, specifically “heard grown-ups in home yell at each other” for White, Hispanic, and Mixed Race groups and “seen a gun in my home” for the EA and SO sites.

Table 5 about here

Table 6 about here

Validity

The validity of Things I Have Seen and Heard as a measure of violence exposure in this population of children was supported by the differing rates reported for exposure to more violent (e.g., shootings, stabbings, dead bodies) versus less violent (e.g., yelling, arrests, beatings) incidents. Similarly, the differing rates by site for experiences that are known to be more common in rural versus urban areas also support the validity of the measure.

Cross-informant agreement between the child’s report and the caregiver’s report on similar items was also examined. These results, presented in Table 7, support the validity of the children’s self-report. Most expected associations were statistically significant. The caregiver’s report of drug-dealing in the neighborhood was associated with the child’s report of witnessing drug deals, arrests, someone shot, gangs, guns pulled, and knives pulled. The child’s report of seeing gangs in the neighborhood was associated with the caregiver’s report that the neighborhood was not safe for children playing or for anyone to walk alone during the day, that there was drug abuse in the neighborhood, victims of bodily crime, and neighbors who don’t get along well with police.

Finally, a significant association was observed between the child’s report of having seen adults in the home hit each other and the mother’s report of Minor Violence on the Conflict Tactics Scale ($F = 2.62, p < .03$).

Table 7 about here

Table 8 about here

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**Table 1. Frequencies of Child's Exposure to Violence by Total Sample and Study Site.
Age 6 Interview**

	Never %	1-3 times %	4 or more times %
1. Heard guns shot			
Total	34.4	33.9	31.7
EA (N = 236)	26.7	29.7	43.6
MW (N = 176)	38.6	30.1	31.3
SO (N = 216)	20.4	30.6	49.1
SW (N = 280)	39.6	40.7	19.6
NW (N = 217)	46.5	35.9	17.5
2. Seen somebody arrested			
Total	36.6	46.8	16.6
EA	29.2	46.6	24.2
MW	32.2	46.9	20.9
SO	41.1	43.0	15.9
SW	31.4	53.6	15.0
NW	50.5	41.7	7.8
3. Feel safe at home			
Total	6.4	20.8	72.8
EA	9.3	11.0	79.7
MW	7.3	30.5	62.2
SO	3.3	17.9	78.8
SW	6.8	24.4	68.8
NW	5.0	21.9	73.1
4. Seen drug deals			
Total	56.5	19.7	23.8
EA	48.9	20.4	30.6
MW	46.2	25.4	28.3
SO	60.2	14.7	25.1
SW	55.2	22.9	21.9
NW	70.6	15.1	14.2
5. Seen someone beaten up			
Total	40.8	34.2	25.0
EA	36.2	33.6	30.2
MW	33.5	36.4	30.1
SO	41.2	33.8	25.0
SW	43.4	36.6	20.1
NW	48.2	30.3	21.6
6. Heard adults yelling at each other			
Total	33.5	30.1	36.4
EA	40.5	27.2	32.3
MW	25.6	29.6	44.9
SO	32.6	28.4	39.1
SW	37.4	32.4	30.2
NW	28.1	32.7	39.2
7. Seen someone get stabbed			
Total	79.1	15.3	5.5
EA	80.1	14.3	5.6
MW	67.6	23.3	9.1
SO	79.6	15.7	4.6
SW	79.6	13.6	6.8

NW	86.2	11.9	1.8
8. Seen somebody get shot			
Total	74.9	18.1	7.0
EA	71.0	20.4	8.7
MW	69.7	22.3	8.0
SO	76.3	18.1	5.6
SW	72.9	18.2	8.9
NW	84.5	12.3	3.2
9. Seen a gun in own home			
Total	74.8	15.5	9.6
EA	84.9	11.3	3.9
MW	76.1	15.9	8.0
SO	58.6	23.3	18.1
SW	75.4	16.8	7.9
NW	78.4	10.6	11.0
10. Feel safe when at school			
Total	9.0	15.4	75.6
EA	15.0	8.4	76.7
MW	9.7	18.3	72.0
SO	3.8	11.4	84.8
SW	10.1	21.2	68.7
NW	5.9	16.9	77.2
11 Seen grownups hitting each other			
Total	67.9	17.6	14.5
EA	71.9	15.2	13.0
MW	59.4	22.9	17.7
SO	64.0	16.6	19.4
SW	68.6	18.2	13.2
NW	73.3	16.1	10.6
12. Feel safe outside in neighborhood			
Total	22.8	21.9	55.4
EA	29.4	15.2	55.4
MW	22.0	24.3	53.8
SO	19.4	20.9	59.7
SW	22.2	24.7	53.1
NW	20.2	24.3	55.5
13. Seen dead body in neighborhood			
Total	87.1	11.0	2.0
EA	87.0	12.2	0.9
MW	80.2	16.3	3.5
SO	88.4	9.8	1.9
SW	87.5	10.0	2.5
NW	90.8	7.8	1.4
14. Seen gangs in neighborhood			
Total	66.6	14.9	18.5
EA	74.7	10.2	15.1
MW	56.9	17.4	25.8
SO	61.9	18.1	20.0
SW	65.9	15.8	18.3
NW	71.2	13.7	15.1
15. Seen gun pulled on someone			
Total	81.4	13.4	5.2
EA	79.2	13.9	6.9

MW	73.1	18.7	8.2
SO	80.7	13.7	5.7
SW	84.5	10.8	4.7
NW	87.0	11.6	1.4
16. Seen someone shot or stabbed			
Total	90.2	7.5	2.3
EA	95.2	4.4	0.4
MW	83.6	11.7	4.7
SO	89.3	8.8	1.9
SW	87.5	8.6	3.9
NW	94.5	4.6	0.9
17. House has been broken into			
Total	85.0	13.1	2.0
EA	89.6	7.8	2.6
MW	82.6	15.7	1.7
SO	78.6	20.0	1.4
SW	86.6	10.8	2.5
NW	86.2	12.4	1.4
18. Seen knife pulled on someone			
Total	84.0	12.0	4.1
EA	86.5	10.0	3.5
MW	81.3	13.5	5.3
SO	77.6	19.2	3.3
SW	83.9	10.0	6.1
NW	89.9	8.3	1.8
19. Seen someone stealing from store			
Total	60.0	27.3	12.7
EA	69.9	21.4	8.7
MW	53.5	31.4	15.1
SO	54.0	31.5	14.6
SW	57.2	28.1	14.8
NW	64.1	25.4	10.6
20. Grownups are nice to me			
Total	6.2	16.7	77.1
EA	8.4	15.9	75.8
MW	6.4	18.0	75.6
SO	5.2	14.6	80.3
SW	6.1	17.1	76.8
NW	5.1	18.1	76.7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

**Table 2. Frequencies of Child's Exposure to Violence by Total Sample and Study Site.
Age 8 Interview**

	Never %	1-3 times %	4 or more times %
1. Heard guns shot			
Total	28.3	31.4	40.4
EA (N = 233)	16.3	25.8	57.9
MW (N = 103)	31.1	29.1	39.8
SO (N = 179)	18.4	33.5	48.0
SW (N = 260)	37.3	38.1	24.6
NW (N = 216)	37.0	28.7	34.3
2. Seen someone arrested			
Total	31.8	47.4	20.9
EA	20.6	56.7	22.8
MW	26.2	48.5	25.2
SO	39.7	42.5	17.9
SW	33.3	46.0	20.7
NW	38.0	42.6	19.4
3. Feel safe at home			
Total	5.8	14.4	79.8
EA	3.9	18.0	78.1
MW	9.7	16.5	73.8
SO	3.4	7.8	88.8
SW	7.7	14.6	77.8
NW	5.6	14.8	79.6
4. Seen drug deals			
Total	54.3	19.1	26.6
EA	37.9	25.0	37.1
MW	45.5	23.8	30.7
SO	60.2	20.5	19.3
SW	58.6	19.2	22.2
NW	66.1	9.3	24.7
5. Seen someone beaten up			
Total	34.5	36.4	29.1
EA	23.7	39.7	36.6
MW	20.4	48.5	31.1
SO	46.3	34.5	19.2
SW	35.8	35.0	29.2
NW	41.6	30.4	28.0
6. Heard adults yelling at each other			
Total	29.8	31.0	39.1
EA	38.4	32.8	28.9
MW	22.3	29.1	48.5
SO	35.4	30.3	34.3
SW	30.7	31.0	38.3
NW	18.6	30.7	50.7
7. Seen someone get stabbed			
Total	89.2	9.2	1.6
EA	88.8	9.9	1.3
MW	82.5	15.5	1.9
SO	88.8	8.9	2.2
SW	88.9	9.2	1.9

NW	93.5	5.6	0.9
8. Seen somebody get shot			
Total	83.6	12.4	4.0
EA	74.6	17.2	8.2
MW	75.7	14.6	9.7
SO	83.8	14.5	1.7
SW	90.4	7.7	1.9
NW	88.4	10.2	1.4
9. Seen a gun in own home			
Total	76.4	16.1	7.5
EA	89.2	8.2	2.3
MW	86.3	10.8	2.9
SO	59.2	26.8	14.0
SW	76.9	16.5	6.5
NW	71.8	17.6	10.7
10. Feel safe when at school			
Total	7.5	20.9	71.6
EA	7.8	27.6	64.7
MW	11.7	23.3	65.1
SO	2.3	10.2	87.5
SW	8.8	26.1	65.1
NW	7.9	14.9	77.2
11 Seen grownups hitting each other			
Total	70.4	16.7	12.9
EA	75.8	15.2	9.1
MW	58.8	26.5	14.7
SO	68.0	16.9	15.2
SW	74.3	13.0	12.6
NW	67.4	18.1	14.4
12. Feel safe outside in neighborhood			
Total	22.9	27.8	49.3
EA	25.9	37.1	37.1
MW	21.6	31.4	47.1
SO	21.8	19.6	58.7
SW	20.7	27.6	51.7
NW	23.9	23.0	53.1
13. Seen dead body in neighborhood			
Total	94.1	4.8	1.1
EA	94.8	4.7	0.4
MW	83.3	14.7	2.0
SO	98.3	1.1	0.6
SW	92.7	5.4	1.9
NW	96.7	2.4	0.9
14. Seen gangs in neighborhood			
Total	57.0	19.0	24.1
EA	49.6	21.6	28.9
MW	42.0	27.0	31.0
SO	66.5	15.6	17.9
SW	60.9	18.0	21.1
NW	59.2	16.4	24.4
15. Seen gun pulled on someone			
Total	85.3	11.3	3.4
EA	78.0	17.2	4.7

MW	83.3	11.8	4.9
SO	86.6	10.1	3.4
SW	88.5	8.9	2.7
NW	89.3	8.4	2.3
16. Seen someone shot or stabbed			
Total	97.4	2.5	0.1
EA	97.0	3.0	0.0
MW	94.1	5.9	0.0
SO	98.3	1.7	0.0
SW	97.3	2.3	0.4
NW	98.6	1.4	0.0
17. House has been broken into			
Total	83.9	14.8	1.3
EA	87.9	10.8	1.3
MW	82.4	16.7	1.0
SO	77.7	21.2	1.1
SW	84.7	13.8	1.5
NW	84.6	14.0	1.4
18. Seen knife pulled on someone			
Total	86.3	11.6	2.0
EA	88.8	9.5	1.7
MW	77.5	21.6	1.0
SO	83.8	15.1	1.1
SW	84.7	12.3	3.1
NW	92.1	5.6	2.3
19. Seen someone stealing from store			
Total	55.8	31.7	12.5
EA	57.8	31.0	11.2
MW	41.2	42.2	16.7
SO	57.5	31.3	11.2
SW	57.5	29.5	13.0
NW	57.2	30.2	12.6
20. Grownups are nice to me			
Total	2.9	14.0	83.1
EA	1.3	28.0	70.7
MW	6.9	9.8	83.3
SO	2.8	6.7	90.5
SW	3.5	10.4	86.2
NW	2.4	11.3	86.3

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 3. Frequencies of Child's Exposure to Violence by Total Sample and Race. Age 6 Interview

	Never %	1-3 times %	4 or more times %
1. Heard guns shot			
Total	34.4	33.9	31.7
White (N = 288)	35.4	33.7	30.9
Black (N = 616)	29.9	32.8	37.3
Hispanic (N = 76)	46.1	35.5	18.4
Multiracial (N = 132)	46.2	36.4	17.4
Other (N = 13)	38.5	53.9	7.7
2. Seen somebody arrested			
Total	36.6	46.8	16.6
White	48.8	40.5	10.7
Black	30.0	50.1	19.9
Hispanic	35.1	46.8	18.2
Multiracial	40.6	45.1	14.3
Other	46.2	46.2	7.7
3. Feel safe at home			
Total	6.4	20.8	72.8
White	5.9	19.9	74.2
Black	6.5	19.1	74.4
Hispanic	7.8	32.5	59.7
Multiracial	6.0	24.1	69.9
Other	7.7	23.1	69.2
4. Seen drug deals			
Total	56.5	19.7	23.8
White	67.5	16.1	16.4
Black	49.9	21.4	28.6
Hispanic	64.5	19.7	15.8
Multiracial	58.5	18.5	23.1
Other	53.9	30.8	15.4
5. Seen someone beaten up			
Total	40.8	34.2	25.0
White	52.4	28.1	19.4
Black	35.7	36.5	27.9
Hispanic	42.9	32.5	24.7
Multiracial	38.6	38.6	22.7
Other	38.5	23.1	38.5
6. Heard adults yelling at each other			
Total	33.5	30.1	36.4
White	26.5	30.0	43.6
Black	35.4	29.8	34.8
Hispanic	52.0	27.3	20.8
Multiracial	25.8	35.6	38.6
Other	66.7	8.3	25.0
7. Seen someone get stabbed			
Total	79.1	15.3	5.5
White	87.5	8.7	3.8
Black	74.5	19.2	6.4
Hispanic	80.5	11.7	7.8

Multiracial	80.3	15.2	4.6
Other	92.3	7.7	0.0
8. Seen somebody get shot			
Total	74.9	18.1	7.0
White	84.8	12.1	3.1
Black	69.3	22.0	8.7
Hispanic	73.7	22.4	4.0
Multiracial	79.6	11.4	9.1
Other	76.9	15.4	7.7
9. Seen a gun in own home			
Total	74.8	15.5	9.6
White	63.9	17.4	18.8
Black	78.5	15.4	6.1
Hispanic	74.0	20.8	5.2
Multiracial	81.1	10.0	9.1
Other	84.6	7.7	7.7
10. Feel safe when at school			
Total	9.0	15.4	75.6
White	5.6	15.4	79.0
Black	11.3	14.5	74.3
Hispanic	6.5	23.4	70.1
Multiracial	8.3	14.4	77.3
Other	0.0	23.1	76.9
11 Seen grownups hitting each other			
Total	67.9	17.6	14.5
White	68.1	18.1	13.9
Black	65.8	18.4	15.9
Hispanic	77.9	16.9	5.2
Multiracial	67.9	15.3	16.8
Other	100.0	0.0	0.0
12. Feel safe outside in neighborhood			
Total	22.8	21.9	55.4
White	19.2	22.0	58.9
Black	24.1	21.2	54.7
Hispanic	19.7	30.3	50.0
Multiracial	26.7	18.3	55.0
Other	15.4	38.5	46.2
13. Seen dead body in neighborhood			
Total	87.1	11.0	2.0
White	91.0	7.6	1.4
Black	82.7	13.4	2.0
Hispanic	90.9	7.8	1.3
Multiracial	86.2	10.0	3.9
Other	100.0	0.0	0.0
14. Seen gangs in neighborhood			
Total	66.6	14.9	18.5
White	73.8	11.8	14.3
Black	63.9	16.0	20.2
Hispanic	64.9	17.6	17.6
Multiracial	61.9	16.7	21.4
Other	92.3	0.0	7.7
15. Seen gun pulled on someone			

Total	81.4	13.4	5.2
White	87.1	10.1	2.8
Black	78.6	14.6	6.8
Hispanic	80.3	13.2	6.6
Multiracial	82.3	14.6	3.1
Other	84.6	15.4	0.0
16. Seen someone shot or stabbed			
Total	90.2	7.5	2.3
White	92.7	4.9	2.4
Black	88.4	9.3	2.3
Hispanic	90.9	9.1	0.0
Multiracial	92.3	3.9	3.9
Other	92.3	7.7	0.0
17. House has been broken into			
Total	85.0	13.1	2.0
White	84.0	14.3	1.7
Black	84.0	13.7	2.3
Hispanic	92.2	6.5	1.3
Multiracial	85.9	12.5	1.6
Other	100.0	0.0	0.0
18. Seen knife pulled on someone			
Total	84.0	12.0	4.1
White	89.6	6.9	3.5
Black	80.8	15.1	4.1
Hispanic	85.5	10.5	4.0
Multiracial	84.6	10.0	5.4
Other	92.3	7.7	0.0
19. Seen someone stealing from store			
Total	60.0	27.3	12.7
White	63.4	26.1	10.5
Black	58.2	28.9	12.9
Hispanic	54.6	26.0	19.5
Multiracial	62.8	24.0	13.2
Other	69.2	23.1	7.7
20. Grownups are nice to me			
Total	6.2	16.7	77.1
White	6.6	14.3	79.0
Black	6.8	17.8	75.4
Hispanic	2.6	23.4	74.0
Multiracial	5.4	12.3	82.3
Other	0.0	23.1	76.9

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 4. Frequencies of Child's Exposure to Violence by Total Sample and Race. Age 8 Interview

	Never %	1-3 times %	4 or more times %
1. Heard guns shot			
Total	28.3	31.4	40.4
White (N = 267)	31.8	25.1	43.1
Black (N = 538)	22.3	32.9	44.8
Hispanic (N = 59)	40.7	40.7	18.6
Multiracial (N = 115)	39.1	33.9	27.0
Other (N = 12)	50.0	33.3	16.7
2. Seen somebody arrested			
Total	31.8	47.4	20.9
White	43.3	40.3	16.4
Black	24.4	52.8	22.9
Hispanic	32.2	54.2	13.6
Multiracial	39.1	34.8	26.1
Other	33.3	50.0	16.7
3. Feel safe at home			
Total	5.8	14.4	79.8
White	8.2	13.1	78.7
Black	4.3	14.7	81.0
Hispanic	11.9	15.3	72.9
Multiracial	3.5	14.8	81.7
Other	8.3	25.0	66.7
4. Seen drug deals			
Total	54.3	19.1	26.6
White	69.4	12.5	18.1
Black	46.4	22.2	31.4
Hispanic	53.5	25.9	20.7
Multiracial	56.5	16.5	27.0
Other	58.3	16.7	25.0
5. Seen someone beaten up			
Total	34.5	36.4	29.1
White	45.1	31.8	23.1
Black	29.5	39.6	31.0
Hispanic	30.5	42.4	27.1
Multiracial	34.8	31.3	33.9
Other	41.7	16.7	41.7
6. Heard adults yelling at each other			
Total	29.8	31.0	39.1
White	17.2	35.6	47.2
Black	37.1	29.7	33.2
Hispanic	27.1	39.0	33.9
Multiracial	27.0	23.5	49.6
Other	25.0	25.0	50.0
7. Seen someone get stabbed			
Total	89.2	9.2	1.6
White	92.9	4.9	2.3
Black	87.2	11.7	1.1
Hispanic	88.1	11.9	0.0

Multiracial	90.4	6.1	3.5
Other	91.7	8.3	0.0
8. Seen somebody get shot			
Total	83.6	12.4	4.0
White	92.2	7.1	0.8
Black	78.0	16.4	5.6
Hispanic	88.1	6.8	5.1
Multiracial	85.2	10.4	4.4
Other	100.0	0.0	0.0
9. Seen a gun in own home			
Total	76.4	16.1	7.5
White	60.8	22.8	16.4
Black	84.3	12.3	3.4
Hispanic	77.6	19.0	3.5
Multiracial	74.8	16.5	8.7
Other	83.3	16.7	0.0
10. Feel safe when at school			
Total	7.5	20.9	71.6
White	5.3	17.3	77.4
Black	7.9	21.5	70.7
Hispanic	10.2	32.2	57.6
Multiracial	9.6	20.0	70.4
Other	8.3	25.0	66.7
11 Seen grownups hitting each other			
Total	70.4	16.7	12.9
White	69.3	17.6	13.1
Black	71.2	16.5	12.3
Hispanic	77.6	15.5	6.9
Multiracial	64.4	17.4	18.3
Other	83.3	8.3	8.3
12. Feel safe outside in neighborhood			
Total	22.9	27.8	49.3
White	24.0	25.1	50.9
Black	23.9	28.4	47.7
Hispanic	12.1	44.8	43.1
Multiracial	20.9	21.7	57.4
Other	25.0	33.3	41.7
13. Seen dead body in neighborhood			
Total	94.1	4.8	1.1
White	97.0	2.6	0.4
Black	94.2	5.1	0.8
Hispanic	87.9	6.9	5.2
Multiracial	91.3	6.1	2.6
Other	83.3	16.7	0.0
14. Seen gangs in neighborhood			
Total	57.0	19.0	24.1
White	63.3	19.1	17.6
Black	54.0	18.9	27.1
Hispanic	50.9	22.8	26.3
Multiracial	59.7	17.5	22.8
Other	50.0	16.7	33.3
15. Seen gun pulled on someone			

Total	85.3	11.3	3.4
White	91.8	7.1	1.1
Black	81.1	14.4	4.5
Hispanic	86.2	13.8	0.0
Multiracial	88.7	5.2	6.1
Other	91.7	8.3	0.0
16. Seen someone shot or stabbed			
Total	97.4	2.5	0.1
White	98.9	1.1	0.0
Black	97.2	2.8	0.0
Hispanic	96.6	1.7	1.7
Multiracial	94.8	5.2	0.0
Other	100.0	0.0	0.0
17. House has been broken into			
Total	83.9	14.8	1.3
White	84.7	14.6	0.8
Black	83.8	15.3	0.9
Hispanic	82.8	12.1	5.2
Multiracial	83.3	14.0	2.6
Other	83.3	16.7	0.0
18. Seen knife pulled on someone			
Total	86.3	11.6	2.0
White	91.4	6.7	1.9
Black	85.3	12.9	1.9
Hispanic	79.3	17.2	3.5
Multiracial	81.7	15.7	2.6
Other	100.0	0.0	0.0
19. Seen someone stealing from store			
Total	55.8	31.7	12.5
White	64.2	28.0	7.8
Black	52.8	31.3	15.9
Hispanic	44.8	44.8	10.3
Multiracial	56.5	33.9	9.6
Other	50.0	41.7	8.3
20. Grownups are nice to me			
Total	2.9	14.0	83.1
White	3.8	10.5	85.8
Black	2.1	16.7	81.3
Hispanic	5.2	8.6	86.2
Multiracial	4.4	13.2	82.5
Other	0.0	8.3	91.7

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 5. Things I Have Seen and Heard Mean Total Exposure Scores and Internal Consistency Reliability by Race and Study Site. Age 6 Interview

	N	<u>M</u> (<u>SD</u>)	α
Total	1128	13.94 (10.83)	.82
Race			
White	289	12.55 (10.54)	.82
Black	616	15.05 (10.90)	.81
Hispanic	77	12.18 (10.46)	.81
Multiracial	133	13.41 (11.14)	.84
Other	13	8.08 (4.39)	.14
Site			
EA	236	13.57 (10.06)	.78
MW	177	16.73 (12.47)	.85
SO	216	15.47 (10.62)	.80
SW	280	13.71 (11.44)	.84
NW	219	10.89 (8.62)	.76

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 6. Things I Have Seen and Heard Mean Total Exposure Scores and Internal Consistency Reliability by Race and Study Site. Age 8 Interview

	N	<u>M</u> (SD)	α
Total	992	14.10 (9.36)	.76
Race			
White	268	12.82 (8.41)	.72
Black	538	14.75 (9.44)	.76
Hispanic	59	13.80 (10.05)	.81
Multiracial	12	12.00 (6.00)	.81
Other	115	14.43 (10.73)	.41
Site			
EA	233	15.21 (8.46)	.71
MW	103	17.06 (10.61)	.80
SO	179	13.23 (9.67)	.79
SW	261	13.06 (9.39)	.77
NW	216	13.46 (9.01)	.74

Source. Based on data received at the LONGSCAN Coordinating Center through 8/24/01.

Table 7. Significant Associations Observed Between Child and Caregiver Report Variables Describing Violence Exposures and Neighborhood Safety. Age 6 Interview (N = 1128)

<i>Child's Report (CEVA)</i>	<i>Caregiver's Report of Neighborhood (NEA)</i>				
	Not safe for kids to play outside	Drug abuse/dealing	Not safe to walk alone daytime	Vandalism in Neighborhood	Victims of bodily crimes
Heard guns shot (1)	*	**	*	*	**
Someone arrested (2)	ns	**	*	*	**
Drug deals (4)	*	***	*	*	*
Someone beaten (5)	*	**	***	ns	ns
Someone stabbed (7)	ns	ns	*	ns	*
Someone shot (8)	*	***	**	ns	*
Gangs (14)	***	***	**	**	***
Pulled gun (15)	*	**	ns	ns	*
Pulled knife (18)	ns	ns	ns	ns	ns

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Note. Associations examined by chi-square analyses. Only the probability levels for significant relationships between variables are reported. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 8. Significant Associations Observed Between Child and Caregiver Report Variables Describing Violence Exposures and Neighborhood Safety Age 8 Interview (N = 992)

<i>Child's Report (WVA)</i>	<i>Caregiver's Report of Neighborhood (NEA)</i>		
	Drug abuse	Dangerous in this neighborhood	Neighbors who are a bad influence on kids
Guns shot (1)	***	***	***
Someone arrested (2)	***	***	Ns
Drug deals (4)	***	***	**
Someone beaten (5)	ns	ns	Ns
Someone stabbed (7)	*	ns	Ns
Someone shot (8)	***	***	Ns
Gangs (14)	***	***	***
Pulled gun (15)	ns	ns	Ns
Pulled knife (18)	*	ns	Ns

Source. Based on data received at the LONGSCAN Coordinating Center through 08/24/01.

Note. Associations examined by chi-square analyses. Only the probability levels for significant relationships between variables are reported. * $p < .05$, ** $p < .01$, *** $p < .001$

Things I've Seen and Heard CEVA

[Interviewer:] WE SEE BAD THINGS HAPPEN TO PEOPLE EVERY DAY ON THE NEWS, ON TV, AND IN THE MOVIES. I AM GOING TO READ A LIST OF THINGS THAT YOU MAY OR MAY NOT HAVE SEEN OR HEARD AND I WANT YOU TO TELL ME HOW MANY TIMES YOU HAVE SEEN OR HEARD EACH THING BY POINTING TO ONE OF THESE ANSWERS [Point to options on the answer card] : 0, 1, 2, 3, or MANY.

FOR EXAMPLE, IF I SAY, “I HAVE SEEN A BUILDING ON FIRE” WHICH ANSWER WOULD YOU CHOOSE? [Explain the meaning of the response options again if necessary.]

GOOD. NOW I WILL READ SOME MORE STATEMENTS. PLEASE THINK CAREFULLY AND TELL ME ABOUT THOSE THINGS THAT YOU HAVE SEEN IN REAL LIFE, NOT IN THE MOVIES OR ON TV. [Read each statement in turn. If the child indicates distress over a particular item, ask “WAS THAT UPSETTING TO YOU?” and note their response at the bottom of the page.]

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>>3</u>	<u>DK</u>
1. I HAVE HEARD GUNS BEING SHOT.	0	1	2	3	4	--
2. I HAVE SEEN SOMEBODY ARRESTED.	0	1	2	3	4	--
3. I FEEL SAFE WHEN I AM AT HOME.	0	1	2	3	4	--
4. I HAVE SEEN DRUG DEALS.	0	1	2	3	4	--
5. <u>I HAVE SEEN SOMEBODY BEING BEATEN UP.</u>	0	1	2	3	4	--
6. I HAVE HEARD GROWN UPS IN MY HOME YELL AT EACH OTHER.	0	1	2	3	4	--
7. I HAVE SEEN SOMEBODY GET STABBED.	0	1	2	3	4	--
8. I HAVE SEEN SOMEBODY GET SHOT.	0	1	2	3	4	--
9. I HAVE SEEN A GUN IN MY HOME.	0	1	2	3	4	--
10. <u>I FEEL SAFE WHEN I'M AT SCHOOL.</u>	0	1	2	3	4	--
11. I HAVE SEEN GROWN UPS IN MY HOME HIT EACH OTHER.	0	1	2	3	4	--
12. I FEEL SAFE WHEN I'M OUTSIDE IN MY NEIGHBORHOOD.	0	1	2	3	4	--
13. I HAVE SEEN A DEAD BODY AROUND MY NEIGHBORHOOD.	0	1	2	3	4	--
<i>[Do not include wakes or funerals.]</i>						
14. I HAVE SEEN GANGS IN MY NEIGHBORHOOD.	0	1	2	3	4	--
15. <u>I HAVE SEEN SOMEBODY PULL A GUN ON ANOTHER PERSON.</u>	0	1	2	3	4	--
16. I HAVE SEEN SOMEONE IN MY HOME GET SHOT OR STABBED	0	1	2	3	4	--
17. MY HOUSE HAS BEEN BROKEN INTO.	0	1	2	3	4	--
18. I HAVE SEEN SOMEBODY PULL A KNIFE ON ANOTHER PERSON.	0	1	2	3	4	--
19. I HAVE SEEN SOMEBODY STEAL SOMETHING FROM ANOTHER PERSON'S HOUSE OR STORE.	0	1	2	3	4	--
20. <u>GROWN UPS ARE NICE TO ME.</u>	0	1	2	3	4	--

Notes: [Go back and probe any responses that seem unusual, including any witnessing of severe violence. For example, say :“ You said you have seen somebody get shot. Can you tell me a little more about that?”]

Things I have Seen and Heard

CSVA

“We see bad things happen to people every day on the news, on TV, and in the movies, but I am going to ask you about things you may have seen or heard IN REAL LIFE. You show me how many times you have seen or heard each thing IN REAL LIFE by pointing to one of these answers. [Point to options on the answer card and explain each one.]

For example, if I say, ‘How many times have you seen a building on fire?’ Which answer would you choose?” [Explain the meaning of the response options again if necessary. When it is clear that the child understands the task, proceed with the following.]

“Now I will read some more questions. Please think carefully and tell me about those things that you have seen IN REAL LIFE, NOT IN THE MOVIES OR ON TV.”

OPTIONAL ITEMS

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>>3</u>	<u>Ref</u>
1. How many times have you been beaten up?	0	1	2	3	4	R
2. How many times have you seen drugs in your home?	0	1	2	3	4	R
3. How many times has somebody threatened to kill you?	0	1	2	3	4	R
4. How many times has somebody threatened to shoot you?	0	1	2	3	4	R
5. How many times has somebody threatened to stab you?	0	1	2	3	4	R
6. How many times have grown-ups in your home threatened to stab or shoot each other?	0	1	2	3	4	R

[Go back and probe any responses that seem unusual, including any witnessing of severe violence. For example, say : “ You said you have seen somebody get shot. Can you tell me a little more about that?”]

Things I've Seen and Heard – Age 8

WVA

“We see bad things happen to people every day on the news, on TV, and in the movies, but I am going to ask you about things you may have seen or heard IN REAL LIFE. You show me how many times you have seen or heard each thing IN REAL LIFE by pointing to one of these answers. [Point to options on the answer card and explain each one.]

For example, if I say, ‘How many times have you seen a building on fire?’ Which answer would you choose?” [Explain the meaning of the response options again if necessary. When it is clear that the child understands the task, proceed with the following.]

“Now I will read some more questions. Please think carefully and tell me about those things that you have seen IN REAL LIFE, NOT IN THE MOVIES OR ON TV.”

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>>3</u>	<u>Ref</u>
1. How many times have you heard guns being shot?	0	1	2	3	4	R
2. How many times have you seen somebody arrested?	0	1	2	3	4	R
3. How often do you feel safe when you are at home?	0	1	2	3	4	R
4. How many times have you seen drug deals?	0	1	2	3	4	R
5. How many times have you seen somebody being beaten up?	0	1	2	3	4	R
<hr/>						
6. How many times have you heard grown ups in your home yell at each other?	0	1	2	3	4	R
7. How many times have you seen somebody get stabbed?	0	1	2	3	4	R
8. How many times have you seen somebody get shot?	0	1	2	3	4	R
9. How many times have you seen a gun in your home?	0	1	2	3	4	R
10. How often do you feel safe when you are at school?	0	1	2	3	4	R
<hr/>						
11. How many times have you seen grown ups in your home hit each other?	0	1	2	3	4	R
12. How often do you feel safe when you are outside in your neighborhood?	0	1	2	3	4	R
13. How many times have you seen a dead body around your neighborhood? [Do not include wakes or funerals.]	0	1	2	3	4	R
14. How many times have you seen gangs in your neighborhood?	0	1	2	3	4	R

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>>3</u>	<u>Ref</u>
15. How many times have you seen somebody pull a gun on another person?	0	1	2	3	4	R
16. How many times have you seen someone in your home get shot or stabbed?	0	1	2	3	4	R
17. How many times has your house has been broken into?	0	1	2	3	4	R
18. How many times have you seen somebody pull a knife on another person?	0	1	2	3	4	R
19. How many times have you seen somebody steal something from another person's house or store?	0	1	2	3	4	R
20. How often are grown ups nice to you?	0	1	2	3	4	R

Notes: *[Go back and check any responses that seem unusual, including any witnessing of severe violence. For example, say : “You said you have seen somebody get shot. Can you tell me a little more about that?”]*

OPTIONAL ITEMS

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>>3</u>	<u>Ref</u>
21. How many times have you been beaten up?	0	1	2	3	4	R
22. How many times have you seen drugs in your home?	0	1	2	3	4	R
23. How many times has somebody threatened to kill you?	0	1	2	3	4	R
24. How many times has somebody threatened to shoot you?	0	1	2	3	4	R
25. How many times has somebody threatened to stab you?	0	1	2	3	4	R
26. How many times have grown-ups in your home threatened to stab or shoot each other?	0	1	2	3	4	R

[Go back and probe any responses that seem unusual, including any witnessing of severe violence. For example, say : “ You said you have seen somebody get shot. Can you tell me a little more about that?”]

Trauma Symptom Checklist for Children - Alternate Version

Briere, J.
1989

Description of Measure

Purpose

To assess the effects of childhood trauma through the child's self-report.

Conceptual Organization

The 54-item Trauma Symptom Checklist for Children (TSCC) consists of two validity scales (Underresponse and Hyperresponse), six clinical scales (Anxiety, Depression, Post-traumatic Stress, Dissociation, Anger, and Sexual Concerns) and 8 critical items. The measure is written at a level appropriate for the language and reading capabilities of children 8-16 years of age.

The TSCC-Alternate Version (TSCC-A) is a shortened version of the TSCC, which excludes the 10 items that comprise the Sexual Concerns scale and one critical item relating to sexual issues. The TSCC-A addresses human subjects concerns that children might be upset by reference to sexual issues. It is recommended that the TSCC be used in clinical and forensic settings where sexual victimization is more likely to be found, and the TSCC-A be used in school settings (Briere 1996).

Item Origin/Selection Process

The TSCC is the children's version of the Trauma Symptom Checklist for adults. Items for both measures were selected based on factor analyses and consultation with experts in the field of psychopathology.

Materials

Test and manual are available from the publisher.

Time Required

10 minutes

Administration Method

Interviewer-administered to an individual, or to a group.

Training

Minimal

Scoring

Score Types

For each item, (e.g., feeling lonely; wanting to yell at people), the child records the frequency with which the statement pertains to her/him on a 4-point scale ranging from 0 (never) to 3 (almost all the time).

Raw scale scores are derived by summing the response values for all items comprising the scale, and then dividing by the number of items within the scale. Items comprising each scale are listed below.

- Anxiety: Items 2, 13, 19, 20, 27, 28, 33, 34, and 41
- Depression: Items 6, 7, 12, 17, 21-23, 35, and 43
- Anger: Items 5, 11, 14, 16, 18, 30, 31, 38, and 40
- Post-traumatic Stress: Items 1, 3, 8-10, 19, 20, 29, 36, and 42
- Dissociation: Items 4, 9, 15, 24-26, 32, 37, 39, and 44
- Overt Dissociation: Items 9, 15, 24-26, 37, and 39
- Fantasy: Items 4, 32, and 44

Several items appear on more than one scale: 9 (Dissociation & PTS), 19 & 20 (PTS & Anxiety).

Raw scores on each of the scales can range from 0-27/30, depending on the scale. For comparison purposes, raw scale scores can be transformed into standardized T scores using the conversion tables provided in the manual (see Briere, 1996). T scores differ depending on child sex and age.

The TSCC contains 9 critical items and the TSCC-A contains 8 critical items. The critical items examine problems or issues which may need more immediate clinical attention (e.g., potential for harm to self or others; suicidality; fears of being killed; etc.). The critical items on the TSCC include an item related to sexual concerns where as the TSCC-A does not. While non-zero responses to critical items do not necessarily indicate risk for any specific negative psychological outcome, they do indicate a need for further inquiry regarding the level or meaning of the response. Scores on critical items are analyzed individually. That is, no total score can be calculated across all critical items.

The TSCC includes two validity scales: Underresponse and Hyperresponse. The validity scales tap the child's tendency to either deny or over-report to symptom items.

The Underresponse scale (UND) is designed to determine if the child is indiscriminantly marking the "0" (never) response. The scale consists of 10 items least likely to receive a "0" rating in the normative sample. The UND raw score is calculated by summing the number of 0's the child marked plus the number of UND items to which the child refused to respond. Tables are provided in the manual to convert raw scores to T scores for comparative purposes. The author recommends that TSCCs with UND T scores greater than or equal to 70 be considered invalid and those ranging from 65 to 70 be viewed and interpreted with caution.

The Hyperresponse scale (HYP) is designed to determine if a child is indiscriminantly endorsing the "3" (almost all the time) response. The scale consists of eight items to which children in the normative sample infrequently marked 3. HYP raw and T scores are calculated in the same manner as UND raw and T-scores. The author recommends that TSCCs with HYP T scores greater than or equal to 90 be considered invalid, and those ranging from 75 to 89 be interpreted with caution.

Score Interpretation

A higher score reflects greater symptomatology. T scores at or above 65 for any clinical scale are considered clinically significant.

Norms and/or Comparative Data

The TSCC was normed on 3008 children from three nonclinical samples: 53% female; 44% White, 27% Black, and 22% Hispanic. Table 1 shows the normative raw scores for 8-12 year olds in a standardization sample by sex.

Table 1 about here

Psychometric Support

Reliability

The TSCC clinical scales demonstrate good internal consistency reliability with alpha coefficients for the normative sample ranging from .82 (Depression) to .89 (Anger). In the normative sample the alpha reliability for the validity scales was good for UND ($\alpha = .85$) and moderate for HYP ($\alpha = .66$). Internal consistency for the clinical scales was also good in several clinical samples ($\alpha = .80$ to $.89$) (Briere, 1996).

Validity

Results of the TSCC are congruent with those derived from similar measures including the CBCL, the Revised Children's Manifest Anxiety Scale (RCMAS) and the Child Depression Inventory, indicating good concurrent validity. Also, among populations in which trauma symptomatology is expected to be substantial, for example, children with histories of abuse, scores have been high. Among children receiving treatment for traumatic experiences, scores on the TSCC tend to decrease over time (Lanktree & Briere, 1990, 1995).

LONGSCAN Use

Data Points

Age 8

Respondent

Child

Mnemonic and Version

TSA

Rationale

LONGSCAN chose to use the TSCC-A at the Age 8 interview because it is a standardized and valid child self-report measure of internalized distress, and includes symptoms associated with post-traumatic stress disorder.

Results

Descriptive Statistics

Table 1 displays the percentage of children with elevated scores on the two TSCC validity scales. In the normative sample fewer than 2.5% of the total sample had significantly elevated scores on one of these scales (2% had UND \geq 70; 1% had HYP \geq 90). Relative to the TSCC standardization sample a large percentage of LONGSCAN children had elevated scores on one of the TSCC validity scales. Children were more likely to under-report symptoms than over-report. While boys were more likely to underreport symptoms than girls, there was no sex difference in the incidence of over-reporting. Black children and children from the EA site were the most likely to have elevated UND scores. Black children were also more likely than children of other races to have elevated HYP scores.

Table 1 about here

Although there was concern about the large number of children scoring above the threshold on the validity scales, it was recommended (J. Briere, personal communication) that the data for these children remain in the database and be included in all analyses.

Tables 2 and 3 show the means and standard deviations of the T scores for each of the clinical scales by race, sex, and study site. Both boys and girls have higher than average scores on all clinical scales except Anger. Multiracial boys demonstrate higher symptoms than other boys across all clinical scales. Similarly, boys at the SW and NW sites report the highest symptoms across clinical scales. The pattern is somewhat different for girls (Table 3). Like boys, the girls at the SW and NW sites have higher scores relative to other girls. However, it is White and Multiracial girls whose TSCC scores are highest.

Table 2 about here

Table 3 about here

For both boys and girls the T score standard deviations are greater than average, indicating wide variability in scores. Given the higher than average scores for boys and girls overall and the large standard deviations seen, it is likely that a number of children are scoring at or above the clinical cutpoint on one or more of the clinical scales.

Table 4 shows the percentage of LONGSCAN children scoring in the clinical range on each of the clinical scales by race and study site. Overall, between 8% and 24% of the LONGSCAN children had elevated clinical scale scores indicating that these children have scores that equal or exceed 94% of the standardization sample. A greater percentage of our sample scored in the clinical range on Anxiety than on the other clinical scales.

Table 4 about here

Hispanic children tended to have the greatest percentage of scores in the clinical range across all scales except Anger. Black children and children of Other races were least likely to have clinically significant scores on Anxiety, PTS. The NW site had the greatest percentage of children in the clinical range across all scales, and the EA site had the lowest percentage.

Table 5 shows the percentage of children endorsing specific critical items by race and study site. Of these three critical items the greatest percentage of children endorsed the item indicating they would like to harm, but not kill, themselves. This was also true when the data were analyzed by race and study site. Children were least likely overall, by race, and by study site to endorse the item indicating that they would like to kill themselves.

Table 5 about here

Reliability

As can be seen in Table 6, internal consistency for the TSCC scales using the LONGSCAN sample was generally good and comparable to alpha reliabilities reported by the author (Briere, 1996). Overall reliability for each of the scales ranged from .76 (Depression) to .85 (Anger). Alpha reliabilities for children of Other races was generally low ($\alpha = .20$

[Depression] to .63 [Anger]). This may be due to the small sample size of this group. Comparison by study site reveals moderate to good internal consistency.

Table 6 about here

Publisher Information

Psychological Assessment Resources, Inc.
P.O. Box 998
Odessa, FL 33556
(800) 331-TEST

References and Bibliography

- Briere, J. (1996). Trauma Symptom Checklist for Children: Professional Manual. Odessa, FL: Psychological Assessment Resources, Inc.
- Evans, J. J., Briere, J., Boggiano, A. K., & Barrett, M. (1994, January). Reliability and validity of the Trauma Symptom Checklist for Children in a normal sample. Paper presented at the San Diego Conference on Responding to Child Maltreatment, San Diego, CA.
- Lanktree, C. B., & Briere, J. (1990, August). Early data on the Trauma Symptom Checklist for Children (TSC-C). Paper presented at the annual meeting of the American Psychological Association, Boston, MA.
- Lanktree, C. B., & Briere, J. (1995). Outcome of therapy for sexually abused children: A repeated measures study. Child Abuse and Neglect, 19, 1145-1155.

Table 1. Normative Raw Scores by child's sex on the TSCC Scales for 8-12 Year Olds

	N	Anxiety <u>M</u> (SD)	Depression <u>M</u> (SD)	Anger <u>M</u> (SD)	Post-traumatic Stress <u>M</u> (SD)	Dissociation <u>M</u> (SD)
Males	249	6.1 (3.8)	7.0 (4.0)	8.8 (5.1)	8.6 (5.3)	7.2 (4.9)
Females	256	7.4 (4.1)	7.8 (4.2)	8.3 (5.3)	9.5 (5.5)	7.4 (5.1)

Source. Briere, J. (1996)

Table 1. Percent with elevated scores on the TSCC validity scales by Sex, Race, and Study Site. Age 8 Interview

	N	Under-response %	Hyper-response %
Total	1031	27.3	17.4
Sex			
Male	488	14.0	8.7
Female	543	13.3	8.6
Race			
White	270	5.0	5.0
Black	566	17.9	8.7
Hispanic	60	1.5	0.9
Multiracial	123	2.6	2.7
Other	12	0.3	0.1
Site			
EA	233	8.1	2.5
MW	142	3.9	2.5
SO	183	4.9	2.6
SW	259	5.8	5.0
NW	214	4.7	4.8

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 2. Mean T-Scores for Boys on TSCC Scales by Race and Study Site. Age 8 Interview

	N	<i>Anxiety</i> M (SD)	<i>Depression</i> M (SD)	Post-traumatic Stress M (SD)	<i>Dissociatio</i> <i>n</i> M (SD)	<i>Anger</i> M (SD)
Total	488	54.94 (16.42)	51.73 (13.82)	53.99 (13.41)	54.02 (13.22)	46.55 (12.18)
Race						
White	128	55.30 (15.76)	52.52 (12.84)	54.13 (13.58)	53.17 (11.89)	47.60 (11.67)
Black	263	53.98 (16.51)	50.54 (14.39)	53.07 (13.10)	53.94 (13.73)	45.82 (12.20)
Hispanic	30	56.87 (13.91)	51.90 (11.40)	54.87 (14.20)	54.23 (13.56)	44.03 (9.19)
Multiracial	62	57.94 (18.74)	55.21 (14.27)	57.19 (14.04)	56.10 (13.92)	49.32 (14.08)
Other	5	47.60 (5.86)	49.80 (10.57)	54.00 (9.57)	53.40 (8.47)	39.00 (6.00)
Site						
EA	116	50.91 (14.72)	47.67 (11.94)	50.52 (11.70)	51.92 (12.02)	44.95 (10.35)
MW	59	56.07 (14.58)	53.63 (14.42)	54.19 (12.16)	53.44 (12.08)	48.34 (13.34)
SO	81	52.35 (13.84)	49.30 (11.94)	51.60 (12.43)	50.78 (11.65)	45.09 (11.42)
SW	124	57.66 (17.75)	54.82 (14.23)	56.43 (13.94)	57.39 (14.41)	46.60 (12.20)
NW	108	57.48 (18.31)	53.33 (14.23)	56.61 (14.86)	55.18 (13.93)	48.35 (13.63)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 3. Mean T-Scores for Girls on TSCC Scales by Race and Study Site Age 8 Interview

	N	Anxiety <u>M</u> (SD)	Depression <u>M</u> (SD)	Post-traumatic Stress <u>M</u> (SD)	Dissociation <u>M</u> (SD)	Anger <u>M</u> (SD)
Total	543	53.47 (14.09)	50.26 (11.96)	51.97 (11.83)	51.35 (11.10)	45.55 (10.37)
Race						
White	142	55.73 (15.05)	51.72 (12.43)	54.62 (12.82)	52.51 (11.32)	46.57 (10.94)
Black	303	51.74 (13.59)	48.95 (11.46)	50.15 (11.04)	50.60 (10.47)	44.85 (9.92)
Hispanic	30	54.73 (15.16)	49.93 (13.10)	52.13 (12.98)	49.53 (12.76)	42.98 (11.76)
Multiracial	61	56.38 (13.14)	53.39 (12.59)	54.61 (11.74)	53.43 (12.67)	47.98 (11.76)
Other	7	51.43 (10.95)	51.14 (5.18)	53.14 (7.93)	49.86 (9.23)	45.29 (5.12)
Site						
EA	117	49.15 (12.54)	46.59 (9.66)	48.64 (9.65)	49.99 (9.69)	43.62 (8.36)
MW	83	52.29 (12.72)	49.05 (10.77)	50.63 (10.46)	48.98 (9.15)	45.20 (9.79)
SO	102	52.14 (13.49)	48.37 (11.07)	50.26 (12.04)	49.69 (11.02)	45.01 (10.89)
SW	135	56.06 (14.50)	52.85 (12.70)	54.60 (12.50)	53.41 (12.18)	46.41 (10.69)
NW	106	57.13 (15.36)	53.76 (13.44)	54.98 (12.70)	53.68 (11.86)	47.36 (11.57)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 4. Percent scoring in the clinical range on TSCC Clinical Scales by Sex, Race and Study Site. Age 8 Interview

	N	Anxiety %	Depression %	Post-traumatic Stress %	Dissociation %	Anger %
Total	1031	23.7	13.0	16.8	14.3	8.2
Sex						
Male	488	25.2	15.2	20.9	19.1	10.9
Female	543	22.3	11.1	13.1	9.9	5.9
Race						
White	270	25.6	12.6	20.0	13.0	8.9
Black	566	21.4	11.3	13.3	13.1	7.1
Hispanic	60	30.0	13.3	21.7	15.0	3.3
Multiracial	123	28.5	22.0	25.2	22.8	15.5
Other	12	8.3	8.3	--	8.3	--
Site						
EA	233	15.5	5.6	7.7	9.4	3.4
MW	142	21.8	11.3	14.8	7.0	7.8
SO	183	21.9	9.3	12.1	12.6	7.7
SW	259	27.8	18.5	22.0	19.3	9.7
NW	214	30.4	19.7	24.8	19.6	12.6

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 5. Percent with positive scores on critical items on the TSCC by Race and Study Site. Age 8 Interview

	N	Wanting to hurt self %	Wanting to hurt other people %	Wanting to kill self %
Total	1030	21.0	15.6	9.8
Sex				
Male	487	22.8	19.7	10.5
Female	543	19.3	12.0	9.2
Race				
White	270	23.3	15.9	14.1
Black	565	16.8	14.9	7.1
Hispanic	60	28.3	15.0	8.3
Multiracial	123	30.9	19.5	14.8
Other	12	25.0	8.3	--
Site				
EA	232	16.0	15.0	5.6
MW	142	16.2	15.6	6.3
SO	183	9.8	8.7	6.0
SW	259	26.6	17.8	12.4
NW	214	32.2	19.6	16.8

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 6. Cronbach's Alpha Statistics for the TSCC Scales by Race and Study Site. Age 8 Interview

	Anxiety α	Depression α	Post-traumatic Stress α	Dissociation α	Anger α
Total	.80	.76	.82	.76	.85
Race					
White	.82	.77	.84	.73	.86
Black	.79	.77	.80	.76	.84
Hispanic	.79	.77	.85	.83	.82
Multiracial	.80	.74	.81	.78	.87
Other	.50	.20	.41	.51	.63
Site					
EA	.79	.68	.76	.71	.79
MW	.74	.74	.75	.70	.85
SO	.76	.74	.82	.76	.86
SW	.81	.78	.83	.79	.85
NW	.83	.79	.84	.78	.88

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Trauma Symptom Checklist for Children TSA

"Now, I'm going to ask you about some things that may happen to you.

Some of these things may NEVER happen to you and some may happen OFTEN.

After each of the things I read, you tell me how often each thing happens to YOU by picking one of these answers." *(Hand card and read each answer.)*

0 = Never
 1 = Sometimes
 2 = Lots of times
 3 = Almost all of the time

R = REFUSED

1. Bad dreams or nightmares.	0	1	2	3	R
2. Feeling afraid something bad might happen.	0	1	2	3	R
3. Scary ideas or pictures just pop in your head.	0	1	2	3	R
4. Pretending you are someone else.	0	1	2	3	R
5. Arguing too much.	0	1	2	3	R
6. Feeling lonely.	0	1	2	3	R
7. Feeling sad or unhappy.	0	1	2	3	R
8. Remembering things that happened that you didn't like.	0	1	2	3	R
9. Going away in your mind, trying not to think.	0	1	2	3	R
10. Remembering scary things.	0	1	2	3	R
11. Wanting to yell and break things.	0	1	2	3	R
12. Crying.	0	1	2	3	R
13. Getting scared all of a sudden, and don't know why.	0	1	2	3	R
14. Getting mad and can't calm down.	0	1	2	3	R
15. Feeling dizzy.	0	1	2	3	R
16. Wanting to yell at people.	0	1	2	3	R
17. Wanting to hurt yourself.	0	1	2	3	R
18. Wanting to hurt other people.	0	1	2	3	R
19. Feeling scared of men.	0	1	2	3	R
20. Feeling scared of women.	0	1	2	3	R

	<div> 0 = Never 1 = Sometimes 2 = Lots of times 3 = Almost all of the time R = REFUSED </div>				
21. Washing yourself because you feel dirty inside.	0	1	2	3	R
22. Feeling stupid or bad.	0	1	2	3	R
23. Feeling like you did something wrong.	0	1	2	3	R
24. Feeling like things aren't real.	0	1	2	3	R
25. Forgetting things or can't remember things.	0	1	2	3	R
26. Feeling like you're not in your body.	0	1	2	3	R
27. Feeling nervous or jumpy inside.	0	1	2	3	R
28. Feeling afraid.	0	1	2	3	R
29. Can't stop thinking about something bad that happened to you.	0	1	2	3	R
30. Getting into fights.	0	1	2	3	R
31. Feeling mean.	0	1	2	3	R
32. Pretending you're somewhere else.	0	1	2	3	R
33. Being afraid of the dark.	0	1	2	3	R
34. Worrying about things.	0	1	2	3	R
35. Feeling like nobody likes you.	0	1	2	3	R
36. Remembering things you don't want to remember.	0	1	2	3	R
37. Your mind going empty or blank.	0	1	2	3	R
38. Feeling like you hate people.	0	1	2	3	R
39. Trying not to have any feelings.	0	1	2	3	R
40. Feeling mad.	0	1	2	3	R
41. Feeling afraid that somebody will kill you.	0	1	2	3	R
42. Wishing bad things had never happened.	0	1	2	3	R
43. Wanting to kill yourself.	0	1	2	3	R
44. Daydreaming.	0	1	2	3	R

Vineland Screener

Sparrow, S. S., Carter, A. S. and Cicchetti, D. V.
1993a, 1993b

Description of Reason

Purpose

To quickly assess the personal and social sufficiency of individuals (birth to 18 years of age) for research purposes.

Conceptual Organization

The Vineland Screener (VSC) has four age-specific versions for children ages 0 to 2, 3 to 6, 6 to 12, and 12 to 18. Each version consists of 15 items in each of the following 3 domains: Communication (how well the individual speaks and understands others), Daily Living Skills (practical skills needed to take care of oneself), and Socialization (skills needed to get along with others). For each item, the interviewer asks several questions to probe the respondent's perception of the child's ability level. For example, Item 1 contains the following three questions: How is s/he at dressing her/himself? How is s/he with small buttons, snaps, and that little part of the zipper at the bottom of a coat? What kind of help do you usually give him/her with dressing?

Item Origin/Selection Process

The Vineland Screener is derived from the Vineland Adaptive Behavioral Scales (VABS) (Sparrow, Balla, & Cicchetti, 1984), which, in turn, is a revision and extension of the Vineland Social Maturity Scale (VSMS) (Doll, 1935). The VSMS was used to assess adaptive levels primarily among mentally retarded individuals. The VABS expanded the use of the VSMS by norming it on a representative, national sample.

Forty-five items were selected for inclusion in the screener from the 261 items comprising the VABS. Item selection criteria included ease of administration, reliability, domain coverage and strength of correlation with the total scales. Although each age-specific version has items unique to its age range, many items are included in more than one of the versions in order to enhance sensitivity to differences in rates of development. The Vineland Screener was

developed for research purposes only, in contrast to the VABS, which can be used to make clinical judgements about an individual's adaptive functioning.

Materials

Forms and manuals are available from the publisher.

Time Required

15-20 minutes

Administration Method

Interviewer-administered. A semi-structured interview format is recommended to create a natural atmosphere for communication and enhance rapport. Detailed interview instructions are provided in the manual (Sparrow, Carter, & Cicchetti, 1993b).

Training

3-4 hours

Scoring

Score Types

Screeners items are awarded scores of 2, 1, or 0 based on the following scoring criteria:

- 2 = The activity is performed satisfactorily and habitually; is performed whenever the opportunity occurs; is no longer performed because it is developmentally inappropriate (e.g. crawling); is performed in a modified fashion due to a handicap.
- 1 = Emergent performance of a skill or activity; adequate performance of activity, but not habitual or routine; part but not all of activity. NB: Some items cannot be scored 1.
- 0 = The individual is too young or too immature to perform the activity; the parents don't allow or don't ask the child to perform the activity; a handicapping

condition interferes with the performance of the activity; the individual is not interested or has not had reason to perform the activity; the caregiver does it for the child.

Raw scores are obtained by summing all items for a raw domain score. Raw summary scores may also be calculated for individual domains. The raw scores are then converted to overall and domain-specific age-equivalent raw scores. Derived scores are calculated by following the instructions on page 94 of the Vineland Survey Form Manual (Sparrow, Balla, & Cicchetti, 1984) pertaining to “Completing the Score Summary.”

Score Interpretation

Higher scores indicate greater ability in performing tasks.

Norms and/or Comparative Data

The Vineland Screener has been standardized. Normative tables can be found in the Vineland Survey Form Manual (Sparrow, Balla, and Cicchetti, 1984).

Psychometric Support

Reliability

Sparrow, Carter, and Cicchetti (1993a) report that interrater reliability of lay interviewers using the Vineland Screener has been high ($\alpha=.98$).

Validity

Correlations between the Vineland Screener (6 to 12) and the full Vineland were reported to be: Communications ($r = .95$), Daily Living Skills ($r = .93$), and Socialization ($r = .92$) (Sparrow, Carter, & Cicchetti, 1993a).

LONGSCAN Use

Data Points

Age 6, 8, 12

Respondent

Primary maternal caregiver

Mnemonic and Version

Age 6: VSCA

Age 8: VSA

Age 12: VSCB

Rationale

The Vineland Screener was selected for LONGSCAN use for the following reasons: It is based upon a developmental rather than a deficit model and the domain structure permits assessment of specific developmental strengths and weaknesses. The Screener has been normed on a nationally standardized sample matched on relevant demographic variables. The authors report high validity and reliability, and the ability to discriminate inpatient, outpatient, and non-referred samples of children. Finally, the VSC is conversational in tone, and is typically rapport building, an important factor in an otherwise structured and sensitive interview.

Administration and Scoring Notes

LONGSCAN developed a more structured response set based upon the scoring criteria in the full Vineland Survey Form (Sparrow, Balla, & Cicchetti, 1984) to aid in administration and scoring. While all of the Screener items remained intact, additional probe items were developed for LONGSCAN use to promote standardization across sites. The Communication domain was not administered in the LONGSCAN study because of time constraints and the belief that this domain was being adequately assessed with other instruments (e.g., the WPPSI-R vocabulary subtest).

Computing standard scores for the Vineland Screener involves use of the Equating Tables (organized by the broad age groupings around which the four screeners were constructed) that are located in the Appendix of the Screener Manual, followed by use of the age-based tables (organized in two month increments) that are found in the Survey Form manual. The tables and the algorithms for computing scores have been programmed at the LONGSCAN Coordinating Center. In the event that children were between 5 years 9 months and 5 years 11 months at the

time of the Age 6 interview (LONGSCAN protocol allows children to be interviewed within three months before their birthdays), the equated raw scores were still drawn from the Age 6-12 column, rather than the Age 3 to 5 column. However when converting the equated raw score to the standard score the child's precise age in years and months was used.

Results

Descriptive Statistics

The following tables provide mean raw and standardized scores and standard deviations for the Socialization and Adaptive Functioning domains at the Age 6 (Table 1) and Age 8 (Table 2) interviews, by the child's race and study site.

At Age 6, the scores for the Socialization domain were similar across race and site, with the lowest scores found for Hispanic children and at the SO site. On the Adaptive Functioning domain, again the scores were similar across race and site, with children of other races and obtaining the lowest scores. Multiracial children scored higher than children of all other races on both domains. The EA site had the highest scores on the Socialization domain, while the SO site had the lowest scores. On the Adaptive functioning domain, the SO site had the lowest standard scores and the NW site had the highest standard scores.

Table 1 about here

At Age 8, standard scores were generally lower than at Age 6. The scores for the Socialization domain were more dissimilar across race than at Age 6, with the lowest scores found again for Hispanic children and children of Other races. The scores were more similar across site, with the EA site having the highest scores. On the Adaptive Functioning domain, again there was more variation in scores across race, with children of Hispanic and other races again scoring lowest. The EA site also had the highest scores on this domain, while standard scores for the other sites were very similar.

Table 2 about here

Publisher Information

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References and Bibliography

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Sparrow, S. S., Carter, A. S., & Cicchetti, D. V. (1993a). Vineland Screener: Overview, Reliability, Validity, Administration, and Scoring. New Haven, CT: Yale University Child Study Center.

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Table 1. Mean Raw and Standard Scores on the Vineland Socialization and Adaptive Functioning Domains by Race and Study Site. Age 6 Interview

	N	Adaptive Functioning (Daily Living Skills)		Socialization	
		Raw Scores <u>M</u> (SD)	Standard Scores <u>M</u> (SD)	Raw Scores <u>M</u> (SD)	Standard Scores <u>M</u> (SD)
Total	1207	12.94 (4.84)	92.98 (18.16)	15.26 (4.96)	91.01 (16.01)
Race					
White	316	12.78 (4.98)	92.59 (18.27)	15.17 (4.82)	90.77 (15.13)
Black	643	13.06 (4.62)	93.27 (17.46)	15.38 (4.92)	91.26 (16.28)
Hispanic	89	12.37 (5.30)	89.22 (19.20)	14.45 (5.54)	87.82 (17.38)
Multiracial	145	13.15 (5.30)	94.97 (20.26)	15.50 (5.01)	92.66 (15.51)
Other	14	12.36 (3.50)	91.36 (15.68)	14.21 (5.82)	88.00 (18.06)
Site					
EA	236	12.15 (4.14)	93.72 (16.15)	16.09 (4.69)	95.76 (15.59)
MW	218	13.47 (5.01)	93.25 (17.45)	16.43 (5.03)	93.77 (16.16)
SO	220	13.91 (4.49)	88.68 (17.28)	14.35 (4.96)	83.36 (14.66)
SW	299	13.14 (5.06)	93.90 (19.03)	14.96 (4.90)	90.10 (15.41)
NW	234	12.07 (5.12)	94.83 (19.82)	14.57 (4.94)	92.02 (15.66)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Table 2. Mean Raw and Standard Scores on the Vineland Socialization and Adaptive Functioning Domains by Race and Study Site. Age 8 Interview

	N	Adaptive Functioning (Daily Living Skills)		Socialization	
		Raw Scores <u>M</u> (SD)	Standard Scores <u>M</u> (SD)	Raw Scores <u>M</u> (SD)	Standard Scores <u>M</u> (SD)
Total	1096	18.58 (4.81)	92.44 (18.22)	17.69 (5.21)	86.14 (16.98)
Race					
White	286	18.61 (4.92)	92.31 (18.54)	17.84 (5.02)	86.32 (16.25)
Black	591	18.80 (4.56)	93.43 (17.39)	18.04 (5.05)	87.32 (16.83)
Hispanic	73	18.08 (5.62)	88.81 (21.41)	16.62 (6.21)	82.48 (19.87)
Multiracial	132	18.00 (5.05)	90.74 (18.71)	16.52 (5.45)	82.78 (16.54)
Other	14	17.21 (5.78)	87.86 (21.05)	16.64 (5.99)	83.07 (20.84)
Site					
EA	237	18.77 (4.20)	94.68 (16.04)	18.86 (4.69)	90.72 (16.31)
MW	181	19.20 (5.20)	94.31 (19.51)	19.03 (5.29)	90.44 (17.84)
SO	183	18.63 (4.80)	90.36 (18.70)	17.12 (5.87)	83.52 (18.66)
SW	272	18.54 (4.77)	91.03 (17.83)	16.92 (5.21)	82.84 (16.18)
NW	223	17.89 (5.08)	91.95 (19.10)	16.76 (4.65)	83.92 (14.66)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

VSCA Vineland Screener

Interviewer: The tone of the questions asked in this form should be conversational. You should be very familiar with scoring criteria before administering. In general, the differences between a 2, 1, or 0 score are as follows:

- 2 = Yes, usually*
- 1 = Sometimes, partially*
- 0 = No, never*
- N = No opportunity*

Probe, as necessary, to get all the information you need to score confidently. Probe to get descriptions of behavior. Avoid asking yes/no questions.

Approximately half of the items in each section are substantially above expectations for 6-year olds. Please reassure mothers frequently that some of these questions are intended for much older children.

NEXT I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE KINDS OF THINGS _____ MAY BE DOING THESE DAYS TO HELP TAKE CARE OF HIM/HERSELF AND TO GET BY IN THE WORLD.

THERE ARE NO RIGHT OR WRONG ANSWERS TO THESE QUESTIONS. SOME OF THESE QUESTIONS WERE MEANT FOR OLDER CHILDREN. SO WE DON'T EXPECT _____ TO BE DOING A LOT OF THE THINGS WE ASK ABOUT.

THIS IS IMPORTANT: I DON'T WANT TO KNOW WHAT _____ CAN DO. I WANT TO KNOW WHAT S/HE USUALLY DOES NOW. I ALSO WANT TO KNOW ABOUT THINGS _____ IS JUST BEGINNING TO DO, AND THINGS S/HE SOMETIMES DOES.

Section One: Daily Living Skills

I'D LIKE TO START BY ASKING HOW _____ TAKES CARE OF CERTAIN PERSONAL NEEDS.

- 1. HOW IS S/HE AT DRESSING HER/HIMSELF?
HOW IS S/HE WITH SMALL BUTTONS, SNAPS, AND THAT LITTLE PART OF THE ZIPPER AT
THE BOTTOM OF A COAT? WHAT KIND OF HELP DO YOU USUALLY GIVE HIM/HER WITH
DRESSING?**

- 0 The child regularly requires assistance to fasten fasteners, including zippers and buttons, when dressing.
- 1 The child requires assistance with fasteners about half the time.
- 2 Child usually dresses himself correctly (clothes right side out, and not askew). Fastens all fasteners, including zippers, without assistance. Tying own shoelaces is not required to score 2.

2. HOW WELL DOES _____ TAKE CARE OF HIS/HER TOILETING NEEDS, SUCH AS GETTING TO THE BATHROOM, WIPING, FLUSHING AND WASHING HIS/HER HANDS ,WITHOUT REMINDERS? [Do not include bedwetting in calculating child's score]

- 0 Child is not toilet trained, or cannot perform toileting activities without assistance.
- 1 The child is toilet trained, but requires some reminding and/or assistance with toileting activities.
- 2 The child usually cares for all toileting needs, including flushing the toilet, washing hands, and rearranging clothing without being reminded and without assistance.

3. HOW IS _____ AT USING SILVERWARE? A SPOON? A FORK? HOW DOES S/HE MANAGE SPREADING WITH A KNIFE? CUTTING?

- 0 The child does not regularly use silverware (including knife, fork and spoon) competently.
- 1 Child uses fork and spoon competently, and a knife for spreading, but cannot cut with a knife.
- 2 The child uses a knife, fork and spoon competently (rarely spilling). Knives are used for both spreading and cutting.

**4. DOES _____ EVER GO OUT TO EAT AT A RESTAURANT ?
[If "Yes"] WHO ORDERS HIS/HER MEAL? [If Child Orders] HOW DOES S/HE DECIDE WHAT TO ORDER? HOW WELL CAN S/HE READ A MENU?**

- N The child has never been to a restaurant.
- 0 The child orders without reading the menu him/herself, OR someone usually orders for the child.
- 1 The child reads the menu and orders an appropriate meal some of the time, OR reads part of the menu and orders part of a meal.
- 2 The child can read a menu and usually orders an appropriate meal independently. Another person may clarify the menu (e.g., explain that certain foods come with the main course), but the child must make the selection and place the order. An appropriate meal must include a main dish, salad or vegetable, and beverage.

NEXT THERE ARE A COUPLE OF THINGS I WANT TO ASK YOU ABOUT _____'S KNOWLEDGE OF SAFETY.

**5. WHAT DOES S/HE KNOW ABOUT DEALING WITH STRANGERS?
[Probe, if necessary] WHAT IF A STRANGER OFFERED HER/HIM A RIDE, OR SOME FOOD, OR MONEY?**

- 0 The child has not verbalized or demonstrated understanding of the danger and safe responses to the above situations.
- 1 The child has some understanding of the danger and safe response to the above situations.
- 1 The child has verbalized or demonstrated an understanding that it is unsafe to accept rides, food or money from strangers. The child need not have had actual experiences with strangers to score 2.

6. HOW IS _____ AT CROSSING THE STREET ALONE?

- 0 The child is not permitted to leave home or cross the street alone, or does not cross streets safely.
- 2 The child can sometimes cross the street safely by her/himself, and demonstrates a beginning understanding of how to cross safely.
- 3 The child routinely and safely crosses the street alone. The child can be counted on to look both ways before crossing. If the child routinely does this on a neighborhood street or road, score 2 whether or not the child crosses busy streets alone.

**7. IF I WERE TO ASK _____ WHAT DAY OF THE WEEK IT IS, WHAT WOULD S/HE SAY?
[For child who usually knows day of week , also ask . . .] HOW ABOUT ON THE WEEKENDS, OR
TIMES S/HE'S NOT IN SCHOOL, LIKE DURING SUMMER VACATION?**

- 0 The child does not know the current day of the week, or has never been asked.
- 1 The child can state the current day of the week only when school is in session, or only some of the time.
- 2 The child can usually state what day of the week it is, even when school is not in session.

**8. HOW IS _____ AT TELLING TIME? SAY IT WAS 20 MINUTES AFTER THE HOUR, WHAT
TIME WOULD S/HE SAY? [Both clockface and digital clocks are acceptable.]**

- 0 The child recognizes fewer than half the five-minute segments, or cannot tell time at all.
- 1 The child is able to state the correct time about half the time.
- 2 The child can state the correct time for all five-minute segments of the hour most of the time.

**9. NOW I WOULD LIKE TO ASK YOU ABOUT _____ 'S KNOWLEDGE OF MONEY. WHAT
WOULD S/HE SAY A PENNY IS WORTH? WHAT ABOUT A NICKEL, A DIME, AND A
QUARTER?**

- 0 The child does not know the value, in cents, of any of the coins.
- 1 The child knows the value, in cents, of one, two or three of the coins.
- 2 The child knows the value, in cents, of all four coins--quarter, dime, nickel and penny.

**10. DOES S/HE EVER HAVE MONEY OF HER/HIS OWN?
[If Yes] WHAT, IF ANYTHING, IS THE BIGGEST THING S/HE'S SAVED FOR AND BOUGHT FOR
HER/HIMSELF?**

- 0 The child has never saved for anything, or has saved only at the caregiver's insistence, or has only saved for less than one week.
- 1 The child has voluntarily saved money for longer than one week and purchased a minor item.
- 1 The child has voluntarily saved money for longer than one week, and purchased a large item, such as a leather jacket, a bicycle, stereo, electronic game, or a trip of 2-days duration.

IN WHAT WAYS DOES _____ USE A TELEPHONE BY HIM/HERSELF? [*If not at all, skip to Q. 13. If child has begun to use a telephone, administer Q. 11.]*

11. HOW WOULD _____ USE THE PHONE IN AN EMERGENCY? WHAT WOULD S/HE DO?

- N The child does not use a phone only because none is available in the child's house. SKIP TO Q.13.
[*Caution: Do not assume that because a telephone is not currently available in child's home that the child does not have telephone skills.]*
- 0 The child has not been taught or does not know how to use 911 or the operator in an emergency.
[*Skip To Q.13.]*
- 1 The child can occasionally or sometimes remember the use of 911 or the operator when asked what to do in an emergency. The child need not have been involved in an actual emergency to score 1.
- 2 The child knows how to use 911 or the operator correctly in the event of an emergency. The child need not have been involved in an actual emergency to score 2.

**12. WHAT ABOUT LONG DISTANCE CALLS? HAS S/HE STARTED TO MAKE ANY LONG DISTANCE CALLS?
WHAT ABOUT USING THE OPERATOR OR DIRECTORY ASSISTANCE?**

- N The child does not use a phone only because none is available in the child's home.
- 0 The child has not, or is not permitted, to use a telephone .
- 1 The child makes local calls independently, but is not permitted/has not made long distance calls because of cost or other reasons.
- 2 The child uses the phone to make local and long distance calls, and must know to call the operator, directory assistance and emergency numbers when necessary. The child may ask for dialing instructions from the caregiver, but must dial and talk independently to score 2.

THE NEXT COUPLE OF QUESTIONS HAVE TO DO WITH COOKING. WHAT KIND OF FOODS DOES _____ PREPARE BY HIM/HERSELF? [*If child never prepares any food, skip to Q. 15.]*

13. HOW ABOUT USING THE STOVE OR MICROWAVE, WHAT KIND OF SUPERVISION OR HELP DOES S/HE NEED?

- 0 The child has not ever used the stove or microwave to cook. [*Skip To Q. 15 If 0 Is Scored]*
- 1 The child requires some supervision and input when using the stove or microwave.
- 2 The child uses the stove or microwave to cook independently. S/he turns the burners of the stove on and off, or sets the microwave without assistance. If the individual cooks independently, but is only allowed to do so when an adult is in the kitchen (not supervising, but present), score 2.

**14. WHAT'S THE MOST COMPLICATED DISH THAT _____ 'S PREPARED ON HIS/HER OWN OR MOSTLY ON HIS/HER OWN?
HOW OFTEN DOES S/HE COOK THINGS LIKE THAT, ON HIS/HER OWN?**

- 0 Child does not prepare any foods that require mixing and cooking without assistance. The child helps others prepare such foods, but does not assume lead responsibility.
- 1 Child is beginning to prepare foods that require mixing and cooking, such as brownies, scrambled

eggs, pancakes, and macaroni and cheese, independently. The child who assumes primary responsibility for preparing such foods, but receives some adult assistance also scores 1. The foods may come from packaged mixes.

- 2 The child regularly cooks foods that require mixing and cooking, such as brownies, scrambled eggs, pancakes, and macaroni and cheese independently. An adult may be present in the home but may not assist. The child must open the container, mix the ingredients, and cook independently.

15. WHAT ROOMS, OTHER THAN HER/HIS OWN, DOES _____ CLEAN?

[If child cleans some other room . . .] **HOW MUCH REMINDING DOES S/HE NEED?**

- 0 Child does not regularly clean any room other than his/her own.
- 2 The child regularly assumes responsibility for cleaning a room, e.g., the kitchen or bathroom, other than his/her own but often requires reminding.
- 3 The child regularly assumes responsibility for cleaning a room other than his or her own, e.g., the kitchen or bathroom with minimal reminding.

Section Two: Socialization

NEXT I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT _____ 'S BEHAVIOR AND RELATIONSHIPS WITH OTHER PEOPLE.

1. HOW DOES _____ LET PEOPLE KNOW HOW S/HE'S FEELING?

[*Probe If Necessary*] **DOES S/HE EVER TALK ABOUT HER/HIS FEELINGS?**

WHAT WOULD S/HE SAY IF S/HE WERE FEELING . . . SAD. . . HAPPY. . . MAD. . . SCARED?

- 0 The child does not use any of the words like "happy," "sad," "scared," or "mad" to describe his/her feelings.
- 1 The child uses some words like, "happy," "sad," "scared," "mad," to describe his/her feelings.
- 2 The child usually verbalizes his/her feelings using words like "happy," "sad," "scared" and "mad". The child must typically label each of the feelings mentioned.

2. HOW DOES S/HE USUALLY BEHAVE IF S/HE IS TOLD S/HE CAN'T DO SOMETHING S/HE REALLY WANTS TO DO, LIKE WATCH A TV SHOW OR HAVE A SPECIAL TREAT?

WHAT ABOUT IF SOMEONE HURTS HIS/HER FEELINGS?

- 0 The child typically has tantrums when not given own way, or yells, cries or becomes excessively upset .
- 1 The child is sometimes able to control his/her anger or hurt feelings when denied own way, and refrains from yelling, or becoming excessively upset. The child need not appear happy, and may appropriately verbalize upset feelings.
- 2 The child can usually control anger or hurt feelings when denied own way, and refrains from yelling or becoming excessively upset. The child need not appear happy, and may appropriately verbalize upset feelings.

3. WHO ARE SOME OF HIS/HER FRIENDS? HOW OFTEN DO THEY GET TOGETHER AS A GROUP (LIKE 3 OR MORE)? WHOSE IDEA IS IT, USUALLY, WHEN THEY GET TOGETHER?

- 0 The child does not interact in a group, or only interacts in a group arranged by another person.
- 1 The child is beginning to interact with a group of friends and sometimes takes the initiative to arrange get-togethers with a group of friends.
- 2 The child meets/plays with the same group of friends fairly regularly, and initiates getting together with his/her group of friends him/herself.

4. DOES _____ HAVE A BEST FRIEND? [If child has a best friend. . .] TELL ME ABOUT HIS/HER FRIEND. WHAT DO THEY DO TOGETHER?

HOW DOES THIS FRIEND FEEL ABOUT _____ ? [If respondent only mentions best friend of opposite sex. . .] WHAT ABOUT A BEST (MALE/FEMALE) FRIEND?

- 0 The child does not now and has never had a best friend, OR friends are not available, OR the child is not permitted to interact with other children, OR only best friendship is one in which the child "worships" and seeks to spend time with another person who is not as interested in the friendship.

- 1 The child has (or has had) a best friend of the opposite sex. The relationship must be/have been reciprocal to score 1.
- 2 The child chooses to spend more time with one friend of the same sex than with other friends. The child may talk on the phone more, share more secrets and spend more time with this friend. If the child had such a friend in the past, but doesn't now, score 2. The relationship must be reciprocal to score 2.

5. HOW IS S/HE AT SHARING WITH FRIENDS? HOW OFTEN DOES _____ NEED TO BE REMINDED TO SHARE?

- 0 Child does not share without being reminded or told to do so.
- 1 Child is beginning to share or offer toys and possessions without being told to do so OR child will sometimes share or offer toys and possessions without being told to do so.
- 2 Child usually shares toys or possessions without being told to do so.

**6. WHAT KINDS OF GAMES DOES _____ PLAY ?
HOW IS S/HE AT FOLLOWING THE RULES? HOW OFTEN DOES S/HE HAVE TO BE REMINDED TO FOLLOW THE RULES?**

- 0 Child does not play even simple games, or typically does not follow the rules when s/he does play.
- 1 Child plays simple games such as Hide-and-Go-Seek or card games, and is beginning to learn to follow the rules or sometimes follows the rules without prompting.
- 2 Child usually follows the rules in simple games, like not peeking in Hide-and-Go-Seek or looking at other people's cards in card games.

7. [Administer only if necessary] WHAT ABOUT CARD GAMES , OR BOARD GAMES , OR NINTENDO-TYPE GAMES? IS _____ STARTING TO PLAY GAMES LIKE THAT? WHICH ONES? HOW OFTEN DOES S/HE PLAY GAMES LIKE THAT?

- 0 Child does not play any board or card game that requires skill and decision-making.
- 1 Child plays one board, card , or electronic game, such as Monopoly, Rummy, Checkers, Chess, or Nintendo-type game that requires skill and decision-making.
- 2 Child plays more than one board , card , or electronic game requiring skill and decision-making, such as Monopoly, Rummy, Checkers, Chess, or Nintendo-type games.

**8. WHAT KINDS OF THINGS DOES _____ WATCH ON TV OR LISTEN TO ON THE RADIO?
[Probe if necessary] ANYTHING ELSE? LIKE NEWS, WEATHER, SPORTS, DOCUMENTARIES?
[If So] DOES _____ MAKE AN EFFORT TO WATCH THESE PROGRAMS, LIKE REMEMBERING WHEN THEY ARE ON AND TURNING ON THE TV HIM/HERSELF?**

- N Child does not watch TV or listen to the radio because none is available in the child's home.
- 0 Child does not initiate watching TV or listening to the radio for news or documentaries

- 1 Child initiates listening to/watching the news only for sports scores or lottery information.
- 3 Child often independently turns on the TV or radio and purposely turns on the news, or a documentary special or series (like NOVA) because of an on-going interest in learning more about a certain topic or area of interest.

9. NOW I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT MANNERS AND HOW _____ USUALLY BEHAVES WITH OTHER PEOPLE. LIKE WHAT DOES S/HE USUALLY SAY OR DO WHEN YOU INTRODUCE HER/HIM TO A FRIEND?

- 0 The child is too shy to respond appropriately, or does not respond appropriately for other reasons.
- 1 The child sometimes responds appropriately with a remark like "Hi," or "Nice to meet you."
- 2 The child usually responds appropriately with a remark such as "Hi," or "Nice to meet you."

10. WHAT DOES S/HE USUALLY DO OR SAY WHEN S/HE'S FINISHED TALKING TO SOMEONE? CAN YOU GIVE ME A TYPICAL EXAMPLE?

- 0 The child never ends conversations with an appropriate closing remark; the child usually abruptly ends a conversation or walks away.
- 1 The child will sometimes ends a conversation with an amenity, such as "I'll be seeing you," or "Nice talking to you," or making some reference to a topic of conversation, or saying "Bye."
- 2 The child usually ends a conversation with an amenity such as "I'll be seeing you," "Nice talking to you," or by making a reference to a topic of conversation.

11. WHAT WOULD S/HE DO IF THE PERSON S/HE WERE TALKING TO GAVE HINTS THAT THEY WANTED TO STOP THE CONVERSATION (LIKE LOOKING AT THEIR WATCH OR YAWNING)?

- 0 The child does not recognize or appropriately respond to such indirect cues or hints in conversation.
- 1 The child sometimes recognizes and appropriately responds to such indirect cues or hints in conversation.
- 3 The child usually recognizes and appropriately responds to such indirect cues or hints in conversations, i.e., realizing that several yawns may mean "I want to end this conversation."

12. HOW IS _____ AT APOLOGIZING WITHOUT BEING TOLD? LIKE WHAT WOULD S/HE DO IF S/HE STEPPED ON YOUR FOOT BY MISTAKE?

- 0 The child does not apologize without prompting for unintentional mistakes.
- 1 The child sometimes apologizes without prompting for unintentional mistakes, such as stepping on someone's foot, or bumping into someone.
- 2 The child will usually apologize without prompting for unintentional mistakes, such as stepping on someone's foot, or bumping into someone.

**13. WHAT WOULD _____ DO IF S/HE BLAMED SOMEONE FOR SOMETHING AND THEN
LATER FOUND OUT IT WASN'T THEIR FAULT?**

- 0 The child does not apologize without prompting for mistakes or errors in judgment.
- 1 The child sometimes apologizes without prompting for mistakes or errors in judgment., such as saying "I'm sorry, I shouldn't have yelled."
- 2 The child usually apologizes without prompting for errors in judgment, e.g. saying, "I'm sorry I said you took my book when you didn't."

**14. HOW LIKELY IS _____ TO THINK ABOUT OTHER PEOPLE'S FEELINGS BEFORE MAKING
A REMARK?**

**HOW MIGHT S/HE RESPOND IF S/HE RECEIVED A PRESENT S/HE DIDN'T LIKE OR
ALREADY HAD? OR IF S/HE WAS SERVED A FOOD S/HE DOESN'T LIKE? OR IF S/HE SAW AN
UNUSUAL PERSON ON THE STREET?**

- 0 The child who inappropriately says "I already have this," or "I hate this" or makes other kinds of insensitive statements scores a 0, as does a child who asks inappropriate, hurtful questions about such things.
- 1 The child is partially or sometimes able to refrain from making such inappropriate comments or asking inappropriate questions that might embarrass or hurt others.
- 2 The child has a sense of social appropriateness and does not make inappropriate remarks because s/he does not want to embarrass or hurt others .

15. WHOSE BIRTHDAYS DOES _____ REMEMBER?

- 0 The child does not remember or recognize other people's birthdays.
- 1 The child remembers the birthdays of family members but not friends. S/he keeps track of the date and greets the person appropriately on the day, but does not need to buy a gift.
- 2 The child keeps track of the dates of friends and family, and greets the person appropriately on the day. The child does not need to buy a gift to score 2.

Vineland Screener

VSA

INTERVIEWER: The tone of the questions asked in this form should be conversational. You should be very familiar with scoring criteria before administering. In general, the differences between a 2, 1, or 0 score are as follows:

2	Yes, usually
1	Sometimes, partially
0	No, never
N	No opportunity
R	No response

Probe, as necessary, to get all the information you need to score confidently. Probe to get descriptions of behavior. AVOID ASKING YES/NO QUESTIONS.

"Next I would like to ask you some questions about the kinds of things _____ may be doing these days to help take care of him/herself and to get by in the world."

"There are no right or wrong answers to these questions. Some of these questions were meant for younger children and some were meant for older children. So some of these skills may be skills that _____ has had for some time while others may be skills that s/he hasn't learned yet."

"This is important: I don't want to know what _____ can do . I want to know what s/he usually does now. I also want to know about things _____ is just beginning to do, and things s/he sometimes does."

SECTION ONE: DAILY LIVING SKILLS

"I'd like to start by asking how _____ takes care of certain personal needs."

- 1. How is s/he at dressing her/himself? How is s/he with small buttons, snaps, and that little part of the zipper at the bottom of a coat? What kind of help do you usually give him/her with dressing?**

- 0 The child regularly requires assistance to fasten fasteners, including zippers and buttons, when dressing.
- 1 The child requires assistance with fasteners about half the time.
- 2 Child usually dresses himself correctly (clothes right side out, and not askew). Fastens all fasteners, including zippers, without assistance.

[Tying own shoelaces is not required to score 2]

- 2. How well does _____ take care of his/her toileting needs, such as getting to the bathroom, wiping, flushing and washing his/her hands, without reminders? *[Do not include bedwetting in calculating child's score.]***

- 0 Child is not toilet trained, or cannot perform toileting activities without assistance.
- 1 The child is toilet trained, but requires some reminding and/or assistance with toileting activities.
- 2 The child usually cares for all toileting needs, including flushing the toilet, washing hands, and rearranging clothing without being reminded and without assistance.

- 3. How is _____ at using silverware? A spoon? A fork? How does s/he manage spreading with a knife? Cutting?**

- 0 The child does not regularly use silverware (including knife, fork and spoon) competently.
- 1 Child uses fork and spoon competently, and a knife for spreading, but cannot cut with a knife.
- 2 The child uses a knife, fork and spoon competently (rarely spilling). Knives are used for both spreading and cutting.

4. Does _____ ever go out to eat at a restaurant ?

[If YES] **Who orders his/her meal?**

[If child orders] **How does s/he decide what to order? How well can s/he read a menu?**

N The child has never been to a restaurant.

0 The child orders without reading the menu him/herself, OR someone usually orders for the child.

1 The child reads the menu and orders an appropriate meal some of the time, OR reads part of the menu and orders part of a meal.

2 The child can read a menu and usually orders an appropriate meal independently. Another person may clarify the menu (e.g., explain that certain foods come with the main course), but the child must make the selection and place the order. An appropriate meal must include a main dish, salad or vegetable, and beverage.

"Next there are a couple of things I want to ask you about _____'s knowledge of safety. "

5. What does s/he know about dealing with strangers? *[Probe, if necessary.]* What if a stranger offered her/him a ride, or some food, or money?

0 The child has not verbalized or demonstrated understanding of the danger and safe responses to the above situations.

1 The child has some understanding of the danger and safe response to the above situations.

2 The child has verbalized or demonstrated an understanding that it is unsafe to accept rides, food or money from strangers.

[The child need not have had actual experiences with strangers to score 2.]

6. How is _____ at crossing the street alone?

0 The child is not permitted to leave home or cross the street alone, or does not cross streets safely.

1 The child can sometimes cross the street safely by her/himself, and demonstrates a beginning understanding of how to cross safely.

- 2 The child routinely and safely crosses the street ALONE. The child can be counted on to look both ways before crossing. If the child routinely does this on a neighborhood street or road.

[Score 2 whether or not the streets crossed are busy.]

7. **If I were to ask _____ what day of the week it is, what would s/he say?** *[For child who usually knows day of week , also ask]* **How about on the weekends, or times s/he's not in school, like during summer vacation?**

- 0 The child does not know the current day of the week, or has never been asked.
- 1 The child can state the current day of the week only when school is in session, or only some of the time.
- 2 The child can usually state what day of the week it is, even when school is not in session.

8. **How is _____ at telling time? Say it was 20 minutes after the hour, what time would s/he say?** *[Both clockface and digital clocks are acceptable.]*

- 0 The child recognizes fewer than half the five-minute segments, or cannot tell time at all.
- 1 The child is able to state the correct time about half the time.
- 2 The child can state the correct time for all five-minute segments of the hour most of the time.

9. **Now I would like to ask you about _____'s knowledge of money. What would s/he say a penny is worth? What about a nickel, a dime, and a quarter?**

- 0 The child does not know the value, in cents, of any of the coins.
- 1 The child knows the value, in cents, of one, two or three of the coins.
- 2 The child knows the value, in cents, of all four coins--quarter, dime, nickel and penny.

10. **Does s/he ever have money of her/his own? *[If YES]* What, if anything, is the biggest thing s/he's saved for and bought for her/himself?**

- 0 The child has never saved for anything, or has saved only at the caregiver's insistence, or has only saved for less than one week.
- 1 The child has voluntarily saved money for longer than one week and purchased a minor item.
- 2 The child has voluntarily saved money for longer than one week, and purchased a large item, such as a leather jacket, a bicycle, stereo, electronic game, or a trip of 2-days duration.

"In what ways does _____ use a telephone by him/herself?"

[Not at all, skip to Q. 13.]

[If child has begun to use a telephone, proceed with Q. 11.]

[Caution: Do not assume that because a telephone is not currently available in child's home that the child does not have telephone skills.]

11. How would _____ use the phone in an emergency? What would s/he do?

- N The child does not use a phone only because none is available in the child's house.
[Skip to Q. 13.]
- 0 The child has not been taught or does not know how to use 911 or the operator in an emergency.
- 1 The child can occasionally or sometimes remember the use of 911 or the operator when asked what to do in an emergency.
[The child need not have been involved in an actual emergency to score 1.]
- 2 The child knows how to use 911 or the operator correctly in the event of an emergency.
[The child need not have been involved in an actual emergency to score 2.]

12. What about long distance calls? Has s/he started to make any long distance calls? What about using the operator or directory assistance?

- N The child does not use a phone only because none is available in the child's home.
- 0 The child has not, or is not permitted, to use a telephone .
- 1 The child makes local calls independently, but is not permitted/has not made long distance calls because of cost or other reasons.
- 2 The child uses the phone to make local and long distance calls, and must know to call the operator, directory assistance and emergency numbers when necessary.

[The child may ask for dialing instructions from the caregiver, but must dial and talk independently to score 2.]

“The next couple of questions have to do with cooking. What kind of foods does _____ prepare by him/herself?” *[If child never prepares any food, skip to Q. 15.]*

13. How about using the stove or microwave, what kind of supervision or help does s/he need?

- 0 The child has not ever used the stove or microwave to cook.
[Skip to Q. 15 if 0 is scored.]
- 1 The child requires some supervision and input when using the stove or microwave.
- 2 The child uses the stove or microwave to cook independently. S/he turns the burners of the stove on and off, or sets the microwave without assistance.
[If the child cooks independently, but is only allowed to do so when an adult is in the kitchen (not supervising, but present), score 2.]

14. What's the most complicated dish that _____ prepared on his/her own OR mostly on his/her own? How often does s/he cook things like that, on his/her own?

- 0 Child does not prepare any foods that require mixing and cooking without assistance. The child helps others prepare such foods, but does not assume lead responsibility.
- 1 Child is beginning to prepare foods that require mixing and cooking, such as brownies, scrambled eggs, pancakes, and macaroni and cheese, independently.
[The child who assumes primary responsibility for preparing such foods, but receives some adult assistance also scores 1. The foods may come from packaged mixes.]
- 2 The child regularly cooks foods that require mixing and cooking, such as brownies, scrambled eggs, pancakes, and macaroni and cheese independently. An adult may be present in the home but may not assist. The child must open the container, mix the ingredients, and cook independently.

15. What rooms, other than her/his own, does _____ clean? *[If child cleans some other room.]* How much reminding does s/he need?

- 0 Child does not regularly clean any room other than his/her own.
- 1 The child regularly assumes responsibility for cleaning a room, e.g., the kitchen or bathroom, other than his/her own but often requires reminding.

- 2 The child regularly assumes responsibility for cleaning a room other than his or her own, e.g., the kitchen or bathroom with minimal reminding.

Section Two: Socialization

"Next I would like to ask you some questions about _____'s behavior and relationships with other people."

- 1. How does _____ let people know how s/he's feeling? *[Probe if necessary]* Does s/he ever talk about her/his feelings?**

What would s/he say if s/he were feeling . . . Sad. . . Happy. . . Mad. . . Scared?

- 0 The child does not use any of the words like "happy," "sad," "scared," or "mad" to describe his/her feelings.
 - 1 The child uses some words like, "happy," "sad," "scared," "mad," to describe his/her feelings.
 - 2 The child usually verbalizes his/her feelings using words like "happy," "sad," "scared" and "mad". The child must typically label each of the feelings mentioned.
- 2. How does s/he usually behave if s/he is told s/he can't do something s/he really wants to do, like watch a TV show or have a special treat? What about if someone hurts his/her feelings?**
- 0 The child typically has tantrums when not given own way, or yells, cries or becomes excessively upset .
 - 1 The child is sometimes able to control his/her anger or hurt feelings when denied own way, and refrains from yelling, or becoming excessively upset. The child need not appear happy, and may appropriately verbalize upset feelings.
 - 2 The child can usually control anger or hurt feelings when denied own way, and refrains from yelling or becoming excessively upset. The child need not appear happy, and may appropriately verbalize upset feelings.
- 3. Who are some of his/her friends? How often do they get together as a group (like 3 or more)? Whose idea is it, usually, when they get together?**
- 0 The child does not interact in a group, or only interacts in a group arranged by another person.

- 1 The child is beginning to interact with a group of friends and sometimes takes the initiative to arrange get-togethers with a group of friends.
 - 2 The child meets/plays with the same group of friends fairly regularly, and initiates getting together with his/her group of friends him/herself.
4. Does _____ have a best friend? *[If child has a best friend..]* Tell me about his/her friend. What do they do together? How does this friend feel about _____? *[If respondent only mentions best friend of opposite sex..]* What about a best (male/female) friend?
- 0 The child does not now and has never had a best friend, OR friends are not available, OR the child is not permitted to interact with other children, OR only best friendship is one in which the child "worships" and seeks to spend time with another person who is not as interested in the friendship.
 - 1 The child has (or has had) a best friend of the opposite sex.
[The relationship must be/have been reciprocal to score 1.]
 - 2 The child chooses to spend more time with one friend of the same sex than with other friends. The child may talk on the phone more, share more secrets and spend more time with this friend.
[If the child had such a friend in the past, but doesn't now, score 2.]
[The relationship must be reciprocal to score 2.]
5. How is s/he at sharing with friends? How often does _____ need to be reminded to share?
- 0 Child does not share without being reminded or told to do so.
 - 1 Child is beginning to share or offer toys and possessions without being told to do so OR child will sometimes share or offer toys and possessions without being told to do so.
 - 2 Child usually shares toys or possessions without being told to do so.
6. What kinds of games does _____ play? How often is s/he following the rules? How often does s/he have to be reminded of the rules?
- 0 Child does not play even simple games, or typically does not follow the rules when s/he does.

- 1 Child plays simple games such as Hide-and-Go-Seek or card games, and is beginning to learn to follow the rules or sometimes follows the rules without prompting.
 - 2 Child usually follows the rules in simple games, like not peeking in Hide-and-Go-Seek or looking at other people's cards in card games.
7. *[Administer only if necessary]* **What about card games, or board games, or Nintendo-type games? Is _____ starting to play games like that? Which ones? How often does s/he play games like that?**
- 0 Child does not play any board or card game that requires skill and decision-making.
 - 1 Child plays one board, card, or electronic game, such as Monopoly, Rummy, Checkers, Chess, or Nintendo-type game that requires skill and decision-making.
 - 2 Child plays more than one board, card, or electronic game requiring skill and decision-making, such as Monopoly, Rummy, Checkers, or Chess or Nintendo-type games.
8. **What kinds of things does _____ watch on TV or listen to on the radio? *[Probe if necessary.]* Anything else? Like news, weather, sports, documentaries? *[If so]* Does _____ make an effort to watch these programs, like remembering when they are on and turning on the TV him/herself?**
- N Child does not watch TV or listen to the radio because none is available in the child's home.
 - 0 Child does not initiate watching TV or listening to the radio for news or documentaries.
 - 1 Child initiates listening to/watching the news only for sports scores or lottery information.
 - 2 Child often independently turns on the TV or radio and purposefully turns on the news, or a documentary special or series (like NOVA) because of an on-going interest in learning more about a certain topic or area of interest.
9. **Now I would like to ask a few questions about manners and how _____ usually behaves with other people. Like what does s/he usually say or do when you introduce her/him to a friend?**
- 0 The child is too shy to respond appropriately, or does not respond appropriately for other reasons.
 - 1 The child sometimes responds appropriately with a remark like "Hi," or "Nice to meet you."

- 2 The child usually responds appropriately with a remark such as "Hi," or "Nice to meet you."

10. What does s/he usually do or say when s/he's finished talking to someone? Can you give me a typical example?

- 0 The child never ends conversations with an appropriate closing remark; the child usually abruptly ends a conversation or walks away.
- 1 The child will sometimes ends a conversation with an amenity, such as "I'll be seeing you," or "Nice talking to you," or making some reference to a topic of conversation, or saying "Bye."
- 2 The child usually ends a conversation with an amenity such as "I'll be seeing you," "Nice talking to you," or by making a reference to a topic of conversation.

11. What would s/he do if the person s/he were talking to gave hints that they wanted to stop the conversation (like looking at their watch or yawning)?

- 0 The child does not recognize or appropriately respond to such indirect cues or hints in conversation.
- 1 The child sometimes recognizes and appropriately responds to such indirect cues or hints in conversation.
- 2 The child usually recognizes and appropriately responds to such indirect cues or hints in conversations, i.e., realizing that several yawns may mean "I want to end this conversation."

12. How is _____ at apologizing without being told? Like what would s/he do if s/he stepped on your foot by mistake?

- 0 The child does not apologize without prompting for unintentional mistakes.
- 1 The child sometimes apologizes without prompting for unintentional mistakes, such as stepping on someone's foot, or bumping into someone.
- 2 The child will usually apologize without prompting for unintentional mistakes, such as stepping on someone's foot, or bumping into someone.

13. What would _____ do if s/he blamed someone for something and then later found out it wasn't their fault?

- 0 The child does not apologize without prompting for mistakes or errors in judgment.
- 1 The child sometimes apologizes without prompting for mistakes or errors in judgment., such as saying "I'm sorry, I shouldn't have yelled."
- 2 The child usually apologizes without prompting for errors in judgment, e.g. saying, "I'm sorry I said you took my book when you didn't."

14. How likely is _____ to think about other people's feelings before making a remark? How might s/he respond if s/he received a present s/he didn't like or already had? Or if s/he was served a food s/he doesn't like? Or if s/he saw an unusual person on the street?

- 0 The child who inappropriately says "I already have this," or "I hate this" or makes other kinds of insensitive statements scores a 0, as does a child who asks inappropriate, hurtful questions about such things.
- 1 The child is partially or sometimes able to refrain from making such inappropriate comments or asking inappropriate questions that might embarrass or hurt others.
- 2 The child has a sense of social appropriateness and does not make inappropriate remarks because s/he does not want to embarrass or hurt others .

15. Whose birthdays does _____ remember?

- 0 The child does not remember or recognize other people's birthdays.
- 1 The child remembers the birthdays of family members but not friends. S/he keeps track of the date and greets the person appropriately on the day, but does not need to buy a gift.
- 2 The child keeps track of the dates of friends and family, and greets the person appropriately on the day. [*The child does not need to buy a gift to score 2.*]

Wechsler Preschool and Primary Scale of Intelligence -Revised (WPPSI-R): Short Form Vocabulary and Block Design

Wechsler, D.
1989

Description of Measure

Purpose

To briefly assess the general intellectual functioning of children aged 3 to 7 years and 3 months.

Conceptual Organization

The total WPPSI-R contains the following 12 subtests: Objects Assembly (6 items), Geometric Design (16 items), Block Design (14 designs), Mazes (11 mazes), Picture Completion (28 items), Animal Pegs, Information (27 items), Comprehension (15 items), Arithmetic (23 items), Vocabulary (25 items), Similarities (20 items), and Sentences (12 items).

The Short Form Vocabulary and Block Design includes only the two named subtests. In the Block Design subtest children are asked to reproduce designs using three or four flat, two-colored blocks. The Vocabulary subtest consists of two question types. In the first, children are shown pictures and are asked to name the object in the picture. In the second, children are orally presented with a word and are asked to define it. The Vocabulary subtest is untimed while the Block Design subtest is timed and children are given bonus points on some items for speed.

Item Origin/Selection Process

The WPPSI-R is a revision of the original WPPSI, first published in 1967. Changes from the WPPSI to the WPPSI-R included extending the age range (from 4 to 6 1/2 years to 3 to 7 1/4 years), modifying administration procedures and scoring guidelines, placing a greater emphasis on speed in scoring, and expanding the IQ range (41 to 160). Both versions are an extension of the Weschler Intelligence Scale for Children (WISC), which is, in turn, an extension of the Wechsler-Bellevue Intelligence Scale (WBIS) for adults. The WISC and WBIS (now called the WAIS) have been revised and renormed numerous times since their original development (Sattler, 1992).

Short forms of the WPPSI-R may be used for screening or research, but should not be used for diagnosis, selection, or classification.

Materials

Manual, scoring forms or programs, and other test materials are available from the publisher.

Time Required

15-20 minutes for the Vocabulary and Block Design short form

Administration Method

Interviewer-administered

Training

3-4 hours. Both subtests require interviewer skill, and thus adequate training, for valid administration. The Vocabulary subtest requires considerable interviewer judgement.

Scoring

Score Types

Prior to scoring, respondent's age should be recorded. Age groups are divided into 16 3-month intervals from age 2-11-16 (y-mm-dd) to 6-11-15, and one 4-month interval from 6-11-16 to 7-3-15. Raw subtest scores are converted to standardized scores corresponding to the child's age group. The scoring forms and computer program allow raw scores to be transformed into standardized scores, based on Table H-7 in Sattler's (1992) Assessment of Children. Thus, the raw total score for the Vocabulary and Block Design Short Form can be standardized and the scaled score can then be compared to the Full Scale IQ equivalent.

Score Interpretation

A higher score on either subtest, or on both subtests combined, indicates higher cognitive ability.

Norms and/or Comparative Data

The WPPSI-R was normed on a national, representative sample of 1700 children. For each subtest, the population mean is 10 and the standard deviation is 3.

Psychometric Support

Reliability

From ages 3 through 6 1/2 years, the WPPSI-R has been shown to have excellent reliability (.90 to .97) for the three IQ scores (Verbal, Performance, and Full Scale). However at age 7 years the reliability coefficients for the Performance and Verbal Scale IQs (.85 and .86, respectively) are less satisfactory than that for the Full Scale IQ (.90). Overall reliability coefficients for the subtests are somewhat lower than those for the three scales. Wechsler reported average reliability coefficients (odd-even correlations corrected by the Spearman-Brown formula) of .84 for Vocabulary and .85 for Block Design (Wechsler, 1989). Again at age 7, subtest reliabilities are somewhat lower (see Sattler, 1992, pp. 979-980).

Validity

Validity studies described in the WPPSI-R manual report that the measure has adequate concurrent and construct validity, especially for 4 to 6 year old children (Wechsler, 1989).

Factor analyses of the WPPSI yield two principal factors: Verbal and Performance (Carlson & Reynolds, 1981), providing evidence of construct validity for the test and suggesting that for children between the ages of 4 and 6, the WPPSI may be a more sensitive instrument for assessing the structure of intelligence than the Stanford-Binet, which provides only a global index of intelligence (Sattler, 1992).

The correlation between the Short Form Vocabulary and Block Design IQ equivalent and the Full Scale IQ has been reported as $r = .83$ (from Sattler, 1992, Table H-6).

LONGSCAN Use

Data Points

Age 6

Respondent

Child

Mnemonic and Version

WPPA

Rationale

LONGSCAN chose to use a 2-subtest short form because of time constraints. The Vocabulary and Block Design combination is one of the recommended dyads that can be used for screening purposes. Vocabulary measures language development, learning ability, and fund of information, and is an excellent measure of general intelligence (Sattler, 1992). Block design measures visual-motor coordination and perceptual organization, and is considered the best measure of general intelligence from among the Performance Scale subtests (Sattler, 1992).

Results

Descriptive Statistics

At Age 6, the LONGSCAN samples scored somewhat below the mean ($\underline{M} = 10$, $\underline{SD} = 3$) on both Vocabulary and Block Design subtests. The mean sum of the two scaled scores, $\underline{M} = 16.2$ would equate to an IQ score of approximately 90. An examination of the subtest scores by race showed that White children scored approximately two points higher on both subtests than the Black children. The children from the NW site scored the highest on both subtests, while children from the EA, SO, and SW sites had approximately equal scores on Vocabulary. Children from the MW site had the lowest Vocabulary scores. Because vocabulary skills are affected by the enrichment available in the child's environment, the low vocabulary subtest scores of the MW children may reflect the high degree of impoverishment faced by these children. More variation was observed on the Block Design test with the children from the EA site scoring more than two points lower than those at the NW site, while children at the other three sites scored somewhere between the two extremes.

Table 1 about here

Reliability

Like Wechsler, split-half reliability estimates were computed (odd-even correlations corrected by the Spearman-Brown formula) to gauge the internal consistency of the two subscales. Using pooled data from the four sites, reliability was found to be adequate for both Block Design ($r = .73$) and Vocabulary ($r = .68$).

Publisher Information

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Table 1. Mean Vocabulary and Block Design Raw and Standard Scores by Race and Study Site. Age 6 Interview

	N	Block Design		Vocabulary		WPPSI Total Scores	
		Raw	Standard	Raw	Standard	Raw	Standard
		<u>M</u> (SD)	<u>M</u> (SD)	<u>M</u> (SD)	<u>M</u> (SD)	<u>M</u> (SD)	<u>M</u> (SD)
<i>Total</i>	1159	21.14 (6.95)	7.75 (2.81)	20.35 (7.03)	8.44 (3.00)	41.49 (11.84)	16.20 (4.86)
<i>Race</i>							
White	296	23.99 (6.99)	9.05 (2.85)	23.23 (6.92)	9.73 (3.03)	47.22 (11.51)	18.79 (4.72)
Black	636	19.59 (6.76)	7.04 (2.59)	19.57 (6.39)	7.93 (2.72)	39.16 (11.13)	14.99 (4.36)
Hispanic	77	21.82 (6.38)	7.82 (2.82)	16.26 (8.25)	7.04 (3.01)	38.08 (11.81)	14.90 (4.76)
Multiracial	135	21.73 (6.00)	8.18 (2.65)	20.19 (7.10)	8.71 (3.16)	41.92 (11.30)	16.92 (4.95)
Other	14	21.29 (6.75)	7.93 (2.87)	18.64 (9.06)	8.15 (4.32)	39.93 (14.24)	16.00 (6.58)
<i>Site</i>							
EA	248	18.11 (5.99)	6.86 (2.43)	18.81 (5.99)	8.31 (2.54)	36.92 (10.10)	15.20 (4.13)
MW	190	20.54 (6.82)	7.34 (2.91)	18.10 (7.22)	7.33 (3.07)	38.64 (12.09)	14.67 (5.07)
SO	218	24.75 (7.08)	8.19 (3.01)	23.93 (6.02)	8.17 (2.71)	48.68 (10.98)	16.39 (4.72)
SW	276	20.83 (6.59)	7.69 (2.69)	18.66 (7.44)	8.08 (3.06)	39.49 (11.42)	15.79 (4.71)
NW	227	21.85 (6.71)	8.72 (2.72)	22.54 (6.39)	10.13(2.95)	44.38 (10.83)	18.86 (4.68)

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Welfare Reform Measure
LONGSCAN
1997

Description of Measure

Purpose

To investigate the impact of welfare reform on the LONGSCAN sample.

Conceptual Organization

The items from this measure were included as part of the Service Utilization measure (SUA/SRUB). More specifically, these items appear as 10a through 10o on the SUA/SRUB forms.

Item Origin/Selection Process

These items were project-developed to obtain information on welfare reform.

Materials

Non-copyrighted LONGSCAN version of the measure, included in this manual.

Time Required

2 minutes

Administration Method

Interviewer-administered

Training

Minimal

LONGSCAN Use

Data Points

Ages 4, 6, & 8: No data was available for the SO site because of the age of the participants at the time the measure was implemented.

Annual Contact Interviews Ages 9, 10 & 11: No data was available for the SO site because of the age of the participants at the time the measure was implemented.

Respondent

Caregiver

Mnemonic and Version

Age 4 & 6: WFLA

Ages 8, 9, 10 & 11: WFA

Administration and Scoring Notes

These items were originally implemented in September 1998. Due to the time the measures were implemented, data for the Age 4 and Age 6 interviews was insufficient to report results. No data were available for the SO site because of the age of the participants at the time the measure was implemented.

Results

Descriptive Statistics

Table 1 provides information on caregiver's report of welfare services needed/received by race and study site as reported at the Age 8 interview. Roughly 4% of caregivers felt that they needed welfare but were unable to receive it versus those (approximately 53%) of whom who felt they needed it and in fact had received it.

Table 1 about here

Table 2 provides the percentage receiving the most frequently reported types of welfare received by caregivers by race and study site as reported at the Age 8 interview. Health care or insurance (57.2%) was the most often received by caregivers, followed by food subsistence (40.1%) and financial assistance (approximately 34%). When looking at race, Black and Multiracial families had the highest percentages of welfare receipt for all four types presented.

Table 2 about here

Table 3 provides information on caregiver's report of welfare services needed/received by race and study site as reported at the Age 9 interview. A minimal decrease in assistance needed/received was seen between the Age 8 and Age 9 interviews. The largest decreases occurred when looking at race, Hispanic and Multiracial families in particular did not report as much of a need for assistance.

Table 3 about here

Table 4 provides the percentages receiving the types of welfare most frequently reported to have been received by caregivers by race and study site as reported at the Age 9 interview. As was seen at the Age 8 interview, Caregivers received Health care or insurance (48.5%) most often at the Age 9 interview, followed by food subsistence (34.7%) and financial assistance (29.4%).

Table 4 about here

Table 5 provides information on caregiver's report of welfare services needed/received by race and study site as reported at the Age 10 interview. A minimal decrease again was seen in between all three data points, with the Age 10 interview having the fewest percentage of families in need of help but not receiving it (2.9% as compared to 3.6% at the Age 8 interview).

Table 5 about here

Table 6 provides the percentages receiving the types of welfare most frequently reported to have been received by caregivers by race and study site as reported at the Age 10 interview. As was seen at the Age 8 and 9 interviews, caregivers received Health care or insurance (43.1%) most frequently at the Age 10 interview, followed by financial assistance (24.9%), but a smaller percentage received food subsistence (24.7% as compared to 40.1% at the Age 8 interview).

Table 6 about here

Table 7 provides information on caregiver's report of welfare services needed/received by race and study site as reported at the Age 11 interview. An increase was seen between the

Age 10 and 11 interviews in the percentage of those caregivers who felt they needed help but didn't receive it (3.7% as compared to 2.9% at the Age 10 interview).

Table 7 about here

Table 8 provides the percentages receiving the types of welfare most frequently reported to have been received by caregivers by race and study site as reported at the Age 11 interview. Health care or insurance (44.9%) was most frequently reportedly received by caregivers at the Age 11 interview, followed by financial assistance (27.1%) and food subsistence (approximately 26%). When looking at race, Black and Multiracial families had the highest percentages of welfare receipt for all four types presented.

Table 8 about here

Table 1. Percent who Needed/Received Assistance by Race and Site. Age 8 Interview

	N	Those who felt they needed help, but didn't receive it %	Those who needed help and received it %
<i>Total</i>	441	3.6	52.6
<i>Race</i>			
White	107	4.7	39.3
Black	205	3.4	57.6
Hispanic	46	--	63.0
Multiracial	80	5.0	52.5
Other	3	--	33.3
<i>Site*</i>			
EA	23	4.4	60.9
MW	177	4.0	55.9
SW	145	1.4	43.5
NW	96	6.3	58.3

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 8 interview.

Table 2. Frequency of Type of Assistance Received by Race and Site. Age 8 Interview

	N	Financial Assistance %	Food or money for food %	Health care or insurance %	Rent, utilities, or clothing %
<i>Total</i>	451	33.9	40.1	57.2	13.3
<i>Race</i>					
White	107	24.3	23.4	49.5	9.4
Black	206	42.3	50.2	62.0	19.7
Hispanic	46	23.9	45.7	58.7	4.4
Multiracial	82	31.7	31.7	53.7	7.3
Other	3	--	66.7	66.7	--
<i>Site*</i>					
EA	29	27.6	44.8	51.7	17.2
MW	179	29.1	56.4	57.0	13.4
SW	146	43.2	28.1	60.3	11.6
NW	97	30.9	26.8	54.6	14.4

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 8 interview.

Table 3. Percent who Needed/Received Assistance by Race and Site. Age 9 Interview

	N	Those who felt they needed help, but didn't receive it %	Those who needed help and received it %
<i>Total</i>	560	3.0	50.4
<i>Race</i>			
White	147	2.7	42.2
Black	265	3.4	58.5
Hispanic	45	--	44.4
Multiracial	97	4.1	42.3
Other	6	--	66.7
<i>Site*</i>			
EA	106	3.8	59.4
MW	125	4.8	59.2
SW	159	0.6	35.2
NW	170	3.5	52.4

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 9 interview.

Table 4. Frequency of Type of Assistance Received by Race and Site. Age 9 Interview

	N	Financial Assistance %	Food or money for food %	Health care or insurance %	Rent, utilities, or clothing %
<i>Total</i>	565	29.4	34.7	48.5	8.5
<i>Race</i>					
White	148	17.6	21.0	41.9	6.8
Black	269	39.4	46.5	53.5	11.2
Hispanic	45	17.8	28.9	48.9	8.9
Multiracial	97	23.7	25.8	44.3	4.1
Other	6	50.0	33.3	50.0	100.0
<i>Site*</i>					
EA	110	32.7	42.7	45.5	7.3
MW	125	29.6	56.8	60.0	9.6
SW	160	30.6	21.3	39.4	9.4
NW	170	25.9	25.9	50.6	7.7

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 9 interview.

Table 5. Percent who Needed/Received Assistance by Race and Site. Age 10 Interview

	N	Those who felt they needed help, but didn't receive it %	Those who needed help and received it %
<i>Total</i>	593	2.9	50.1
<i>Race</i>			
White	166	1.8	42.2
Black	260	3.5	54.6
Hispanic	48	--	47.9
Multiracial	106	4.7	47.2
Other	12	--	91.7
<i>Site*</i>			
EA	106	3.8	47.2
MW	64	--	51.6
SW	222	1.4	48.7
NW	201	5.0	52.7

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 10 interview.

Table 6. Frequency of Type of Assistance Received by Race and Site. Age 10 Interview

	N	Financial Assistance %	Food or money for food %	Health care or insurance %	Rent, utilities, or clothing %
<i>Total</i>	663	24.9	24.7	43.1	8.0
<i>Race</i>					
White	182	20.3	19.8	36.8	3.9
Black	301	27.6	28.6	43.2	9.0
Hispanic	57	19.3	15.8	40.4	10.5
Multiracial	109	27.5	26.6	51.4	11.0
Other	13	30.8	30.8	76.9	7.7
<i>Site*</i>					
EA	136	14.7	20.6	24.3	4.4
MW	65	24.6	50.8	49.2	10.8
SW	259	29.0	18.9	45.6	9.3
NW	203	26.6	26.6	50.7	7.9

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 10 interview.

Table 7. Percent who Needed/Received Assistance by Race and Site. Age 11 Interview

	N	Those who felt they needed help, but didn't receive it %	Those who needed help and received it %
<i>Total</i>	411	3.7	47.0
<i>Race</i>			
White	129	2.3	39.5
Black	189	3.7	50.3
Hispanic	28	7.1	21.4
Multiracial	58	5.2	63.8
Other	7	--	57.1
<i>Site*</i>			
EA	104	3.9	54.8
MW	8	--	37.5
SW	154	3.3	37.7
NW	145	4.1	51.7

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 11 interview.

Table 8. Frequency of Type of Assistance Received by Race and Site. Age 11 Interview

	N	Financial Assistance %	Food or money for food %	Health care or insurance %	Rent, utilities, or clothing %
<i>Total</i>	425	27.1	25.7	44.9	8.2
<i>Race</i>					
White	131	17.6	19.1	36.6	6.9
Black	198	30.3	31.3	47.0	8.6
Hispanic	30	33.3	16.7	40.0	10.0
Multiracial	59	32.2	27.1	55.9	8.5
Other	7	42.9	14.3	71.4	14.3
<i>Site*</i>					
EA	113	23.0	33.6	40.7	1.8
MW	8	12.5	12.5	37.5	25.0
SW	156	31.4	18.6	46.8	9.6
NW	148	26.4	27.7	46.6	10.8

Source. Based on data received at the LONGSCAN Coordinating Center through 6/21/02.

Note. The SO site did not collect data at the Age 11 interview.