



Child-Development- Supplement

OTHER CAREGIVER IN THE HOME CHILD QUESTIONNAIRE

for
THE CHILD DEVELOPMENT SUPPLEMENT
TO
THE FAMILY ECONOMICS STUDY

This questionnaire is about:

Name Label

Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank you for your participation in this project!

A1. First, did you take parenting classes prior to the time of this child's birth, right after this child's birth, during this child's first few years, at any other time, or did you never take parenting classes? **(Circle all that apply)**

1. Prior to the time of this child's birth
2. Right after this child's birth
3. During this child's first few years
5. Never
7. Other **(Specify)**: _____

A2. How did you learn how to be a parent? **(Circle all that apply)**

1. Mother
2. Father or father-figure
3. Grandmother
4. Friends
5. Books
6. Personal experience, for example teen babysitting
7. Classes, for example, Lamaze, school courses and such
8. Television, videos
9. Trial and error
97. Other **(Specify)**: _____

- A3. Listed below are statements about raising children. Thinking about this child, please indicate on a scale from 1 (not at all true) to 5 (completely true) the number that best describes how true each statement is.

| | Not at all True ▼ | | | | Completely True ▼ |
|---|-------------------------|---|---|---|-------------------------|
| a. The child seems to be harder to care for than most | 1 | 2 | 3 | 4 | 5 |
| b. There are some things the child does that really bother me a lot . | 1 | 2 | 3 | 4 | 5 |
| c. I find myself giving up more of my life to meet the child's needs than I ever expected | 1 | 2 | 3 | 4 | 5 |
| d. I often feel angry with the child . . | 1 | 2 | 3 | 4 | 5 |
| e. I would be doing better in my life without (him/her) | 1 | 2 | 3 | 4 | 5 |

- A4. In general, how much trouble has this child been to bring up? Would you say . . .

1. None
2. Just a little
3. Quite a bit
4. A lot

A5. About how often in the past month have you . . .

| | Not in the past month ▼ | 1 or 2 times in the past month ▼ | About once a week ▼ | Several times a week ▼ | Every day ▼ |
|--|----------------------------------|--|------------------------------|---------------------------------|-------------------|
| a. Hugged or shown physical affection to the child? | 1 | 2 | 3 | 4 | 5 |
| b. Told the child that you love (him/her)? | 1 | 2 | 3 | 4 | 5 |
| c. Spent time with the child doing one of (his/her) favorite activities? | 1 | 2 | 3 | 4 | 5 |
| d. Joked or played with the child? . . . | 1 | 2 | 3 | 4 | 5 |
| e. Talked with the child about things (he/she) is especially interested in? . | 1 | 2 | 3 | 4 | 5 |
| f. Told the child you appreciated something (he/she) did? | 1 | 2 | 3 | 4 | 5 |

A6. How much schooling do you **expect** this child will complete?

1. 11th grade or less
2. Graduate from high school
3. Post-high school vocational training
4. Some college
5. Graduate from 2 year college with Associate's degree
6. Graduate from 4 year college
7. Master's degree or teaching credential program
8. MD, Law, PhD or other doctoral degree

A7. How old is this child?

1. Under three years old
 2. Three years old or older
- Please go to the next booklet. Give all booklets to the interviewer when you are finished or place in the envelope provided to you.**

Continue to A8

A8. For the next set of statements, indicate whether they are **often true**, **sometimes true**, or **not true** according to this child's behavior.

| | Often True ▼ | Sometimes True ▼ | Not True ▼ |
|--|-----------------|---------------------|---------------|
| a. (He/She) has sudden changes in mood or feeling . | 1 | 2 | 3 |
| b. (He/She) feels or complains that no one loves (him/her) | 1 | 2 | 3 |
| c. (He/She) is rather high strung, tense and nervous . | 1 | 2 | 3 |
| d. (He/She) cheats or tells lies | 1 | 2 | 3 |
| e. (He/She) is too fearful or anxious | 1 | 2 | 3 |
| f. (He/She) argues too much | 1 | 2 | 3 |
| g. (He/She) has difficulty concentrating, cannot pay attention for long | 1 | 2 | 3 |
| h. (He/She) is easily confused, seems to be in a fog . | 1 | 2 | 3 |
| i. (He/She) bullies or is cruel or mean to others | 1 | 2 | 3 |
| j. (He/She) is disobedient | 1 | 2 | 3 |
| k. (He/She) does not seem to feel sorry after (he/she) misbehaves | 1 | 2 | 3 |
| l. (He/She) has trouble getting along with other children | 1 | 2 | 3 |
| m. (He/She) is impulsive, or acts without thinking . . . | 1 | 2 | 3 |
| n. (He/She) feels worthless or inferior | 1 | 2 | 3 |
| o. (He/She) is not liked by other children | 1 | 2 | 3 |

| | Often True ▼ | Sometimes True ▼ | Not True ▼ |
|---|-----------------|------------------------|------------------|
| p. (He/She) has a lot of difficulty getting (his/her) mind off certain thoughts (i.e., has obsessions) . . . | 1 | 2 | 3 |
| q. (He/She) is restless or overly active, cannot sit still | 1 | 2 | 3 |
| r. (He/She) is stubborn, sullen, or irritable | 1 | 2 | 3 |
| s. (He/She) has a very strong temper and loses it easily | 1 | 2 | 3 |
| t. (He/She) is unhappy, sad or depressed | 1 | 2 | 3 |
| u. (He/She) is withdrawn, does not get involved with others | 1 | 2 | 3 |
| v. (He/She) breaks things on purpose or deliberately destroys (his/her) own or another's things | 1 | 2 | 3 |
| w. (He/She) clings to adults | 1 | 2 | 3 |
| x. (He/She) cries too much | 1 | 2 | 3 |
| y. (He/She) demands a lot of attention | 1 | 2 | 3 |
| z. (He/She) is too dependent on others | 1 | 2 | 3 |
| aa. (He/She) feels others are out to get (him/her) | 1 | 2 | 3 |
| bb. (He/She) hangs around with kids who get into trouble | 1 | 2 | 3 |
| cc. (He/She) is secretive, keeps things to (himself/herself) | 1 | 2 | 3 |
| dd. (He/She) worries too much | 1 | 2 | 3 |

- A9. Thinking about this child, please indicate how much each statement applies to (him/her) on a scale from 1 (not at all like child) to 5 (totally like child).

| | Not at all like Child ▼ | | | | Totally like Child ▼ |
|--|-------------------------------------|---|---|---|-------------------------------|
| This child . . . | | | | | |
| a. Is cheerful, happy | 1 | 2 | 3 | 4 | 5 |
| b. Waits (his/her) turn in games and other activities | 1 | 2 | 3 | 4 | 5 |
| c. Does neat, careful work | 1 | 2 | 3 | 4 | 5 |
| d. Is curious and exploring, likes new experiences | 1 | 2 | 3 | 4 | 5 |
| e. Thinks before (he/she) acts, is not impulsive . . | 1 | 2 | 3 | 4 | 5 |
| f. Gets along well with other children | 1 | 2 | 3 | 4 | 5 |
| g. Usually does what I tell (him/her) to do | 1 | 2 | 3 | 4 | 5 |
| h. Can get over being upset quickly | 1 | 2 | 3 | 4 | 5 |
| i. Is admired and well-liked by other children . . . | 1 | 2 | 3 | 4 | 5 |
| j. Tries to do things for (him/herself), is self- reliant | 1 | 2 | 3 | 4 | 5 |

A10. Think now about how things are going in general in this child's life. Please rate each of the following parts of (his/her) life.

| | Excellent ▼ | Good ▼ | Fair ▼ | Poor ▼ |
|---|----------------|-----------|-----------|-----------|
| a. (His/Her) health | 1 | 2 | 3 | 4 |
| b. (His/Her) friendships | 1 | 2 | 3 | 4 |
| c. (His/Her) relationship with you | 1 | 2 | 3 | 4 |
| d. (His/Her) feelings about (himself/herself) | 1 | 2 | 3 | 4 |
| e. (His/Her) prospects for the future | 1 | 2 | 3 | 4 |
| f. (His/Her) relationships with brothers, sisters, or other children (he/she) lives with | 1 | 2 | 3 | 4 |
| g. (His/Her) relationship with a teacher or caregiver | 1 | 2 | 3 | 4 |
| h. (His/Her) relationship with (his/her) other parent | 1 | 2 | 3 | 4 |

A11. How many close friends does this child have?

_____ (**Enter # of Friends**)

A12. How many of this child's close friends do you know by sight **and** by first and last name? Do you know . . .

1. All of them
2. Most of them
3. About half
4. Only a few
5. None of them

A13. About how often do you know who this child is **with** when (he/she) is not at home? Would you say you know who (he/she) is with...

1. All of the time
2. Most of the time
3. Some of the time
4. Only rarely

A14. Next are some questions about things you and this child did together in the past month. These things might be done together anywhere, they don't have to be done at home. About how many times **in the past month** have you done these things with this child?

| | Not in the past month ▼ | 1 or 2 times in the past month ▼ | About once a week ▼ | Several times a week ▼ | Every day ▼ |
|--|----------------------------------|---|------------------------------|---------------------------------|----------------|
| a. Washed or folded clothes together? | 1 | 2 | 3 | 4 | 5 |
| b. Done dishes together? | 1 | 2 | 3 | 4 | 5 |
| c. Gone to the store with this child? | 1 | 2 | 3 | 4 | 5 |
| d. Looked at books or read stories with (him/her)? | 1 | 2 | 3 | 4 | 5 |
| e. Talked to (him/her) about your family? | 1 | 2 | 3 | 4 | 5 |
| f. Prepared food together? | 1 | 2 | 3 | 4 | 5 |
| g. Done arts and crafts together? . . . | 1 | 2 | 3 | 4 | 5 |
| h. Played sports or did outdoor activities together? | 1 | 2 | 3 | 4 | 5 |
| i. Cleaned the house together? | 1 | 2 | 3 | 4 | 5 |
| j. Built or repaired something together? | 1 | 2 | 3 | 4 | 5 |
| k. Worked or played on a computer or played video games with this child? | 1 | 2 | 3 | 4 | 5 |
| l. Worked on homework with (him/her)? | 1 | 2 | 3 | 4 | 5 |
| m. Played a board game or card game or done puzzles with (him/her)? . . | 1 | 2 | 3 | 4 | 5 |

A15. Is this child . . .

| | | |
|---|---|--|
| <p>1. Not in school or kindergarten</p> <p>2. In school or kindergarten?</p> <p>↓</p> <p>Continue to A16</p> | → | <p>Please go to the next booklet. Give all booklets to the interviewer when you are done or place in the envelope provided for you.</p> |
|---|---|--|

A16. The next set of questions is about this child's schooling and some activities that you may have participated in.

| | Yes ▼ | No ▼ |
|---|----------|---------|
| a. Before the start of the school year did you obtain information about who would be this child's teacher? | 1 | 5 |
| b. Did you meet with the child's teacher? | 1 | 5 |
| c. Is there more than one teacher that this child could have been assigned to for (his/her) current grade or age level? | 1 | 5 |
| d. Did you request a particular teacher for this child? | 1 | 5 |

A17. During the current school year, how often have you participated in any of the following activities at this child's school?

| | Not in the Current School Year ▼ | Once ▼ | More than Once ▼ |
|---|---|-----------|------------------------|
| a. Volunteered in the classroom, school office, or library? | 1 | 2 | 3 |
| b. Had a conference with the child's teacher? | 1 | 2 | 3 |
| c. Had a conference with the child's school principal? ... | 1 | 2 | 3 |
| d. Had an informal conversation with the child's teacher? . | 1 | 2 | 3 |
| e. Had an informal conversation with (his/her) principal? . | 1 | 2 | 3 |
| f. Made a presentation to the child's class? | 1 | 2 | 3 |
| g. Observed (his/her) classroom? | 1 | 2 | 3 |
| h. Attended a school event in which the child participated such as a play, sporting event or concert? | 1 | 2 | 3 |
| i. Attended a school event in which the child did not participate? | 1 | 2 | 3 |
| j. Attended a meeting of the PTA or other such organizations? | 1 | 2 | 3 |
| k. Met with a school counselor? | 1 | 2 | 3 |

- A18. Please read the following list of things that may make it difficult for a parent to be involved in their child's school activities and assignments. How often has each of these made it difficult for you to be involved during the current school year?

| | Not in the Current School Year ▼ | Once ▼ | More than Once ▼ | Does Not Apply ▼ |
|---|--|-----------|---------------------------|------------------------|
| a. How often has your work schedule made it difficult to be involved? | 1 | 2 | 3 | N |
| b. How often has lack of information provided by the school made it difficult to be involved? . . . | 1 | 2 | 3 | N |
| c. How often has difficulty understanding the assignments made it difficult to be involved? . | 1 | 2 | 3 | N |
| d. How often has information sent by the school in a language you do not understand made it difficult to be involved? | 1 | 2 | 3 | N |
| e. How often has lack of transportation made it difficult for you to be involved? | 1 | 2 | 3 | N |
| f. How often has school staff being unresponsive to your concerns made it difficult to be involved? | 1 | 2 | 3 | N |
| g. How often has school staff not returning phone calls made it difficult to be involved? | 1 | 2 | 3 | N |
| h. How often have child care problems made it difficult to be involved? | 1 | 2 | 3 | N |
| i. Other (Specify): _____ | 1 | 2 | 3 | N |

A19. Since the beginning of the school year, how often have you discussed the following with this child?

| | Never ▼ | Rarely ▼ | Occasionally ▼ | Regularly ▼ |
|---|------------|-------------|-------------------|----------------|
| a. School activities or events of particular interest to the child? | 1 | 2 | 3 | 4 |
| b. Things the child has studied in class? . . | 1 | 2 | 3 | 4 |
| c. The child's experiences in school? | 1 | 2 | 3 | 4 |

A20. For the next statements, indicate whether they are **often true**, **sometimes true**, or **not true**.

| | Often True ▼ | Sometimes True ▼ | Not True ▼ |
|---|--------------------|------------------------|------------------|
| a. (He/She) is disobedient at school | 1 | 2 | 3 |
| b. (He/She) has trouble getting along with teachers | 1 | 2 | 3 |

If there are any other comments you would like to make, please use the space below.

Thank you for completing this questionnaire. Your help is greatly appreciated.

Please give this questionnaire to your interviewer or place it in the self-stamped addressed envelope provided for you and mail to the address on the envelope.

Thank you again for your assistance in this important project!

H

Sample Label

Please return in the self-addressed, stamped envelope to:

University of Michigan
Institute for Social Research/Survey Research Center
P.167 (457563, 1997)
426 Thompson Street
Ann Arbor, MI 48106-1248
1-800-759-7947