

## KNOWLEDGE OF INFANT DEVELOPMENT INVENTORY (KIDI)

Author:	MacPhee, D.
Date:	1981
Construct:	Parenting Skills, Child Development
Standardized:	No
Instrument Type(s):	Parent report
Uses of Information:	May be used as an indicator or a diagnostic tool for high-risk parents and also to evaluate parent education programs.
Environment:	Not specified
Description:	The theoretical base for the KIDI was the theory that parental knowledge of infant development can influence parental behavior and child rearing practices. The KIDI is a 75-item instrument that was designed to obtain comprehensive information on parents' factual knowledge of parental practices, child developmental processes, and infant norms of behavior. The KIDI is designed to be easily accessible to persons with limited education and to be culturally neutral. The KIDI Scale is accompanied by a 17-item questionnaire (the Catalog of Previous Experience, or COPE) assessing previous experience with infants to correlate with the knowledge level assessed by KIDI.
References:	MacPhee (1981)
Cost:	As of January 1998, the cost was \$11, plus \$3 shipping and handling to order this measure from the Educational Testing Service. Contact the publisher for current prices.
Availability of Test Manual:	Yes. The manual contains background information on the development of the KIDI, reliabilities, validity information, and scoring instructions.



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Contact Information:	Unpublished manuscript available from:  Educational Testing Service Tel: 609.734.5689 Web: <a href="http://www.ets.org">www.ets.org</a> David MacPhee Department of Human Development & Family Studies Colorado State University Fort Collins, CO 80523
Instructions:	Paper and pencil instrument
Administrator:	Self-administered by parents
Qualification:	An individual with a seventh-grade reading level can complete the instrument.
Training Required:	Not specified
Administration Time:	20 minutes
Respondents:	Parents of infants and young children
Scales/ Item Options:	<p>The KIDI does not contain subscales but if subscale scoring is desired, it can be grouped into four nonexclusive general categories (derived from a priori definitions not statistical methods) to obtain more specific information on a person's (1) knowledge on infant norms and milestones, (2) principles of infant development, (3) parenting, and (4) health and safety..</p> <p>KIDI items are in agree/disagree format. The accompanying 17-item questionnaire (the Catalog of Previous Experience or COPE) mostly includes multiple-choice items but also a few scaled items.</p>
Scoring:	Scored by someone with basic clerical skills in 20 minutes. Each of the KIDI items is scored as right (+1), wrong (-1), or not sure (0) according to an answer key that is provided. Using formulas provided in the manual, three summary scores are then calculated: an attempted score (percent of items attempted, a measure of confidence), an accuracy score (percent correct of the attempted answers), and a total correct score (percent correct of all the KIDI



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Languages:

items). If the user wishes, subscale scores can be calculated for the four general categories: (1) norms and milestone, (2) principles, (3) parenting, and (4) health and safety.

English

Psychometric Properties:

Reliability: Internal consistency reliability alphas (Cronbach's alpha) were .67 and .55 for college students at pretest and posttest, respectively; .82 for parents; and .50 for professionals. Test-retest reliability for parents (2-week interval) and the correlation coefficients were .92 for the total score, .80 for attempted, and .91 for accuracy. For college students (4-month interval), the coefficients were .65 for the attempted and .47 for accuracy.

Validity: For construct validity, the manual reports the results of the initial validity studies conducted by the author. The results suggested that persons with more experience with or knowledge about infants were more confident in responding to the KIDI. However, persons with formal knowledge were more accurate in their responses than persons with informal knowledge. With regard to content validity, the author conducted an extensive review of the relevant literature and the instrument has been reviewed by parents, pediatricians, and persons holding a Ph.D. in child psychology. On predictive validity, in another study, the author found parents of developmentally delayed children had significantly lower KIDI attempted and accuracy scores than parents of children with normal development.

*Prepared by the National Center on Child Abuse Prevention Research*

*Prevent Child Abuse America*

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*References:*

- ⇒ ACF, OPRE: [http://www.acf.hhs.gov/programs/opre/ehs/perf\\_measures/reports/resources\\_measuring/res\\_meas\\_toc.html](http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_toc.html)
- ⇒ Summary by Salary Martin, PhD, University of Nevada-Reno.

