

# EARLY HEAD START

## PARENT INTERVIEW

Public Use Files  
Documentation

REVISED - 3/23/98

### FOR PARENTS OF 14-MONTH-OLD INFANTS

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MPR ID #:

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BIP - Dat (rounded)

DATE:

\_\_\_\_\_|\_\_\_\_\_|19\_\_\_\_\_  
MONTH DAY YEAR

TIME START:

\_\_\_\_\_|\_\_\_\_\_| AM/PM

TIME END:

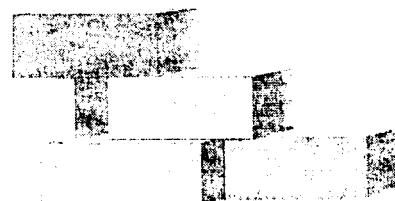
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TIME START:

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TIME END:

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Conducted for:  
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and

Administration on Children, Youth, and Families  
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**INTERVIEWER:** PLEASE NOTE: IN QUESTIONS THAT REFER TO THE PARENT/MOTHER OF THE FOCUS CHILD, WE MEAN "THE PERSON FUNCTIONING IN THAT ROLE WHO IS THE RESPONDENT." THIS COULD BE THE MOTHER, FATHER, GRANDMOTHER OR SOME OTHER RELATIVE. PLEASE ADAPT THE SPECIFIC QUESTION LANGUAGE AS NECESSARY.

## INTRODUCTION

---

Hello. Thank you for agreeing to talk with us. As I mentioned (on the phone/when we made the appointment), the entire visit will take between 2½ and 3 hours. The visit has three parts. I will need to spend about a half hour with (CHILD), letting (him/her) show me some of the things (he/she) has been learning. Next, I will take out different toys for (CHILD) to play with while I videotape you and (him/her) together. While you, (CHILD) and I are working together, it would be best if we were not interrupted. Finally, I will be asking you some questions about (CHILD) and your family routines. As we go along, I will be telling you what we need you to do. And please, if you have any questions, feel free to ask them!

If at any time you need to take a break to take care of (CHILD) (or your other children) please let me know.

All the information you give me is confidential. Neither your name nor (CHILD)'s will be attached to any of the information you give us. If there is ever anything you are not comfortable talking about or doing, please let me know and we will skip that part.

Is this a good time for (CHILD)? We can start with (his/her) activities or with the interview if you think (he/she) isn't at (his/her) best right now.

### IS THIS A GOOD TIME FOR CHILD?

BIP\_CHLD      YES ..... 01 → GO TO SECTION 0

NO ..... 00 → START INTERVIEW,  
RETURN TO SECTION 0  
WHEN CHILD IS READY

**SECTION 0**  
**CHILD ASSESSMENT AND VIDEOTAPE**

---

**INTERVIEWER: WHEN ARE YOU DOING THE BAYLEY?**

BIP-WHEN

AT START OF VISIT .....

01

BIP\_SECT

AFTER START OF QUESTIONNAIRE

00 → Which section?

**WHEN YOU DO THE BAYLEY OR AT ANY TIME WHEN THE CHILD IS PRESENT,  
PRAISE (HIM/HER) AND NOTE PARENT'S REACTION.**

**YOU WILL CODE PARENT'S REACTION IN QUESTION 10.12.**

**INTRODUCTION TO THE BAYLEY:**

- 0.1 Now I would like to give (CHILD) a chance to show us some of the skills (he/she) has been learning. These activities are designed to be fun for toddlers and we think (he/she) will enjoy most of them.

I will need a few minutes to get my materials set up. Would you please see if (CHILD) needs anything such as changing or a snack so that (he/she) will be comfortable. (Also, we need to make sure that the other children let (CHILD) do these tasks by (him/her)self).

- 0.2 All the toys we will use are non-toxic, clean and safe, and have been thoroughly washed. We don't expect (CHILD) to be able to do all the tasks. They are designed for a wide range of children. Please don't try and help (him/her) out.

**PROCEED WITH BAYLEY BOOKLET.**

0.3 AFTER BAYLEY IS COMPLETED ASK PARENT:

- BIP\_003A A. How typical was your child's behavior? Did (CHILD) play the way (he/she) usually does? Was (he/she) as happy or upset as usual? As alert and active as usual?

CIRCLE ONE

- |  |    |
|--|----|
| VERY ATYPICAL; PARENT NEVER SEES<br>THIS TYPE OF BEHAVIOR .....                    | 01 |
| MOSTLY ATYPICAL .....  | 02 |
| SOMEWHAT ATYPICAL; PARENT SEES<br>THIS TYPE OF BEHAVIOR ON SOME<br>OCCASIONS ..... | 03 |
| TYPICAL .....  | 04 |
| VERY TYPICAL; PARENT ALWAYS<br>SEES THIS TYPE OF BEHAVIOR .....                    | 05 |

- BIP\_003B B. Do you think (CHILD) did as well as (he/she) could? Have you seen (CHILD) do better or worse on the type of things we worked on?

CIRCLE ONE

- |  |    |
|--|----|
| POOR INDICATOR OF CHILD'S OPTIMAL<br>PERFORMANCE; CHILD ALWAYS<br>PERFORMS MUCH BETTER ..... | 01 |
| BARELY ADEQUATE .....  | 02 |
| ADEQUATE; CHILD PERFORMS AS WELL,<br>ON AVERAGE .....  | 03 |
| GOOD .....   | 04 |
| EXCELLENT; CHILD NEVER PERFORMS<br>BETTER .....  | 05 |

- 0.4 COMPLETE SECTIONS 1 (BAYLEY DISRUPTION RATINGS) AND 2 (BEHAVIOR RATING SCALE) IN CHILD ASSESSMENT AND VIDEOTAPE PROTOCOL-CHILD RECORD BOOKLET.

- 0.5 START VIDEOTAPE PROTOCOL.

- READ GENERAL INTRODUCTION
- SET UP EQUIPMENT
- OBTAIN CONSENT
- CONDUCT TASKS

## SECTION 1

### RAISING A BABY

- 1.1 The first set of questions asks about how you think most babies act, how they grow, and how to care for them.

KIDI

Please answer each of the following questions based on your knowledge of babies in general. Do not answer about (CHILD) and how (he/she) acts. Think about what you know about babies you have had contact with or anything you have read.

SHOW  
CARD  
1

For each statement I read, please tell me whether, for most babies, you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement.

(READ STATEMENT). Do you strongly agree, mildly agree, mildly disagree, or strongly disagree?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

		(DO NOT READ)		
		STRONGLY AGREE	MILDLY AGREE	NOT SURE
		MILDLY DISAGREE	STRONGLY DISAGREE	

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- 1.2 Now I am going to read some statements about childhood behaviors. Using a scale from 1 to 5, where "1" means "not at all like (CHILD)" and "5" means "very much like (CHILD)", please tell me how well these statements describe (CHILD)'s typical behavior. You can pick any number from 1 to 5, whichever one you think is most appropriate.

EASI

SHOW  
CARD  
2

(READ ITEM) Using that scale from 1 to 5, how would you rate (CHILD) in this area?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

Not At  
All Like  
My Child

Very  
Much Like  
My Child

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1.3 Having a baby can sometimes be stressful. The next questions are about how stressful having (CHILD) has been for you and the ways in which you have had to adjust your life. For each statement, please tell me if you strongly agree with it, mildly agree, mildly disagree, or strongly disagree.

PSI

SHOW  
CARD  
1

(READ STATEMENT). Do you strongly agree, mildly agree, mildly disagree, or strongly disagree?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

					(DO NOT READ)
Strongly Agree	Mildly Agree	NOT SURE	Mildly Disagree	Strongly Disagree	

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1.4 (Item omitted because copyright does not allow us to reproduce it.)

PSI

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## SECTION 2

### CHILD'S HEALTH

---

BIP201  
The next questions are about (CHILD)'s health.

2.1 Overall, since (THIS MONTH) of last year, would you say (CHILD)'s health has  
 NHI been . . .

PROBE: In the last 12 months.

CIRCLE ONE

- |                      |    |
|----------------------|----|
| Excellent, . . . . . | 01 |
| Very good, . . . . . | 02 |
| Good, . . . . .      | 03 |
| Fair, or . . . . .   | 04 |
| Poor? . . . . .      | 05 |

BIP202

2.2 Has (CHILD) had a cold or other kind of respiratory infection in the past week?

scs

- |               |    |
|---------------|----|
| YES . . . . . | 01 |
| NO . . . . .  | 00 |

BIP203

2.3 Last night, how did (CHILD) sleep? Did (he/she) sleep through the night or  
 scs wake up?

CIRCLE ONE

- |  |    |
|--|----|
| SLEPT THROUGH THE NIGHT . . . . .                                    | 01 |
| WOKE UP DURING THE NIGHT AND<br>NEEDED CHANGING OR FEEDING . . . . . | 02 |
| DID NOT SLEEP WELL . . . . .   | 03 |

2.4-2.9 DELETED FROM THIS VERSION - MOVED TO PSI.

BIP210 2.10 Since (CHILD) was released from the hospital after (he/she) was born, has  
ECCO (he/she) stayed overnight in a hospital?

YES ..... 01

NO ..... 00 → GO TO Q2.12

BIP210A A. Up until (his/her) first birthday, how many **different times** has (CHILD) stayed in a hospital for at least one night?

**PROBE:** Please do not include time spent in hospital at birth.

|\_\_|\_\_| TIMES

NONE ..... 00

DON'T KNOW, DID NOT HAVE  
CUSTODY THEN ..... -1 → GO TO Q2.11A

BIP210B B. Altogether, up until (his/her) first birthday, how many **nights** did (CHILD) stay in a hospital?

**PROBE:** Please do not include time spent in hospital at birth.

|\_\_|\_\_|\_\_| NIGHTS

BIP210C C. (Was this/Were any of these) hospitalization(s) because of an accident or injury?

YES ..... 01

NO ..... 00 → GO TO D(2)

D. CODE WITHOUT ASKING IF ONLY ONE HOSPITALIZATION:

How many of the (NUMBER IN Q2.10A) hospitalizations were because of . . .

- |          |  |   |
|----------|--|---|
| BIP210D1 | 1) An accident or injury? .....        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIMES |
| BIP210D2 | 2) Dehydration? .....                  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIMES |
| BIP210D3 | 3) Pneumonia? .....                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIMES |
| BIP210D4 | 4) Jaundice (yellowing of skin)? ..... | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIMES |
| BIP210D5 | 5) Something else? (SPECIFY) .....     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIMES |

- |            |   |   |
|------------|---|---|
|            | BIP210D5 <input type="text"/> <input type="text"/>  | 08 Ear infection  |
| BIP210D6   | 6) Bronchitis/respiratory stress/lung<br>or breathing problems .....  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIMES |
| BIP210D7   | Fever/virus/infection   | 09 cleft palate (include surgery)   |
| 2.11 A.    | And <u>since</u> (his/her) <u>first birthday</u> , how many <b>different</b> times has (CHILD) stayed in a hospital for at least one night? | 10 gastrointestinal problems (stomach, intestines, esophagus)                             |
| BIP211A    | <input type="text"/> <input type="text"/> <input type="text"/> TIMES  | 11 heart problems/failure   |
|            | NONE .....  | 00 → GO TO Q2.12 12 seizures/allergic reactions   |
| BIP211B B. | Altogether, since (his/her) first birthday, how many nights did (CHILD) stay in a hospital?   | 13 Surgery  |
|            | <input type="text"/> <input type="text"/> <input type="text"/> NIGHTS   | 14 sickle cell anemia   |
| BIP211C C. | (Was this/Were any of these) hospitalization(s) because of an accident or injury?   |   |
|            | YES .....   | 01  |
|            | NO .....  | 00 → GO TO D(2)   |

D. CODE WITHOUT ASKING IF ONLY ONE HOSPITALIZATION:

How many of the (NUMBER IN Q2.11A) hospitalizations were because of . . .

BIP211D1

1) An accident or injury? . . . . . |\_\_\_\_|\_\_\_\_| TIMES

BIP211D2

2) Dehydration? . . . . . |\_\_\_\_|\_\_\_\_| TIMES

BIP211D3

3) Pneumonia? . . . . . |\_\_\_\_|\_\_\_\_| TIMES

BIP211D4

4) Jaundice (yellowing of skin)? . . . . . |\_\_\_\_|\_\_\_\_| TIMES

BIP211D5

5) Something else? (SPECIFY) . . . . . |\_\_\_\_|\_\_\_\_| TIMES

07 fever/virus/infection

|\_\_\_\_|

12 seizures/allergi  
reactions

08 ear infection

|\_\_\_\_|

13 surgery

09 cleft palette (include surgery for cleft palette)

BIP211D5

10 gastrointestinal problems (stomach, intestines, esophagus)

14 Sickle Cell Anem

11 heart problems/failure

BIP212

2.12

Since (CHILD) was born, how many times has (he/she) gone for well-baby checkups? Was it . . .

**PROBE:** These are visits to the doctor when (he/she) isn't sick, but to get (him/her) checked over or to get vaccinations.

CIRCLE ONE

Never, . . . . . 01

Once or twice, . . . . . 02

3-4 times, . . . . . 03

5-9 times, or . . . . . 04

10 times or more? . . . . . 05

BIP213

2.13 The next few questions are about ways in which children can get hurt.

scs

If (CHILD) swallows something dangerous or poisonous, do you have anything in the house to make (him/her) vomit?

**PROBE:** Dangerous or poisonous products such as drain opener, cleansers, dish detergents, floor cleaners, rug cleaners, disinfectants, adult medications, etc.

YES ..... 01

NO ..... 00 → GO TO Q2.14

BIP213A

A. What do you use?

IPECAC ..... 01

OTHER (SPECIFY) ..... 99.02

\_\_\_\_\_

FINGER/TONGUE DEPRESSOR ..... 03

07 KARO SYRUP  
06 MUSTARD/MUSTAR + WI

MILK ..... 04

08 Press on stomach/  
chest

CASTOR OIL ..... 05

09 Home made remedy

BIP214

2.14 If you had to get the phone number of the poison control center in an emergency, do you know how to find it?

scs

**PROBE:** This is a hotline that provides information to callers on what to do for specific types of poisoning.

YES ..... 01

NO ..... 00 → GO TO Q2.15

BIP214A

A. What would you do?

CIRCLE ONE

- CALL 411 OR 911 ..... 01  
WOULD HAVE TO LOOK IT UP ..... 02 → GO TO Q2.15  
SEARCH AROUND FOR NUMBER ..... 03  
HAVE AVAILABLE ..... 04 → ASK B  
OTHER (SPECIFY) ..... 99.05 → GO TO Q2.15

\_\_\_\_\_

- CALL HOSPITAL ..... 06      08 Call mother/parents/rela:  
CALL PEDIATRICIAN OR FAMILY      09 use neighbor/relative's  
DOCTOR'S OFFICE/CALL NURSES LINE . 07      phone

BIP214B

B. Where do you keep the number?

- CIRCLE ONE      05 on bottle/back of  
Something poisonous  
06 use neighbor/relative  
phone  
07 on Medicaid card  
08 Memorized  
09 in Room/Bedroom  
10 on card/Booklet/FI:  
11 in purse  
12 in bathroom

\_\_\_\_\_

BIP215

2.15 INTERVIEWER CODE: FAMILY LIVES:

- IN AN APARTMENT ..... 01 → A. WHAT FLOOR?  
IN A HOUSE ..... 02  
PUBLIC SHELTER ..... 03

BIP215F

A. WHAT FLOOR?  
\_\_\_\_\_ FLOOR

BIP215A

A. INTERVIEWER CODE: FAMILY LIVES IN:

SINGLE FLOOR APARTMENT/HOUSE ... 01 → GO TO Q2.17

MULTI-FLOOR HOUSE ..... 02

BIP216

2.16 CODE WITHOUT ASKING IF OBSERVED:

Do you use gates for the top of the stairs or use something else so  
(CHILD) stays off them?

CIRCLE ONE

HAS GATES ..... 01      06 Boxes  
HAS SOMETHING ELSE (SPECIFY) ... 99 02      07 Furniture

\_\_\_\_\_

DON'T NEED ..... 03  
NEED BUT DON'T HAVE ..... 04  
DOOR ..... 05

BIP217

2.17 CODE WITHOUT ASKING IF OBSERVED:

scs

Do you use guards or gates for your windows?

PROBE: Do not include gates for burglars.

CIRCLE ONE

HAVE GATES ..... 01  
DON'T HAVE GATES ..... 02  
PARENT STATES DOESN'T  
NEED GATES ..... 03  
PARENT STATES HAS SCREENS  
OR STORM WINDOWS, DOESN'T  
NEED GATES ..... 04

BIP218

2.18 Do you have covers on all your electrical outlets that don't have plugs in them?

PROBE: Covers can be plastic safety covers, tape or other coverings.

YES ..... 01 → GO TO Q2.19

NO ..... 00

BIP218A

A. Do you have covers on the electrical outlets that (CHILD) can reach?

scs

CIRCLE ONE

HAS OUTLET COVERS ..... 01

DOESN'T HAVE OUTLET COVERS ..... 02

PARENT STATES ALL OUTLETS  
ARE INACCESSIBLE ..... 03

PARENT STATES DOESN'T NEED  
COVERS ..... 04

BIP219

2.19 INTERVIEWER CODE: DOES HOME HAVE SMOKE ALARMS?

YES ..... 01 → GO TO Q2.20A

NO ..... 00

DON'T KNOW, NOT OBSERVED ..... -1

BIP220

2.20 Does your (house/apartment) have smoke alarms?

scs

YES ..... 01

NO ..... 00 → GO TO Q2.21

BIP220A

A. As far as you know, are the batteries working in the smoke alarms?

CIRCLE ONE

YES ..... 01

HARD WIRED TO ELECTRICAL  
SYSTEM ..... 02

NO ..... 00

DON'T KNOW ..... -1

BIP221

2.21 How often does (CHILD) ride in a private car? Would you say . . .

scs

CIRCLE ONE

- Every day, ..... 01  
A few times a week, ..... 02  
A few times a month, or ..... 03  
Never? ..... 04 → GO TO Q3.1

BIP221A

- A. When you take (CHILD) in a car, do you usually put (him/her) in a car seat, booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?

scs

CIRCLE ONE

- BIP221A1 CAR SEAT ..... 01  
BIP221A2 BOOSTER SEAT ..... 02  
BIP221A3 REGULAR SEATBELT ..... 03  
BIP221A4 PARENT'S LAP ..... 04  
BIP221A5 NO RESTRAINT ..... 05

**SECTION 3**  
**HOUSEHOLD COMPOSITION**

---

BIP 31

- 3.1 Not including you and (CHILD), how many other people lived in this (house/apartment) with you last month?

PROBE: In the last 30 days.

|\_\_\_\_|

NO ONE ELSE--ONLY SELF  
AND (CHILD) ..... 00 → GO TO Q3.4

BIP 32

- 3.2 Are any of these people (your/MOTHER'S) spouse or partner?

YES ..... 01  
NO ..... 00

- 3.3 How (are these people/is this person) related to (CHILD)?

CIRCLE CODE THEN RECORD NUMBER OF PEOPLE IN BOXES.

CIRCLE ALL THAT APPLY

FATHER ..... BIP33-01 ..... 01 → |\_\_\_\_| BIP33A01  
STEPPARENT ..... BIP33-02 ..... 02 → |\_\_\_\_| BIP33A02  
AUNT, UNCLE, GREAT-AUNT OR  
GREAT-UNCLE ..... BIP33-03 ..... 03 → |\_\_\_\_| BIP33A03  
GRANDPARENT OR GREAT  
GRANDPARENT ..... BIP33-04 ..... 04 → |\_\_\_\_| BIP33A04  
SIBLING (BROTHER OR SISTER) BIP33-05 ..... 05 → |\_\_\_\_| BIP33A05  
STEPBROTHER OR STEPSISTER ..... BIP33-06 ..... 06 → |\_\_\_\_| BIP33A06  
NEPHEW OR NIECE ..... BIP33-07 ..... 07 → |\_\_\_\_| BIP33A07  
COUSIN ..... BIP33-08 ..... 08 → |\_\_\_\_| BIP33A08  
OTHER RELATIVE OR IN-LAW BIP33-09 ..... 09 → |\_\_\_\_| BIP33A09  
NON-RELATIVE ADULT (INCLUDE BIP33-10  
MOTHER'S PARTNER, BOYFRIEND) ..... 10 → |\_\_\_\_| BIP33A10  
NON-RELATIVE CHILD ..... BIP33-11 ..... 11 → |\_\_\_\_| BIP33A11  
OTHER (SPECIFY) ..... BIP33-12 ..... 12 → |\_\_\_\_| BIP33A12

---

BIP33-5 |\_\_\_\_|

MOTHER ..... BIP33-13 ..... 13 (in BIP33A09)

TOTAL SHOULD EQUAL NUMBER IN Q3.1

---

- 3.4 A. (Do/Does) (READ PERSON) live in this state, in another state or outside of mainland USA?

**FOR CATEGORIES WITH MULTIPLE PEOPLE, CIRCLE ALL THAT APPLY**

	THIS STATE	OTHER STATE	OUTSIDE MAINLAND USA	DECEASED/ NO SUCH RELATIVE
a. Your mother .....	BIP34A1	01 BIP34A2 02 BIP34A3	03 BIP344	*4
b. Your father .....	BIP34B1	01 BIP34B2 02 BIP34B3	03 BIP34B4	*4
c. Any of your brothers or sisters	BIP34C1	01 BIP34B2 02 BIP34B3	03 BIP34B4	*4
d. A present or past husband	BIP34D1	01 BIP34D2 02 BIP34 D3	03 BIP34D4	*4
e. Any other of your children .....	BIP34E1	01 BIP34E2 02 BIP34E3	03 BIP34E4	*4
PROBE: Children or stepchildren.				
f. Any other family members who you are close to .....	BIP34F1	01 BIP34F2 02 BIP34F3	03 BIP34F4	*4

## SECTION 4

### CHILD CARE

---

The next questions are about how much time you and other people spend taking care of (CHILD).

B1P400

4.0  
NLSY

Is (CHILD) currently being cared for in any regular child care arrangement for two weeks or more while you work, go to school, or participate in some regular activity. By regular we mean arrangements for at least 10 hours per week that lasted two weeks or more. Think about child care arrangement like the ones listed on this card.



YES ..... 01 → GO TO Q4.4

NO ..... 00

B1P400A

4.0a Is (CHILD) currently being cared for by anyone else on a regular basis?

YES ..... 01

NO ..... 00 → GO TO SECTION 5

4.1-

4.3 DELETED FROM THIS VERSION.

BIP404

- 4.4 Not counting yourself, how many different child care arrangements are you currently using for (CHILD)?

Please count each sitter or child care provider separately. Count only those that lasted two weeks or more and please count only those that you used at least 10 hours per week.

**NOTE: IF RESPONDENT STARTED WITH ONE ARRANGEMENT AND THEN RETURNED TO IT AGAIN AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, COUNT AS SEPARATE ARRANGEMENTS.**

|\_\_\_\_| ARRANGEMENTS

BIP404A

- A. Are there any other child care arrangements that (CHILD) is regularly in for less than 10 hours a week?

YES ..... 01

NO ..... 00 → GO TO GRID  
INSTRUCTIONS,  
PAGE 20

BIP404B

- B. How many?

|\_\_\_\_| ARRANGEMENTS

BIP4-arr total arrangements listed in following grid

(from BIP404 &  
BIP404B, adjusted)

CARD 3

1. CHILD'S FATHER OR STEPFATHER
2. YOUR PARTNER OR BOYFRIEND
3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT
4. ANOTHER RELATIVE OF THE CHILD
5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD
6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL
7. SOME OTHER ARRANGEMENT

**GRID INSTRUCTIONS:**

RECORD NAME OF CURRENT PROVIDER IN FIRST COLUMN. IF Q4.4 IS MORE THAN ONE, RECORD INFORMATION ON THE ARRANGEMENT CHILD IS IN FOR THE MOST HOURS IN THE FIRST COLUMN. THEN RECORD NAMES OF OTHER CURRENT PROVIDERS IN ORDER OF HOURS OF CARE.

IF MORE THAN ONE PROVIDER USED DURING THE SAME TIME PERIOD, LIST FIRST THE CHILDCARE PROVIDER WHO PROVIDES MOST HOURS OR CARE TO CHILD.

<p><b>ASK QUESTIONS 4.5 AND 4.5A FOR <u>ALL</u> PROVIDERS. THEN ASK QUESTIONS 4.6-4.12 FOR EACH PROVIDER.</b></p> <p>3IP405-1</p> <p>4.5      What (is/was) the child care arrangement you currently are using (for the <u>most hours</u>/for the next most hours)?</p> <p><b>SHOW CARD 3</b></p> <p><b>RECORD NAME OF PROVIDER OR PLACE. THEN CODE TYPE OF ARRANGEMENT FROM SHOW CARD 3.</b></p> <p>B1P405A1</p> <p>A. <b>CODE WITHOUT ASKING IF KNOWN:</b> What type of arrangement is that?</p> <ol style="list-style-type: none"> <li>1. CHILD'S FATHER OR STEPFATHER .....</li> <li>2. YOUR PARTNER OR BOYFRIEND .....</li> <li>3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT .....</li> <li>4. ANOTHER RELATIVE OF THE CHILD .....</li> <li>5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD .....</li> <li>6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL .....</li> <li>7. SOME OTHER ARRANGEMENT .....</li> </ol> <p>3IP406-1</p> <p>4.6      How old is this person? (Is he/she) 17 or under, 18 to 60, or over 60 years of age?</p> <p><b>DELETED FROM THIS VERSION.</b></p> <p>3IP406B1</p> <p>B. Where does (PERSON) usually take care of (CHILD)?</p>	<p><b>1 - MOST HOURS CURRENT</b></p> <hr/> <p>(NAME)</p> <p><b>TYPE OF ARRANGEMENT</b></p> <p style="text-align: center;">↓</p> <p><b>CIRCLE ONE</b></p> <p>..... 01 ..... 02 ..... 03 ..... 04 ..... 05 ..... 06 ..... 99      → GO TO Q4.7 ..... 01</p> <p>17 OR UNDER ..... 01 18 TO 60 ..... 02 OVER 60 ..... 03</p> <p><b>DELETED</b></p> <p><b>CIRCLE ONE</b></p> <p>CHILD'S HOME ..... 01 PROVIDER'S HOME ..... 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ..... 03 OTHER (SPECIFY) ..... 99. 04</p>
--	--

(omitted from PUF)

2 - MOST HOURS CURRENT	3 - MOST HOURS CURRENT	4 - MOST HOURS CURRENT
<hr/> <hr/> (NAME)	<hr/> <hr/> (NAME)	<hr/> <hr/> (NAME)
<b>TYPE OF ARRANGEMENT</b> <u>BIP405A2</u> <b>CIRCLE ONE</b> ..... 01 ..... 02 ..... 03 ..... 04 ..... 05 ..... 06 ..... 99 <b>01</b> → GO TO Q4.7	<b>TYPE OF ARRANGEMENT</b> <u>BIP405A3</u> <b>CIRCLE ONE</b> ..... 01 ..... 02 ..... 03 ..... 04 ..... 05 ..... 06 ..... 99 <b>01</b> → GO TO Q4.7	<b>TYPE OF ARRANGEMENT</b> <u>BIP405A4</u> <b>CIRCLE ONE</b> ..... 01 ..... 02 ..... 03 ..... 04 ..... 05 ..... 06 ..... 99 <b>01</b> → GO TO Q4.7
<i>BIP406-2</i> 17 OR UNDER ..... 01 18 TO 60 ..... 02 OVER 60 ..... 03	<i>BIP406-3</i> 17 OR UNDER ..... 01 18 TO 60 ..... 02 OVER 60 ..... 03	<i>BIP406-4</i> 17 OR UNDER ..... 01 18 TO 60 ..... 02 OVER 60 ..... 03
<b>DELETED</b>	<b>DELETED</b>	<b>DELETED</b>
<u>BIP406B2</u> <b>CIRCLE ONE</b> CHILD'S HOME ..... 01 PROVIDER'S HOME ..... 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ..... 03 OTHER (SPECIFY) ..... 99 <b>04</b> <hr/>	<u>BIP406B3</u> <b>CIRCLE ONE</b> CHILD'S HOME ..... 01 PROVIDER'S HOME ..... 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ..... 03 OTHER (SPECIFY) ..... 99 <b>04</b> <hr/>	<u>BIP406B4</u> <b>CIRCLE ONE</b> CHILD'S HOME ..... 01 PROVIDER'S HOME ..... 02 BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER ..... 03 OTHER (SPECIFY) ..... 99 <b>04</b> <hr/>

	1
4.7 How many months old was (CHILD) when you first used that arrangement for (him/her)?	BIP407-1 ____ MONTHS OLD
A. CODE WITHOUT ASKING IF KNOWN: In what month (and year) did you first use that arrangement?	BIP407A1 ____ / ____ MO YR
4.8 DELETED FROM THIS VERSION.	
4.9 About how many hours a week (does/did) (PROVIDER) take care of (CHILD)?	BIP409-1 ____ HOURS
4.10 DELETED FROM THIS VERSION.	
4.11 CHECK Q4.5A AND Q4.6B. IS ARRANGEMENT BY A RELATIVE IN CHILD'S HOME?	BIP411-1 YES ..... 01 NO ..... 00
4.12 CHECK Q4.5. IS THERE ANOTHER ARRANGEMENT?	BIP412-1 YES .. 01 → GO TO COLUMN 2 NO .. 00 → GO TO Q4.13

(constructed:) Is care for 10 hours per week or more  
either by non-relative or outside FC's home and not  
by father (thus eligible for observation)  
(0=no; 1=yes; 2=yes, but BnP411\_i is wrong)

BIP4elg1

(omitted from PUF)

2	3	4
BIP407-2 ____  MONTHS OLD	BIP407-3 ____  MONTHS OLD	BIP407-4 ____  MONTHS OLD
BIP47AM2 BIP47AY2 ____  / ____  MO YR BIP407A2	BIP47AM3 BIP47AY3 ____  / ____  MO YR BIP407A3	BIP47AM4 BIP47AY4 ____  / ____  MO YR
DELETED	DELETED	DELETED
BIP409-2 ____  HOURS	BIP409-3 ____  HOURS	BIP409-4 ____  HOURS
DELETED	DELETED	DELETED
BIP411-2 YES ..... 01 NO ..... 00	BIP411-3 YES ..... 01 NO ..... 00	BIP411-4 YES ..... 01 NO ..... 00
BIP412-2 YES .. 01 → GO TO COLUMN 3 NO .. 00 → GO TO Q4.13	BIP412-3 YES .. 01 → GO TO COLUMN 4 NO .. 00 → GO TO Q4.13	BIP412-4 YES .. 01 → GO TO Q4.13 NO .. 00

BIP4elg 2

BIP4elg 3

(amitted from PUF)

4.13 INTERVIEWER: CHECK Q4.5 AND Q4.9. THE CURRENT OR MOST RECENT PROVIDER FOR THE MOST HOURS IS:

BIP413 PROVIDER NUMBER:       

BIP413A PROVIDER/CENTER NAME: \_\_\_\_\_

BIP413B I see that (CHILD) spends the most hours being cared for by (PRIMARY PROVIDER). Is this correct?

YES ..... 01

NO ..... 00 →

PROBE TO CLARIFY  
MOST RECENT  
ARRANGEMENT  
WITH MOST HOURS.

3IP414 4.14 INTERVIEWER: CHECK PREVIOUS GRID. IS PRIMARY CAREGIVER A CENTER?

JOBS

YES ..... 01

NO ..... 00 → GO TO Q4.20

BIP414A A. Who is the person who is mainly responsible for taking care of (CHILD) there?

PRIMARY PROVIDER: \_\_\_\_\_

4.15-

4.16 DELETED FROM THIS VERSION.

4.17-

4.18 DELETED FROM THIS VERSION.

4.19 DELETED FROM THIS VERSION.

(omitted from PUF)

BIP420

- 4.20 INTERVIEWER: CHECK Q4.11 FOR PRIMARY CAREGIVER. IS PRIMARY CAREGIVER A RELATIVE WHO CARES FOR THE CHILD IN THE CHILD'S HOME (Q4.11=YES)?

YES ..... 01  
NO ..... 00 → GO TO Q4.23-0

BIP420A

- A. IS THERE ANOTHER CURRENT PROVIDER WHO IS NOT CODED Q4.11=YES, THAT IS, WHO IS NOT A RELATIVE WHO CARES FOR THE CHILD IN THE CHILD'S HOME?

YES ..... 01  
NO ..... 00 → GO TO Q5.0

- B. NON-RELATIVE CURRENT PROVIDER IS:

BIP420B PROVIDER NUMBER: | | |

PROVIDER/CENTER NAME: \_\_\_\_\_  
BIP420N

BIP421

- 4.21 INTERVIEWER: CHECK PREVIOUS GRID. IS NON-RELATIVE CURRENT PROVIDER A CENTER (Q4.5=6)?

JOBS

YES ..... 01  
NO ..... 00 → GO TO Q4.23-0

BIP421A

- A. Who is the person who is mainly responsible for taking care of (CHILD) there?

PRIMARY PROVIDER: \_\_\_\_\_

4.22-

4.23 DELETED FROM THIS VERSION.

BIP423\_D 4.23-0 INTERVIEWER INSTRUCTIONS: CHECK QUESTIONS 4.13 AND 4.20. IS THERE A CHILD CARE PROVIDER WHO MEETS THE CONDITIONS BELOW:

	RELATIVE	NON-RELATIVE
Child's Home .....	GO TO 5.1	ASK QS. 4.24-4.27 ABOUT THIS PROVIDER
Elsewhere .....	ASK QS. 4.24-4.27 ABOUT THIS PROVIDER	ASK QS. 4.24-4.27 ABOUT THIS PROVIDER

\*Exception: do not ask if care by the father → GO TO Q5.0

4.24 How much (does/did) your household pay for this (program/arrangement)? RECORD AMOUNT AND TIME PERIOD.

HOUSEHOLD PAYS NOTHING ..... 00 → GO TO Q4.27  
CHILDCARE PROVIDED IN EXCHANGE FOR OTHER SERVICE ..... 99

BIP424

\$ |\_\_\_\_\_|.\_\_\_\_\_| PER \_\_\_\_\_

BIP424P

HOUR ..... 01  
DAY ..... 02  
WEEK ..... 03  
EVERY TWO WEEKS ..... 04  
MONTH ..... 05  
YEAR ..... 06  
DON'T KNOW ..... -1

4.25 Is this amount for (CHILD) only, or does it cover other children from your household?

BIP425

CIRCLE ONE

CHILD ONLY ..... 01  
OTHER CHILDREN ..... 02 →  
DON'T KNOW ..... -1

A. How many other children?  
\_\_\_\_

4.26 DELETED FROM THIS VERSION.

BIP425A

4.27

PRS

**ASK QUESTION 4.27 ABOUT THE PERSON IDENTIFIED AS THE PROVIDER:**

Next, I am going to read some statements parents have made about the people who take care of their children. For each one, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (NON-RELATIVE CURRENT PROVIDER).



(READ STATEMENT.) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (NON-RELATIVE CURRENT PROVIDER).

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

		(DO NOT READ)				
		Strongly Agree	Mildly Agree	NOT SURE	Mildly Disagree	Strongly Disagree

BIP427A

A. You feel that (NON-RELATIVE CURRENT PROVIDER) genuinely cares for (CHILD) . . . . . 01 02 03 04 05

B. (NON-RELATIVE CURRENT PROVIDER) is someone you can rely on . . . . . 01 02 03 04 05

- C. You have a great deal of personal respect for (NON-RELATIVE CURRENT PROVIDER) . . . . . 01 02 03 04 05

- D. Overall (NON-RELATIVE CURRENT PROVIDER) is a caring person . . . . . 01 02 03 04 05

E. (NON-RELATIVE CURRENT PROVIDER) has the knowledge and skills needed to be a good caregiver . . . . . 01 02 03 04 05

F. You and (NON-RELATIVE CURRENT PROVIDER) really seem to value your relationship with each other . . . . . 01 02 03 04 05

G. You know that (CHILD) really enjoys being with (NON-RELATIVE CURRENT PROVIDER) . . . . . 01 02 03 04 05

H. You always trust (NON-RELATIVE CURRENT PROVIDER) to give (CHILD) good, consistent care . . . . . 01 02 03 04 05

I. You really like (NON-RELATIVE CURRENT PROVIDER) as a person and enjoy being in (her/his) presence . . . . . 01 02 03 04 05

BIP427H

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**SECTION 5**

**ABOUT CHILD'S FATHER**

BIP500

**5.0 INTERVIEWER: YOU ARE INTERVIEWING ...**

**CIRCLE ONE**

- |  |  |
|--|--|
| MOTHER .....                             | 01   |
| FATHER .....                             | 02 → GO TO SECTION 5<br>SUPPLEMENT—FATHER          |
| GRANDMOTHER .....                        | 03   |
| OTHER FEMALE RELATIVE<br>(SPECIFY) ..... | 04 → GO TO SECTION 5<br>SUPPLEMENT—<br>GRANDMOTHER |

[    ]

OTHER (SPECIFY) ..... 99 05 → GO TO Q6.1

[    ]

- |                     |    |
|---------------------|----|
| FOSTER MOTHER ..... | 06 |
| FOSTER FATHER ..... | 07 |

The next questions are about when (CHILD) was born, and about (his/her) father and other men who might be father-figures to (him/her).

BIP501 5.1 First, how old was (his/her) biological father when (CHILD) was born?

[    ] YEARS → GO TO Q5.2

DON'T KNOW AGE ..... -1 → ASK A

BIP501A

A. Would you say he was . . .

**CIRCLE ONE**

- |                      |    |
|----------------------|----|
| 15-19, .....         | 01 |
| 20-24, .....         | 02 |
| 25-29, .....         | 03 |
| 30-40, or .....      | 04 |
| Older than 40? ..... | 05 |

## PREGNANCY QUESTIONS

5.2 How soon after you found out you were pregnant, did (CHILD)'s father learn  
scs that you were pregnant?

BIP502

### CIRCLE ONE

- WITHIN ONE WEEK ..... 01  
WITHIN ONE MONTH ..... 02  
MORE THAN A MONTH LATER ..... 03  
AFTER BABY WAS BORN ..... 04 → GO TO Q5.5  
NEVER LEARNED ..... 05 → GO TO Q5.7

BIP503

5.3 Was (his/her) father present when (CHILD) was born, either in the hospital or  
scs wherever the birth was?

### CIRCLE ONE

- YES, IN HOSPITAL ..... 01  
YES, ELSEWHERE ..... 02 → GO TO B  
NO ..... 00

BIP503A

scs A. When (CHILD) was in the hospital after (he/she) was born, did (his/her) father come to see (him/her)?

- YES ..... 01  
NO ..... 00

BIP503B

scs B. Was your mother or father present when (CHILD) was born, either in the hospital or wherever the birth was?

### CIRCLE ONE

- YES, IN HOSPITAL ..... 01  
YES, ELSEWHERE ..... 02 → GO TO Q5.4  
NO ..... 00  
BOTH DECEASED ..... -4 → GO TO Q5.4

BIP503C

scs

- C. When (CHILD) was in the hospital after (he/she) was born, did your mother or father come to see (him/her)?

YES ..... 01  
NO ..... 00

5.4

- While you were pregnant, did (CHILD)'s father do any of the following?

scs

BIP504A

- A. Discuss how your pregnancy was going with you? .....

YES    NO    NA  
01    00    

BIP504B

- B. Go to the doctor with you? .....

01    00    -4

BIP504C

- C. Attend child birth or Lamaze classes with you? .....

01    00    -4

- 5.5 What is your relationship with (CHILD)'s biological father now? Is he your . . .

BIP505

CIRCLE ONE

Husband, ..... 01

Live-in partner, ..... 02

Boyfriend, ..... 03

Friend, ..... 04

Something else, or (SPECIFY) ..... 99 05

\_\_\_\_\_

07 Separated/Divorced  
08 Deceased

Are you not in any relationship with him at all? ..... 06

5.6     DELETED FROM THIS VERSION.

ESTABLISHING MEN TO ASK ABOUT

5.7     CODE WITHOUT ASKING IF KNOWN:

CCDP Now, I'd like to talk about (CHILD) and (his/her) relationship with (his/her) father. Does (CHILD)'s biological father live with you and (CHILD)?

B1P507

CIRCLE ONE

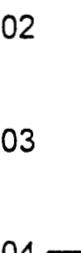
CHILD USUALLY LIVES WITH  
BIOLOGICAL FATHER ..... 01 → GO TO Q5.9

CHILD LIVES WITH BIOLOGICAL  
FATHER SOME OF THE TIME  
(SPLIT CUSTODY) ..... 02

CHILD DOES NOT LIVE WITH  
BIOLOGICAL FATHER ..... 03

VOLUNTEERED: BIOLOGICAL  
FATHER DECEASED ..... 04

DON'T KNOW WHO BIOLOGICAL  
FATHER IS ..... 05



5.8 Is there someone (else) who you consider to be like a father to (CHILD)?

BIP508

YES ..... 01

NO ..... 00 → GO TO SECTION 5  
INSTRUCTION  
BELOW

BIP508A

A. Is this person your husband, partner, boyfriend, (CHILD'S) grandfather, or another relative, or someone else?

CIRCLE ONE

HUSBAND ..... 01

PARTNER ..... 02

BOYFRIEND ..... 03

MATERNAL GRANDFATHER ..... 04

PATERNAL GRANDFATHER ..... 05

OTHER RELATIVE ..... 06

OTHER (SPECIFY) ..... 99 07

→ GO TO C

08 friend

09 exhusband/separated/  
divorced

10 expartner/boyfriend

11 Godfather

12 Uncle

\_\_\_\_\_

BIP508B

B. What is his relationship to you?

CIRCLE ONE

BROTHER ..... 01

FRIEND ..... 02

OTHER (SPECIFY) ..... 99 03

12 uncle

\_\_\_\_\_

BIP508C

C. Does he live in this (house/apartment) with you?

YES ..... 01

NO ..... 00

SECTION 5 INSTRUCTIONS:

Q5.7	Q5.8	ASK THE FOLLOWING:
01	+ NOT ASKED	= SECTION 5A
02, 03	+ 00	= SECTION 5B, PAGE 36
02, 03	+ 01	= SECTIONS 5B AND 5C, PAGE 36 THROUGH 43
04, 05, OR NOT ASKED	+ 01	= SECTION 5C, PAGE 44
04, 05, OR NOT ASKED	+ 00	= GO TO SECTION 6, PAGE 48

## SECTION 5A

### RESIDENT BIOLOGICAL FATHER

BIP509

5.9 What is (CHILD)'s biological father's first name?

ECCO

REFUSED .....

-3

CONTINUE. READ "HE" OR  
"[CHILD'S] FATHER" AS  
THE SUBSTITUTION IN  
REMAINING QUESTIONS.

5.10 Is (FATHER) currently working, in school, in a training program or is he doing something else?

ECCO

#### CIRCLE ALL THAT APPLY

BIP510\_1 WORKING ..... 01  
BIP510\_2 UNEMPLOYED ..... 02  
BIP510\_3 LOOKING FOR WORK ..... 03  
BIP510\_4 LAID OFF ..... 04  
BIP510\_5 IN SCHOOL/TRAINING ..... 05  
BIP510\_6 IN JAIL ..... 06  
BIP510\_7 IN MILITARY ..... 07  
BIP510\_8 SOMETHING ELSE (SPECIFY) ..... 99 08

\_\_\_\_\_

- 10 disabled  
11 in treatment  
12 deceased  
13 substance abuse

BIP510\_9 DON'T KNOW ..... -1

~~BIP510DK~~ RETIRED ..... 09

5.11 What is the highest grade or year of regular school that he has completed?

ECCO

#### CODE GED AS 12

BIP511

#### CIRCLE ONE

ELEMENTARY SCHOOL ..... 01 02 03 04 05 06  
MIDDLE/HIGH SCHOOL ..... 07 08 09 10 11 12  
COLLEGE ..... 13 14 15 16  
POST-COLLEGE ..... 17  
DON'T KNOW ..... -1

BIP512

5.12 Has (FATHER) been living with you since (CHILD) was born?

YES ..... 01

NO ..... 00 → GO TO Q5.12B

A. When did he first start living with you?

BIP512AM      BIP512AY  
[ ] 19 [ ] → GO TO Q5.13  
MONTH      YEAR

BIP512B

B. In the first three months of (his/her) life, about how often did (CHILD) see (his/her) father? Was it . . .

PROBE: That would be between the time (he/she) was born to the same date three months later.

CIRCLE ONE



- Every day or almost every day, ..... 01  
A few times per week, ..... 02  
A few times a month, ..... 03  
About once a month, ..... 04  
Less often than that, or ..... 05  
Never? ..... 06

BIP513

5.13

CCDP

In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

PROBE: The last 30 days.

CIRCLE ONE



- Every day or almost every day, ..... 01  
A few times a week, ..... 02  
A few times a month, ..... 03  
Once or twice, or ..... 04  
Never? ..... 05

BIP513A

- A. In a typical day, does (FATHER) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

- A lot ..... 01  
 Some ..... 02  
 No help ..... 03

BIP513B

- B. And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

- YES ..... 01 → Which meals?  
 NO ..... 00

CIRCLE ALL THAT APPLY

BIP513B1  
 BIP513B2  
 BIP513B3

5.14 DELETED FROM THIS VERSION.

- 5.15 About how often has (FATHER) done the following activities with (CHILD)?

NSFH

SHOW CARD  
7

(READ ITEM) Has (FATHER) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

Several Times a Week	Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
----------------------	-------------	---------------------	----------------------	---------------------------------	------------	------------

A. Reading to (CHILD) or telling (him/her) stories BIP515A 01 02 03 04 05 06 -1

B. Feeding (CHILD) BIP515B 01 02 03 04 05 06 -1

C. DELETED

D. Going to the playground BIP515D or for a walk outside 01 02 03 04 05 06 -1

E. Playing with (CHILD) at home BIP515E 01 02 03 04 05 06 -1

5.16 DELETED FROM THIS VERSION.

GO TO Q6.1, PAGE 48

SECTION 5B  
NON-RESIDENT BIOLOGICAL FATHER

---

BIP517 5.17 INTERVIEWER: CHECK Q5.7, PAGE 31. IS THERE A NON-RESIDENT BIOLOGICAL FATHER TO ASK ABOUT (Q5.7=02 OR 03)?

YES ..... 01  
NO ..... 00 → GO TO SECTION  
5C, Q5.37,  
PAGE 44

BIP518 5.18 What is (CHILD)'s biological father's first name?

ECCO

REFUSED ..... -3 → 

CONTINUE. READ  
"HE" OR "[CHILD'S]  
FATHER" AS THE  
SUBSTITUTION IN  
REMAINING  
QUESTIONS.

BIP519 5.19 About how many miles from you does (FATHER) live? USE CATEGORIES AS PROBES IF NECESSARY.

ECCO

CIRCLE ONE

LESS THAN ONE MILE (10 BLOCKS) ..... 01  
1-5 MILES (10-50 BLOCKS AWAY) ..... 02  
6-10 MILES ..... 03  
11-25 MILES ..... 04  
26-100 MILES ..... 05  
MORE THAN 100 MILES ..... 06  
DON'T KNOW ..... -1

5.20 Is (FATHER) currently working, in school or training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

WORKING ..... 01 BIP520-1  
UNEMPLOYED ..... 02 BIP520-2  
LOOKING FOR WORK ..... 03 BIP520-3  
LAID OFF ..... 04 BIP520-4  
IN SCHOOL/TRAINING ..... 05 BIP520-5  
IN JAIL/PRISON ..... 06 BIP520-6  
IN MILITARY ..... 07 BIP520-7  
SOMETHING ELSE (SPECIFY) ..... 99.08 BIP520-8

10 disabled

11 in treatment

12 deceased

13 substance abuse

BIP520-9

\_\_\_\_\_

DON'T KNOW ..... -1

RETIRED ..... 09

BIP520DK

BIP521

5.21 What is the highest grade or year of regular school that he has completed?

ECCO

CODE GED AS 12

CIRCLE ONE

ELEMENTARY SCHOOL ..... 01 02 03 04 05 06  
MIDDLE/HIGH SCHOOL ..... 07 08 09 10 11 12  
COLLEGE ..... 13 14 15 16  
POST-COLLEGE ..... 17  
DON'T KNOW ..... -1

BIP522

5.22 Have you had any contact with (FATHER) since (CHILD) was born?

YES ..... 01

NO ..... 00 → GO TO Q5.34

BIP523

5.23 Did (FATHER) live with you at all after (CHILD) was born?

YES ..... 01 → GO TO Q5.24

NO ..... 00

BIP523A

A. Since (CHILD)'s birth, has (CHILD) had any contact with (FATHER)?

YES ..... 01

NO ..... 00 → GO TO Q5.34

BIP524A

5.24 A. In the first three months of (his/her) life, about how often did (CHILD) see (his/her) father? Was it . . .



PROBE: That would be between the time (he/she) was born to the same date three months later.

CIRCLE ONE

Every day or almost every day, ..... 01

A few times a week, ..... 02

A few times a month, ..... 03

About once a month, ..... 04

Less often than that, or ..... 05

Never? ..... 06

BIP524B

B. And, in the last three months, about how often has (CHILD) seen (his/her) father? Was it . . .



PROBE: That would be in the last 90 days.

CIRCLE ONE

Every day or almost every day, ..... 01

A few times a week, ..... 02

A few times a month, ..... 03

About once a month, ..... 04

Less often than that, or ..... 05

Never? ..... 06 → GO TO Q5.30

→ GO TO Q5.25

BIP524C

- C. In a typical day, does (FATHER) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

- A lot ..... 01  
Some ..... 02  
No help ..... 03

BIP524D

- D. And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

- YES ..... 01 →  
NO ..... 00

Which meals?
CIRCLE ALL THAT APPLY
Breakfast ..... 01
Lunch ..... 02
Dinner ..... 03

BIP525

- 5.25 In the past month, how often has (FATHER) taken care of (CHILD) while you did other things? Was it . . .

CCDP

PROBE: In the last 30 days.



HOME

CIRCLE ONE

- Every day or almost every day, ..... 01  
A few times a week, ..... 02  
A few times a month, ..... 03  
Once or twice, or ..... 04  
Never? ..... 05

- 5.26 DELETED FROM THIS VERSION.

5.27 How often has (FATHER) done the following activities with (CHILD)?

NSFH

SHOW CARD  
7

(READ ITEM). Has (FATHER) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
--	----------------------	-------------------	---------------------	----------------------	---------------------------------	------------	------------

BIP527A

A. Reading to (CHILD) or telling (him/her) stories ... 01 02 03 04 05 06 -1

BIP527B

B. Feeding (CHILD) ..... 01 02 03 04 05 06 -1

~~BIP527C~~

C. **DELETED**

BIP527D

D. Going to the playground or for a walk outside ..... 01 02 03 04 05 06 -1

BIP527E

E. Playing with (CHILD) at home ..... 01 02 03 04 05 06 -1

5.28 **DELETED FROM THIS VERSION.**

5.29 **DELETED FROM THIS VERSION.**

BIP530

5.30 How often do you talk about (CHILD) with (his/her) father? Would you say . . .

NSFH

SHOW CARD  
7

CIRCLE ONE

Several times a week, ..... 01

About once a week, ..... 02

A few times a month, ..... 03

Several times a year, ..... 04

Once or twice in (CHILD)'s life, or ..... 05

Not at all? ..... 06

BIP531

- 5.31 How much influence does (FATHER) have in making major decisions about such things as discipline, feeding, health care and child care? Does he have . . .

No influence ..... 01  
Some influence, or ..... 02  
A great deal of influence? ..... 03

- 5.32 How much conflict do you and (FATHER) have over each of the following issues. For each one, please tell me if there is none, some, or a great deal of conflict.

(READ ITEM) Do you have none, some, or a great deal of conflict over this?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

BIP532A

- |   | NONE | SOME | A GREAT DEAL |
|---|------|------|--------------|
| A. Where (CHILD) lives .....                                    | 00   | 01   | 02           |
| B. How (CHILD) is raised BIP532B.....                           | 00   | 01   | 02           |
| C. How you spend money on (CHILD) BIP532C .....                 | 00   | 01   | 02           |
| D. How he spends money on (CHILD) BIP532.D... .....             | 00   | 01   | 02           |
| E. His visits with (CHILD) ...BIP532E.....                      | 00   | 01   | 02           |
| F. About the money he provides for raising (CHILD) .... BIP532F | 00   | 01   | 02           |

- 5.33 How often has (FATHER) done any of the following for (CHILD)

(READ ITEM) Has (FATHER) done this often, sometimes or never?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

BIP533A

- |  | OFTEN | SOMETIMES | NEVER |
|--|-------|-----------|-------|
| A. Bought clothes, toys or presents for (CHILD)? .....                             | 01    | 02        | 03    |
| B. Paid for (CHILD)'s medical insurance, doctor bills, or medicines? BIP533B ..... | 01    | 02        | 03    |
| C. Given you extra money to help out? BIP533C .....                                | 01    | 02        | 03    |

BIP534

- 5.34 Thinking about child support, do you have a legal agreement, an informal agreement, or no arrangement at all with (FATHER)?

CIRCLE ONE

LEGAL ..... 01

INFORMAL ..... 02

NOT NEEDED, MARRIED

TO FATHER ..... 03

NONE ..... 04

→ GO TO Q5.36

BIP534 A

- A. Did you have to go to court to establish that (FATHER) was (CHILD)'s legal father?

YES ..... 01

NO ..... 00

BIP534 B

- B. When was a (formal/informal) agreement reached about child support payments? (What month and year?)

PROBE: Your best estimate will be fine.

\_\_\_\_\_ /19 \_\_\_\_\_  
MONTH YEAR  
BIP534BY

BIP534BM

BIP535

5.35 How much per month is (FATHER) supposed to pay for (CHILD)'s support?

ECCO

PROBE: Your best estimate will be fine.

PUF:

\$          PER MONTH

less than \$100...1  
\$100 - < \$200...2  
\$200 - < \$300...3  
\$300 and over...4

BIP535A A. Since (DATE IN Q5.34B), how many times have you received money from (CHILD)'s father for (his/her) support?

      TIMES

NEVER ..... 00

5.36 Since (CHILD)'s birth, how often has anyone in (FATHER)'s family, such as his mother, father or a sister done any of the following for (CHILD)?

(READ ITEM) Has one of (FATHER)'s relatives done this often, sometimes, or never?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	OFTEN	SOMETIMES	NEVER	NA
--	-------	-----------	-------	----

- A. Bought clothes, toys or presents for (him/her)? ... BIP536A ..... 01 02 03 4
- B. Babysat? ... BIP536B ..... 01 02 03 4
- C. Cared for (him/her) overnight? BIP536C 01 02 03 4

## SECTION 5C

### FATHER FIGURE

BIP537

5.37 INTERVIEWER: CHECK Q5.8, PAGE 32. IS THERE A FATHER FIGURE TO ASK ABOUT?

YES ..... 01

NO ..... 00 → GO TO Q6.1

BIP538

5.38 My next questions are about the person you consider to be like a father to (CHILD). What is his first name?  
ecco

REFUSED ..... -3 →

CONTINUE. READ  
"HE" OR "FATHER  
FIGURE" AS THE  
SUBSTITUTION IN  
REMAINING  
QUESTIONS.

BIP539

5.39 Is (FATHER-FIGURE) currently working, in school or training program or is he doing something else?  
ecco

#### CIRCLE ALL THAT APPLY

- |                                |       |          |
|--------------------------------|-------|----------|
| WORKING .....                  | 01    | BIP539-1 |
| UNEMPLOYED .....               | 02    | BIP539-2 |
| LOOKING FOR WORK .....         | 03    | BIP539-3 |
| LAID OFF .....                 | 04    | BIP539-4 |
| IN SCHOOL/TRAINING .....       | 05    | BIP539-5 |
| IN JAIL .....                  | 06    | BIP539-6 |
| IN MILITARY .....              | 07    | BIP539-7 |
| SOMETHING ELSE (SPECIFY) ..... | 99 08 | BIP539-8 |

- 09 retired  
10 disabled  
11 in treatment  
12 deceased  
13 substance abuse

DON'T KNOW ..... -1

BIP540

5.40 What is the highest grade or year of regular school that he has completed?

ECCO

CODE GED AS 12

CIRCLE ONE

ELEMENTARY SCHOOL .....	01	02	03	04	05	06
MIDDLE/HIGH SCHOOL .....	07	08	09	10	11	12
COLLEGE .....	13	14	15	16		
POST-COLLEGE .....	17					
DON'T KNOW .....	-1					

BIP541

5.41 INTERVIEWER: CHECK Q5.8C. IS FATHER-FIGURE LIVING IN HOUSEHOLD?

YES ..... 01 → ASK A

NO ..... 00 → ASK B

BIP541A

A. Has (FATHER-FIGURE) been living with you since (CHILD) was born?

YES ..... 01 → GO TO Q5.42

NO ..... 00 → ASK C

BIP541B

B. Has (FATHER-FIGURE) lived with you at all since (CHILD) was born?

YES ..... 01 → ASK C

NO ..... 00 → GO TO Q5.42

BIP541C

C. Since (CHILD) was born, how many months altogether has (FATHER-FIGURE) lived with you and (CHILD)?

|\_\_|\_\_| MONTHS

B1P542

- 5.42 In the past month, how often has (FATHER-FIGURE) taken care of (CHILD) while you did other things? Is it . . .

CCDP

PROBE: In the last 30 days.



CIRCLE ONE

- Every day or almost every day, ..... 01  
A few times a week, ..... 02  
A few times a month, ..... 03  
Once or twice, or ..... 04  
Never? ..... 05

B1P542 A

- A. In a typical day, does (FATHER-FIGURE) give you a lot, some, or no help in caring for (CHILD)?

CIRCLE ONE

- A lot ..... 01  
Some ..... 02  
No help ..... 03

B1P542 B

- B. And, in a typical day, do you, (FATHER-FIGURE) and (CHILD) get to eat together?

YES

01

→ Which meals?

CIRCLE ALL  
THAT APPLY

NO

00

Breakfast ..... 01  
Lunch ..... 02  
Dinner ..... 03

B1P542 B1  
B1P542 B2  
B1P542 B3

- 5.43 DELETED FROM THIS VERSION.

5.44 How often has (FATHER-FIGURE) done the following activities with (CHILD)?

NSFH

SHOW CARD  
7

(READ ITEM) Has (FATHER-FIGURE) done this several times a week, about once a week, a few times a month, several times a year, once or twice in (CHILD)'s life, or not at all?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	Several Times a Week	About Once a Week	A Few Times a Month	Several Times A Year	Once or Twice in (CHILD)'s Life	Not At All	DON'T KNOW
--	----------------------	-------------------	---------------------	----------------------	---------------------------------	------------	------------

B1P544A

A. Reading to (CHILD) or telling (him/her) stories ... 01 02 03 04 05 06 -1

B. Feeding (CHILD) B1P544B 01 02 03 04 05 06 -1

C. DELETED

D. Going to the playground or B1P544D for a walk outside ..... 01 02 03 04 05 06 -1

E. Playing with (CHILD) at B1P544E home ..... 01 02 03 04 05 06 -1

5.45 DELETED FROM THIS VERSION.

5.46-

5.48 SECTION 5D - FAMILY CONFLICT - DELETED FROM THIS VERSION.

## SECTION 6

### FAMILY ROUTINES

---

The next questions are about some of your family routines.

**BIP61** 6.1    **CODE WITHOUT ASKING IF KNOWN:**

TPD
-----

Do you have a television?

YES ..... 01

NO ..... 00 → GO TO Q6.4

**BIP61A** A. About how many hours is the television on in your home during a typical weekend day?

**PROBE:** Your best estimate will be fine.

|\_\_\_\_| HOURS

6.2-

6.3    **DELETED FROM THIS VERSION.**

BIP64

6.4 Does (CHILD) have a regular bedtime during the week?

YES ..... 01

NO ..... 00 → GO TO Q6.4C

A. When is (CHILD)'s regular bedtime?

BIP64AH      BIP64AM  
[ ] : [ ]

BIP64B B. How many times in the last week, Monday through Friday, was (CHILD) put to bed at that time?

CIRCLE ONE ONLY

00    01    02    03    04    05

BIP64C C. Some families have a routine of things they do when it is time to put a child to sleep. Do you (or FATHER/FATHER-FIGURE) have a regular routine of things you do with (CHILD) when you put (him/her) to sleep?

YES ..... 01

NO ..... 00 → GO TO Q6.7

D. What kinds of things are part of (CHILD)'s regular bedtime routine?

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

BIP64D 01	GIVE COMFORT TOY/OBJECT .....	01	→	PROBE: Comfort toy = teddy bear, stuffed animal, doll, etc.
BIP64D 02	BATHE OR WASH .....	02		
BIP64D 03	CHANGE DIAPER .....	03		
BIP64D 04	READ A STORY .....	04		
BIP64D 05	TELL A STORY .....	05		13 put on PJs 14 comb/brush hair
BIP64D 06	CUDDLE/RUB BABY'S BACK .....	06		15 turn off TV
BIP64D 07	PLAY GAME .....	07		16 go for walk/play/go outs
BIP64D 08	TALK .....	08		18 quiet time
BIP64D 09	GIVE BOTTLE/SNACK .....	09		19 clean up/straighten up
BIP64D 10	SING OR HUM .....	10		20 brush teeth
BIP64D 11	OTHER (SPECIFY) .....	99	21	21 listen to music 22 kiss family members good night
BIP64D12	Watch TV/VIDEO		23	give medicine
BIP64D17	DIM/LOWER/TURN OFF LIGHTS		24	sign of cross/prayers

BIP64E

E. How many times in the last week, Monday through Friday, were you (or FATHER/FATHER-FIGURE) and (CHILD) able to follow this type of routine?

**CIRCLE ONE ONLY**

00      01      02      03      04      05

6.5-

6.6    **DELETED FROM THIS VERSION.**

BIP67

6.7 Does (CHILD) have one regular place where (he/she) usually sleeps at night?

PROBE: The same place.

YES ..... 01  
NO ..... 00 → GO TO Q6.8

BIP67A A. Where does (CHILD) usually sleep?

CIRCLE ONE

IN OWN ROOM ..... 01  
ALONE IN LIVING ROOM ..... 02  
ALONE IN OTHER ROOM ..... 03  
WITH PARENT, IN ROOM ..... 04  
WITH PARENT, IN BED ..... 05  
WITH PARENT AND OTHER CHILDREN IN ROOM ..... 06  
WITH OTHER ADULT ..... 07  
WITH OTHER CHILDREN ..... 08  
AT SOMEONE ELSE'S HOME  
(SPECIFY) ..... 09

\_\_\_\_\_ 10 m crib

BIP67B B. How many times in the last week, Monday through Friday, did (CHILD) go to sleep in this place?

CIRCLE ONE ONLY

00 01 02 03 04 05

BIP68

6.8 INTERVIEWER: CHECK Q3.1, PAGE 16. DO PARENT AND CHILD LIVE WITH ANYONE ELSE?

YES ..... 01  
NO ..... 00 → GO TO Q7.3

6.9 I'm going to read you some statements about how the people who live with you get along and settle arguments. For each statement, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with it for your household.

FES

SHOW CARD  
1

(READ ITEM) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with this?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
--	-------------------	-----------------	--------------------	----------------------

BIP69A

A. We fight a lot ..... 04 03 02 01

BIP69B

B. We hardly ever lose our tempers ..... 04 03 02 01

C. We sometimes get so angry we

BIP69C

throw things ..... 04 03 02 01

BIP69D

D. We often criticize each other ..... 04 03 02 01

E. We sometimes hit each other ..... 04 03 02 01

BIP69E

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## SECTION 7

### PARENT-CHILD ACTIVITIES

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#### 7.1-7.2 DELETED FROM THIS VERSION.

7.3 How often does your household celebrate national holidays such as July 4th, or Thanksgiving? Would you say you celebrate occasions like these . . .

BIP703

#### CIRCLE ONE

- Never or hardly ever, ..... 01  
Sometimes, or ..... 02  
Almost every time they occur? ..... 03

BIP704

7.4 How often does your household celebrate religious holidays? Would you say you celebrate occasions like these . . .

#### CIRCLE ONE

- Never or hardly ever, ..... 01  
Sometimes, or ..... 02  
Almost every time they occur? ..... 03

BIP704A

A. What about other occasions, or days that celebrate your national, ancestral or racial heritage such as Kwanzaa, Diez y Seis de Septiembre, Dia de los Muertos, patron saints days? Would you say you celebrate occasions like these . . .

#### CIRCLE ONE

- Never or hardly ever, ..... 01  
Sometimes, or ..... 02  
Almost every time they occur? ..... 03

BIP705

7.5 Did you celebrate (CHILD)'s first birthday?

- YES ..... 01  
NO ..... 00 → GO TO Q7.7

#### DELETED A AND B FROM THIS VERSION.

7.6 DELETED FROM THIS VERSION.

7.7 How many times in the past month have you done any of the following with (CHILD)?

SCS  
SNOW

HOME

In the past month, how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month?

PROBE: In the last 30 days.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

SHOW  
CARD  
9

	More Than Once a Day	About Once a Day	A Few Times a Week	A Few Times a Month	Rarely	Not At All
--	----------------------	------------------	--------------------	---------------------	--------	------------

- |         |   |    |    |    |    |    |    |
|---------|---|----|----|----|----|----|----|
| B1P707A | A. Play peek-a-boo with (CHILD)? .....                                    | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707B | B. Play patty cake with (CHILD)? .....                                    | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707C | C. Sing nursery rhymes like "Jack and Jill" with (him/her) .....          | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707D | D. Sing songs with (him/her)? .....                                       | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707E | E. Dance with (him/her)? .....  | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707F | F. Read stories to (CHILD)? .....   | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707G | G. Tell stories to (him/her)? .....                                       | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707H | H. Play outside in the yard, a park or a playground with (him/her)? ..... | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707I | I. Play chasing games? .....  | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707J | J. Have relatives visit you? .....  | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707K | K. Take (CHILD) with you to visit relatives? .....                        | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707L | L. Take (CHILD) grocery shopping with you? .....                          | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707M | M. Take (CHILD) with you to a religious service or religious event? ..... | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707N | N. Take (CHILD) with you to an activity at a community center? .....      | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707O | O. Go to a restaurant or out to eat with (CHILD)? .....                   | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707P | P. Go to a public place like a zoo or museum with (CHILD)? .....          | 01 | 02 | 03 | 04 | 05 | 06 |
| B1P707Q | Q. Try to tease (CHILD) to get (him/her) to laugh .....                   | 01 | 02 | 03 | 04 | 05 | 06 |

## SECTION 8

### PARENT'S ACTIVITIES

---

BIP800

8.0 The next questions are about some of the ways you may spend your time.

A. About how often do you read at home? Is it . . .

CIRCLE ONE



- Every day or almost every day, ..... 01  
A few times a week, ..... 02  
Once a week (Only on Sunday), ..... 03  
A few times a month, ..... 04  
A few times a year, or ..... 05  
Never? ..... 06 → GO TO Q8.3

BIP801

8.1 Sometimes the only chance a parent gets to read is when her (child is/children are) asleep or being cared for by someone else. When do you do your own reading? Is it . . .



CIRCLE ONE

- Only when (CHILD is/your children are) around, ..... 01  
Only when (CHILD is/your children are) asleep or with someone else, ..... 02  
Sometimes when (CHILD is/your children are) around, ..... 03  
Or do you never have the time or opportunity for your own reading? ..... 04

8.2 DELETED FROM THIS VERSION.

BIP803

8.3 About how many books do you have in the house? Is it . . .

**HOME**

**PROBE:** Books that are written for adults not children.

**CIRCLE ONE**

- 1-9, ..... 01  
10-20, or ..... 02  
More than 20? ..... 03  
NONE ..... 00

8.4 Now, I am going to name some things that people sometimes have difficulty reading. I'd like you to tell me if you have any difficulty reading any of the following in English. Do you have any difficulty reading . . .

**SNOW**

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

BIP804A  
BIP804B  
BIP804C  
BIP804D  
BIP804E  
BIP804F  
BIP804G

		<b>YES</b>	<b>SOMETIMES</b>	<b>NO</b>	<b>NA</b>
A.	Newspapers? .....	01	02	00	XX
B.	Directions for taking medicines? .....	01	02	00	XX
C.	Forms or notes from your child's child care or school? .....	01	02	00	-4
D.	Labels on food packages? .....	01	02	00	XX
E.	Recipes? .....	01	02	00	XX
F.	Children's books? .....	01	02	00	XX
G.	Anything else? (SPECIFY) .....	01	02	00	XX

BIP804\_S

- 08 technical books  
09 novels/ non-children books  
10 magazines  
99 other

8.5 Do you ever read these kinds of things in another language?

BIP805 YES ..... 01  
NO ..... 00 → GO TO Q8.7

A. In what language do you read these materials?

BIP805A

CIRCLE ONE

SPANISH ..... 01

CHINESE (CANTONESE/MANDARIN) .... 02

CREOLE ..... 03

JAPANESE ..... 04

NATIVE AMERICAN ..... 05

SOUTH ASIAN (URDU, HINDI,  
GUJARATI, ETC.) ..... 06

ARABIC, PERSIAN ..... 07

99 08 ←

00

8.6 Please tell me if you have any difficulty reading any of the following in (LANGUAGE IN Q8.5A). Do you have any difficulty reading ...

**IF MORE THAN ONE LANGUAGE IN Q8.5A, ASK FOR ONE USED THE MOST.**

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

YES	SOMETIMES	NO	NA
-----	-----------	----	----

BIP806A	A. Newspapers?	01	02	00	XX
BIP806B	B. Directions for taking medicines?	01	02	00	XX
BIP806C	C. Forms or notes from your child's child care or school?	01	02	00	4
BIP806D	D. Labels on food packages?	01	02	00	XX
BIP806E	E. Recipes?	01	02	00	XX
BIP806F	F. Children's books?	01	02	00	XX

BIP807

8.7

Parents sometimes have to be away from home for a night or two. In the past month, have you been away from (CHILD) overnight?

scs

PROBE: In the last 30 days.

YES ..... 01

NO ..... 00

BIP808

8.8

Since (CHILD)'s birth, (but not counting days in the hospital just after (his/her) birth), have there ever been periods of **one week or more** when you and (CHILD) did not live together, either because you were away from home or (CHILD) was away from the home?

YES ..... 01

NO ..... 00 → GO TO SECTION 9

BIP809

8.9

Since (his/her) birth, how many times have you and (CHILD) been separated for a week or more?

|\_\_|\_\_| TIMES

BIP809A

A. And, altogether, how many weeks were you separated?

|\_\_|\_\_| WEEKS

8.10 A. AND B. ARE DELETED FROM THIS VERSION.

C. Why were you and (CHILD) separated?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

BIP810C1 CHILD'S ILLNESS <sup>or other's</sup> or death ..... 01

COURT OR AGENCY REMOVED  
CHILD FROM HOME ..... 02

BIP810C3 MOTHER'S (WORK) SCHEDULE ..... 03

MOTHER INSTITUTIONALIZED/JAILED .. 04

MOTHER MOVED ELSEWHERE ..... 05

BIP810C6 MOTHER'S <sup>or child's</sup> VACATION ..... 06

OTHER (SPECIFY) ..... 99 81

\_\_\_\_\_

OTHER (SPECIFY) ..... 88

\_\_\_\_\_

BIP810C9 VISITED FATHER/FATHER FIGURE ..... 09

BIP810C0 VISITED RELATIVE /mother ..... 10

D. DELETED FROM THIS VERSION.

E. Where did (CHILD) stay during (that/those) separation(s)?

PROBE: Any place else?

CIRCLE ALL THAT APPLY

BIP810E1

WITH CHILD'S OTHER PARENT ..... 01

BIP810E2

WITH MATERNAL GRANDPARENT ..... 02

BIP810E3

WITH PATERNAL GRANDPARENT ..... 03

BIP810E4

WITH OTHER RELATIVE/FRIEND ..... 04

~~BIP810E5~~

WITH FOSTER PARENT ..... 05

~~BIP810E6~~

IN INSTITUTION/GROUP HOME ..... 06

BIP810E7

IN HOSPITAL ..... 07

BIP810E8

OTHER (SPECIFY) ..... 99 08

\_\_\_\_\_

~~BIP810E9~~

MOTHER ..... 09

~~BIP810E0~~

FATHER ..... 10

BIP811

8.11 In the past month, how many people have helped you out by watching (CHILD)  
HOME when you were away from home and couldn't take (him/her) with you? Would  
you say ...

CIRCLE ONE

Only 1, ..... 01

2-3, ..... 02

4-5, or ..... 03

6 or More? ..... 04

## SECTION 9

### DISCIPLINE

Young children sometimes do things they are asked not to do, or don't do things they are asked to do. I'm going to read you three examples of the ways children can misbehave. For each one I'd like you to tell me what you do if (CHILD) behaves in this way.

BIP901

9.1 If (CHILD) keeps playing with breakable things, what do you do first?

**PROBE FOR "NEVER HAPPENS":** What would you do?

**CODE FIRST  
MENTIONED**

BIP90145 {

NOTHING--IGNORE CHILD .....	01
KEEP (HIM/HER) IN PLAYPEN (STROLLER, CRIB, WALKER) AND OUT OF EVERYTHING .....	02
SLAP (HIS/HER) HAND WHENEVER (HE/SHE) TOUCHES SOMETHING .....	03
TELL (HIM/HER) "NO!" AND EXPECT (HIM/HER) TO OBEY .....	04
TELL (HIM/HER) "NO!" AND EXPLAIN WHY .....	05
PUT (CHILD) IN (HIS/HER) ROOM .....	06
GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME) .....	07
SHOUT AT (HIM/HER) .....	08
PUT THINGS OUT OF REACH .....	09
OTHER (SPECIFY) .....	99 10

BIP901\_9

OTHER (SPECIFY) .....	11
-----------------------	----

DISTRACT THE CHILD WITH A TOY/SONG/GAME/ ACTIVITY .....	12
---	----

TAKE CHILD AWAY .....	13
-----------------------	----

14 Count

15 ask child for object/or to put object down/back

BIP902

9.2 If (CHILD) refuses to eat, what do you usually do?

HISPANIC  
HOME

PROBE FOR "NEVER HAPPENS": What would you do?

CODE FIRST  
MENTIONED

IGNORE (HIM/HER) ..... 01

BIP902-2

STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY ..... 02

BIP902-3

TAKE FOOD AWAY ..... 03

FORCE (CHILD) TO EAT ..... 04

PUNISH (HIM/HER) VERBALLY ..... 05

PUNISH (HIM/HER) PHYSICALLY ..... 06

BIP902-7

MAKE NEW FOOD ..... 07

PLAY A GAME TO GET (HIM/HER) TO EAT ..... 08

BRIBE (HIM/HER) ..... 09

EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER) ..... 10

SEND (CHILD) TO (HIS/HER) ROOM ..... 11

GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME) ..... 12

OTHER (SPECIFY) ..... 99 13

OTHER (SPECIFY) ..... 14

CONTINUE TRYING TO FEED, BUT DON'T FORCE (CHILD) ..... 15

16 - call doctor/check to see if sick

17 never refuses to eat

BIP903

- 9.3 If (CHILD) has a tantrum in a public place, such as a supermarket or bus stop, and words do not work, what do you do?

PROBE FOR "NEVER HAPPENS": What would you do?

CODE FIRST  
MENTIONED

BIP903-1

IGNORE (HIM/HER); NOT TALK TO (HIM/HER) ..... 01

SLAP OR PHYSICALLY PUNISH (HIM/HER) ..... 02

BIP903-3

PICK UP CHILD AND LEAVE THE PLACE ..... 03

LEAVE AND EXPECT CHILD TO FOLLOW ..... 04

PUNISH (HIM/HER) VERBALLY ..... 05

SHAKE (HIM/HER) ..... 06

SHOUT AT (CHILD) ..... 07

TELL (CHILD) YOU WILL PUNISH (HIM/HER) AT HOME ..... 08

THREATEN TO TAKE AWAY TREATS ..... 09

THREATEN "TIME OUT" WHEN YOU GET HOME ..... 10

OTHER (SPECIFY) ..... 99 *HA*

OTHER (SPECIFY) ..... 12 *21 Stare/give child a look*

GIVE (CHILD) FOOD ..... 13

HOLD (CHILD) ..... 14 *15 try to calm down child*

BIP903/6 DISTRACT/GIVE CHILD SOMETHING TO PLAY WITH  
17 hasn't happened

- 9.4 Sometimes children mind pretty well and sometimes they don't. In the past week, have you or has anyone in the household spanked (CHILD) because (he/she) was misbehaving or acting up?

18 talk to child *19 let child have/do what s/he wants*

PROBE: Last seven days.

BIP904

YES ..... 01

NO ..... 00 → GO TO SECTION 10

BIP904A A. How often did this happen in the past week?

  |  |  | TIMES

**NOTE: IN QS. 10.1-10.2 COUNT IF TOY OR OBJECT BELONGS TO CHILD, OR BELONGS TO OTHER CHILD BUT FOCUS CHILD CAN USE.**

**COUNT IF CHILD HAS TOY BUT DOESN'T PLAY WITH TOY. DO NOT COUNT IF IT IS LOST, BROKEN, STOLEN OR CHILD IS NOT ALLOWED TO PLAY WITH TOY.**

The next questions are about the toys that (CHILD) has.

- 10.1 Thinking about toys that (CHILD) can play with around the (house/apartment) . . .



- A. About how many, if any, push or pull toys does (CHILD) have? By push and pull toys we mean toys like those on this list. Would you say (he/she) has . . .

*[car on a string, cart with blocks, cornpopper, doll carriage, lawn mower, music box on a stick, shopping cart, stroller, toy vacuum cleaner, wagon, or homemade pull toy ]*

<u>NUMBER OF TOYS</u>	
None . . . . .	01
1-2 . . . . .	02
3-4 . . . . .	03
5 or more . . . . .	04



- B. About how many, if any, toys that let (CHILD) work (his/her) muscles does (he/she) have? Here are some examples of these types of toys. Would you say (he/she) has . . .

*[ball, crib gym, door swing, jump swing, play slide, riding toy, rocking horse, sit and spin, trampoline, TYCO treehouse (can be located in a playground close by)]*

None . . . . .	01
1-2 . . . . .	02
3-4 . . . . .	03
5 or more . . . . .	04



- C. About how many, if any, toys that have pieces that fit together such as the things on this list does (he/she) have? Would you say (he/she) has . . .

*[ball stackers, beads on a string, busy boxes, egg crate, hammer and pegs, jack-in-a-box, rings on a stick, shape sorters, and simple [single piece] puzzles ]*

None . . . . .	01
1-2 . . . . .	02
3-4 . . . . .	03
5 or more . . . . .	04



- D. About how many, if any, toys that can be put together in different ways like the things on this list does (he/she) have? Would you say (he/she) has . . .

*[stacking or nesting toys, blocks or building toys (e.g., alphabet blocks, bristle blocks, crayons and markers and paper, Legos, Lincoln logs, nuts and bolts, and tinker toys)]*

None . . . . .	01
1-2 . . . . .	02
3-4 . . . . .	03
5 or more . . . . .	04

	<u>NUMBER OF TOYS</u>
E. About how many, if any, cuddly, soft or role-playing toys like dolls or teddy bears does (he/she) have? Would you say (he/she) has ... <b>BIPA01E</b>	None ..... 01 1-2 ..... 02 3-4 ..... 03 5 or more ..... 04
F. About how many, if any, books do you have for (CHILD)? This can include children's books shared with other children. Would you say (he/she) has ... <b>BIPA01F</b>	None ..... 01 1-2 ..... 02 3-4 ..... 03 5 or more ..... 04
G. About how many, if any, toys that let (him/her) make music, such as a rattle or toy that plays a musical jingle does (he/she) have? Would you say (he/she) has ... <b>BIPA01G</b>	None ..... 01 1-2 ..... 02 3-4 ..... 03 5 or more ..... 04
H. About how many, if any, toys with wheels that (he/she) can ride on does (he/she) have? These can be things like a stroller or walker, or kiddie cars. Would you say (he/she) has ... <b>BIPA01H</b>	None ..... 01 1-2 ..... 02 3-4 ..... 03 5 or more ..... 04

Source: Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock, 2003.

10.2 CODE WITHOUT ASKING FOR OBJECTS OBSERVED:  
Does (CHILD) have . . .

		<u>YES</u>	<u>NO</u>
BIPA02A	A. A highchair? .....	01	00
BIPA02B	B. A child-sized table and chair? .....	01	00
BIPA02C	C. A playpen? .....	01	00
BIPA02D	D. A booster chair? .....	01	00
BIPA02E	E. Any mobiles? .....	01	00

3IPA03 10.3 Where are (CHILD)'s toys usually kept?

CIRCLE ONE

TOY CHEST .....	01
CLOSET .....	02
DRAWER .....	03
PAPER BAG .....	04
PLASTIC BASKET .....	05
CORNER OF ROOM .....	06
OTHER (SPECIFY) .....	<i>99.87</i>

\_\_\_\_\_

ALL OVER, NO PLACE IN PARTICULAR .....	08
PLAYPEN .....	09
BOX .....	10
11 in child's room	
12 in play/toy room	
13 living/ family room	
14 Shelf/ bookcase	
15 at other relative's house	
16 other family member's room	
17 basement	

- 10.4 What do you usually do when (CHILD) gets bored and isn't sure what to do?  
RECORD VERBATIM THEN CODE.

PROBE: Anything else?

---

---

---

CIRCLE ALL THAT APPLY

- BIPA0401      NOTHING ..... 01  
BIPA0402      GIVE HIM/HER A COOKIE OR  
                  SOMETHING TO EAT ..... 02  
BIPA0403      PUT HIM/HER TO BED FOR A NAP ..... 03  
BIPA0404      LETS HIM/HER FIGURE OUT  
                  WHAT HE WANTS TO DO ..... 04  
BIPA0405      PICKS HIM UP ..... 05  
BIPA0406      GETS OUT TOY ..... 06  
BIPA0407      PLAYS WITH CHILD ..... 07  
BIPA0408      TURN ON T.V. ..... 08  
BIPA0409      OTHER (SPECIFY) ..... 99 .09
- 

- BIPA0410      TAKES CHILD OUTSIDE ..... 10  
BIPA0411      GIVES CHILD BATH ..... 11  
BIPA0412      CHILD DOES NOT GET BORED ..... 12  
BIPA0413      Read to Child
- 14 sing/listen to music  
15 talk  
16 give ~~some~~ child someth  
17 help do household

- 10.5 Some people think it's a good idea to have toys around that are a little ~~chores~~ / help advanced for a child. Others think this isn't a good idea—that children should responder only be given toys that they are ready for. What do you think?

PROBE: A little advanced means toys designed for use by a somewhat older child

- BIPA05      GIVE THEM MORE ADVANCED TOY .... 01  
                  HOLD TOY BACK UNTIL READY ..... 02

BIPA06

- 10.6 Let's say someone gives (CHILD) a toy that is for a slightly older child. Do you . . .

CIRCLE ONE

- Give it to (him/her) and see what (he/she) does, ..... 01  
Explore it with (him/her), ..... 02  
Put it away until (he/she) is older, ..... 03  
Or do something else? (SPECIFY) ..... 99 04

\_\_\_\_\_

5 depends on toy /if safe/small parts

BIPA07

- 10.7 Let's say (CHILD) is trying to feed (him/her)self and takes the spoon, but isn't able to get the food to (his/her) mouth. What do you usually do?

CIRCLE ONE

- TAKE SPOON AWAY AND FEED CHILD ..... 01  
FEED CHILD BUT LET (HIM/HER) KEEP TRYING ..... 02  
TRY AND SHOW CHILD HOW TO DO IT ..... 03

BIPA08

- 10.8 Children sometimes like to play with things in a messy way, such as playing with sand, mud, water and even food. They may make a mess on their clothes, the table, and the floor. Does (CHILD) ever want to do this?

- YES ..... 01  
NO ..... 00

BIPA09

10.9 How do you feel about such messy play? Do you allow it or discourage it?

ALLOW IT .....	01
DISCOURAGE IT .....	02

BIPA10

10.10 CODE WITHOUT ASKING IF OBSERVED.

Do you have a pet such as a dog, cat, goldfish, or turtle?

YES .....	01
NO .....	00

BIPA11

10.11 When you are doing housework and (CHILD) wants attention, do you . . .

CIRCLE ONE

Try to finish quickly so you can feed  
(him/her) or tend to (him/her), ..... 01

Talk to or soothe (him/her) while  
you finish your work, or ..... 02

Stop your housework to amuse (CHILD)? .. 03

Let (CHILD) help you ..... 04

OTHER (SPECIFY) ..... 99.95

\_\_\_\_\_

BIPA12

10.12 CAN BE BASED ON EARLIER OBSERVATIONS--PRAISE CHILD:  
DID PARENT RESPOND POSITIVELY?

YES .....	01
NO .....	00

## SECTION 10B

### MacARTHUR COMMUNICATIVE DEVELOPMENT INVENTORY: SHORTENED VOCABULARY AND GESTURES

see page 74

BIPA13

- 10.13 Some children (CHILD)'s age are starting to understand and to say a few words. I have a list of words for you to look at (GIVE LIST TO PARENT). For each word, please tell me if (CHILD) understands the word but does not yet say it, or if (he/she) understands and also says it. Would you like to read this list on your own or do it together?

ON OWN ..... 01 → GIVE LIST. READ INSTRUCTION TOGETHER. AT END CHECK FOR COMPLETENESS.

TOGETHER ..... 02 → CONTINUE

If your child uses or understands a similar word or uses a different pronunciation, please tell me what it is. For example, if (he/she) says "doggie" for "dog" that counts.

- Does (CHILD) understand (READ WORD)? (CODE IN COLUMN "A". IF NO, GO TO NEXT ITEM. IF YES, ASK "B".)
- IF CHILD UNDERSTANDS, ASK: Does (he/she) also say (READ WORD)?

**CHILD MAY SAY WORD IN A BABY WAY, E.G., BLANKIE, POON, ETC. BUT MAKING A GESTURE WITHOUT USING WORD DOES NOT RATE AS "SAYS" WORD.**

	A.		B.	
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
3IPA-A01	1. Choo Choo	00 (GO TO 2)	01 (B)	02 BIPA-B01 00
BIPA-A02	2. Meow	00 (GO TO 3)	01 (B)	02 BIPA-B02 00
BIPA-A03	3. Ouch	00 (GO TO 4)	01 (B)	02 BIPA-B03 00
BIPA-A04	4. Uh oh	00 (GO TO 5)	01 (B)	02 BIPA-B04 00
BIPA-A05	5. Bird	00 (GO TO 6)	01 (B)	02 BIPA-B05 00
BIPA-A06	6. Dog	00 (GO TO 7)	01 (B)	02 BIPA-B06 00

	A.		B.	
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
7. Duck	BIPA-A07	00 (GO TO 8)	01 (B)	02 BIPA-B07 00
8. Kitty	BIPA-A08	00 (GO TO 9)	01 (B)	02 BIPA-B08 00
9. Lion	BIPA-A09	00 (GO TO 10)	01 (B)	02 BIPA-B09 00
10. Mouse	BIPA-A10	00 (GO TO 11)	01 (B)	02 BIPA-B10 00
11. Car	BIPA-A11	00 (GO TO 12)	01 (B)	02 BIPA-B11 00
12. Stroller	BIPA-A12	00 (GO TO 13)	01 (B)	02 BIPA-B12 00
13. Ball	BIPA-A13	00 (GO TO 14)	01 (B)	02 BIPA-B13 00
14. Book	BIPA-A14	00 (GO TO 15)	01 (B)	02 BIPA-B14 00
15. Doll	BIPA-A15	00 (GO TO 16)	01 (B)	02 BIPA-B15 00
16. Bread	BIPA-A16	00 (GO TO 17)	01 (B)	02 BIPA-B16 00
17. Candy	BIPA-A17	00 (GO TO 18)	01 (B)	02 BIPA-B17 00
18. Cereal	BIPA-A18	00 (GO TO 19)	01 (B)	02 BIPA-B18 00
19. Juice	BIPA-A19	00 (GO TO 20)	01 (B)	02 BIPA-B19 00
20. Toast	BIPA-A20	00 (GO TO 21)	01 (B)	02 BIPA-B20 00
21. Hat	BIPA-A21	00 (GO TO 22)	01 (B)	02 BIPA-B21 00
22. Pants	BIPA-A22	00 (GO TO 23)	01 (B)	02 BIPA-B22 00
23. Shoe	BIPA-A23	00 (GO TO 24)	01 (B)	02 BIPA-B23 00
24. Sock	BIPA-A24	00 (GO TO 25)	01 (B)	02 BIPA-B24 00
25. Eye	BIPA-A25	00 (GO TO 26)	01 (B)	02 BIPA-B25 00
26. Head	BIPA-A26	00 (GO TO 27)	01 (B)	02 BIPA-B26 00
27. Leg	BIPA-A27	00 (GO TO 28)	01 (B)	02 BIPA-B27 00
28. Nose	BIPA-A28	00 (GO TO 29)	01 (B)	02 BIPA-B28 00
29. Tooth	BIPA-A29	00 (GO TO 30)	01 (B)	02 BIPA-B29 00
30. Chair	BIPA-A30	00 (GO TO 31)	01 (B)	02 BIPA-B30 00
31. Couch	BIPA-A31	00 (GO TO 32)	01 (B)	02 BIPA-B31 00
32. Kitchen	BIPA-A32	00 (GO TO 33)	01 (B)	02 BIPA-B32 00
33. Table	BIPA-A33	00 (GO TO 34)	01 (B)	02 BIPA-B33 00
34. Television (TV)	BIPA-A34	00 (GO TO 35)	01 (B)	02 BIPA-B34 00
35. Blanket	BIPA-A35	00 (GO TO 36)	01 (B)	02 BIPA-B35 00
36. Bottle	BIPA-A36	00 (GO TO 37)	01 (B)	02 BIPA-B36 00
37. Cookie	BIPA-A37	00 (GO TO 38)	01 (B)	02 BIPA-B37 00

	A.			B.
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
38. Dish BIPA-A38	00 (GO TO 39)	01 (B)	02BIPA-B38 00	
39. Lamp BIPA-A39	00 (GO TO 40)	01 (B)	02BIPA-B39 00	
40. Radio BIPA-A40	00 (GO TO 41)	01 (B)	02BIPA-B40 00	
41. Spoon BIPA-A41	00 (GO TO 42)	01 (B)	02BIPA-B41 00	
42. Flower BIPA-A42	00 (GO TO 43)	01 (B)	02BIPA-B42 00	
43. Home BIPA-A43	00 (GO TO 44)	01 (B)	02BIPA-B43 00	
44. Moon BIPA-A44	00 (GO TO 45)	01 (B)	02BIPA-B44 00	
45. Outside BIPA-A45	00 (GO TO 46)	01 (B)	02BIPA-B45 00	
46. Plant BIPA-A46	00 (GO TO 47)	01 (B)	02BIPA-B46 00	
47. Rain BIPA-A47	00 (GO TO 48)	01 (B)	02BIPA-B47 00	
48. Rock BIPA-A48	00 (GO TO 49)	01 (B)	02BIPA-B48 00	
49. Water BIPA-A49	00 (GO TO 50)	01 (B)	02BIPA-B49 00	
50. Babysitter BIPA-A50	00 (GO TO 51)	01 (B)	02BIPA-B50 00	
51. Girl BIPA-A51	00 (GO TO 52)	01 (B)	02BIPA-B51 00	
52. Grandma BIPA-A52	00 (GO TO 53)	01 (B)	02BIPA-B52 00	
53. Mommy BIPA-A53	00 (GO TO 54)	01 (B)	02BIPA-B53 00	
54. Bath BIPA-A54	00 (GO TO 55)	01 (B)	02BIPA-B54 00	
55. Don't BIPA-A55	00 (GO TO 56)	01 (B)	02BIPA-B55 00	
56. Hi BIPA-A56	00 (GO TO 57)	01 (B)	02BIPA-B56 00	
57. Night Night BIPA-A57	00 (GO TO 58)	01 (B)	02BIPA-B57 00	
58. Patty Cake BIPA-A58	00 (GO TO 59)	01 (B)	02BIPA-B58 00	
59. Please BIPA-A59	00 (GO TO 60)	01 (B)	02BIPA-B59 00	
60. Wait BIPA-A60	00 (GO TO 61)	01 (B)	02BIPA-B60 00	
61. Break BIPA-A61	00 (GO TO 62)	01 (B)	02BIPA-B61 00	
62. Feed BIPA-A62	00 (GO TO 63)	01 (B)	02BIPA-B62 00	
63. Finish BIPA-A63	00 (GO TO 64)	01 (B)	02BIPA-B63 00	
64. Cup BIPA-A64	00 (GO TO 65)	01 (B)	02BIPA-B64 00	
65. Help BIPA-A65	00 (GO TO 66)	01 (B)	02BIPA-B65 00	
66. Jump BIPA-A66	00 (GO TO 67)	01 (B)	02BIPA-B66 00	
67. Kick BIPA-A67	00 (GO TO 68)	01 (B)	02BIPA-B67 00	
68. Kiss BIPA-A68	00 (GO TO 69)	01 (B)	02BIPA-B68 00	

	A.	B.		
	DOES NOT UNDERSTAND	UNDERSTANDS	ALSO SAYS	DOES NOT SAY
69. Push	BIPA-A69	00 (GO TO 70)	01 (B)	02BIPA-B69 00
70. Sing	BIPA-A70	00 (GO TO 71)	01 (B)	02BIPA-B70 00
71. Smile	BIPA-A71	00 (GO TO 72)	01 (B)	02BIPA-B71 00
72. Night	BIPA-A72	00 (GO TO 73)	01 (B)	02BIPA-B72 00
73. Today	BIPA-A73	00 (GO TO 74)	01 (B)	02BIPA-B73 00
74. All Gone	BIPA-A74	00 (GO TO 75)	01 (B)	02BIPA-B74 00
75. Big	BIPA-A75	00 (GO TO 76)	01 (B)	02BIPA-B75 00
76. Broken	BIPA-A76	00 (GO TO 77)	01 (B)	02BIPA-B76 00
77. Dark	BIPA-A77	00 (GO TO 78)	01 (B)	02BIPA-B77 00
78. Fast	BIPA-A78	00 (GO TO 79)	01 (B)	02BIPA-B78 00
79. Hurt	BIPA-A79	00 (GO TO 80)	01 (B)	02BIPA-B79 00
80. Pretty	BIPA-A80	00 (GO TO 81)	01 (B)	02BIPA-B80 00
81. Soft	BIPA-A81	00 (GO TO 82)	01 (B)	02BIPA-B81 00
82. I	BIPA-A82	00 (GO TO 83)	01 (B)	02BIPA-B82 00
83. Me	BIPA-A83	00 (GO TO 84)	01 (B)	02BIPA-B83 00
84. How	BIPA-A84	00 (GO TO 85)	01 (B)	02BIPA-B84 00
85. Who	BIPA-A85	00 (GO TO 86)	01 (B)	02BIPA-B85 00
86. Away	BIPA-A86	00 (GO TO 87)	01 (B)	02BIPA-B86 00
87. Out	BIPA-A87	00 (GO TO 88)	01 (B)	02BIPA-B87 00
88. Other	BIPA-A88	00 (GO TO 89)	01 (B)	02BIPA-B88 00
89. Some	BIPA-A89	00 (GO TO Q10.13A)	01 (B)	02BIPA-B89 00

10.13A Does (CHILD) do any of the following?

	YES	NO
BIPA13A1 Play peek-a-boo? .....	01	00
BIPA13A2 Play pattycake? .....	01	00
BIPA13A3 Play "so big"? .....	01	00
BIPA13A4 Play chasing games? .....	01	00
BIPA13A5 Sing? .....	01	00
BIPA13A6 Dance? .....	01	00

10.14 Next, I'd like to ask you some questions about the way (CHILD) uses gestures to make (him/her)self understood. I'll also ask about some of the pretend games (he/she) may be starting to play.

When children are first learning to communicate, they often use gestures to make their wishes known. As I describe each action, please tell me how often (CHILD) does it.

How often does (CHILD) (READ ITEM)? Does (he/she) do this often, sometimes, or does he not do this yet?

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	Often	Sometimes	Not Yet
--	-------	-----------	---------

- BIPA14A  
A. Extend (his/her) arm to show you something (he/she) is holding ..... 01 02 03
- BIPA14B  
B. Reach out and give you a toy or some object that (he/she) is holding ..... 01 02 03
- C. Point (with an arm and index finger extended) at some interesting object or event ..... 01 02 03
- D. Wave bye-bye on (his/her) own when someone leaves ..... 01 02 03
- E. Extend (his/her) arm upward to signal a wish to be picked up ..... 01 02 03
- F. Shake (his/her) head "no" ..... 01 02 03
- G. Nod (his/her) head "yes" ..... 01 02 03
- H. Gesture "hush" by placing (his/her) finger to (his/her) lips ..... 01 02 03
- I. Request something by extending (his/her) arm and opening and closing (his/her) hand ..... 01 02 03
- J. Blow kisses from a distance ..... 01 02 03
- K. Smack (his/her) lips in a "yum yum" gesture to indicate that something tastes good ..... 01 02 03
- BIPA14K  
L. Shrug to indicate "all gone" or "where'd it go" ..... 01 02 03
- BIPA14L

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10.15-10.17 ARE DELETED FROM THIS VERSION.

10.18 SECTION 10C - MOTOR DEVELOPMENT - DELETED FROM THIS VERSION.

11.1- 11.8 SECTION 11 - SOCIAL SUPPORT - DELETED FROM THIS VERSION.

## SECTION 12

### HOW PARENT HAS BEEN FEELING

- 12.1 Next, I am going to read you some statements that describe some feelings or attitudes that people often have. For each one, please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree.

Pearlin

(READ STATEMENT). Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with this *for you?*

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
--	-------------------	-------------------	----------------------	----------------------

A. There is really no way you can solve

BIPCO1A some of the problems you have ..... 01 02 03 04

B. Sometimes you feel that you are being

BIPCO1B pushed around in life ..... 01 02 03 04

C. You have little control over the things

BIPCO1C that happen to you ..... 01 02 03 04

D. You can do just about anything you

BIPCO1D really set your mind to do ..... 01 02 03 04

E. You often feel helpless in dealing with

BIPCO1E the problems of life ..... 01 02 03 04

F. What happens to you in the future

BIPCO1F depends mostly on you ..... 01 02 03 04

G. There is little you can do to change

BIPCO1G many of the important things in your life ..... 01 02 03 04

Pearlin, L.I. and Schooler, C. "The Structure of Coping." Journal of Health and Social Behavior, vol. 22 (1978), pp. 337-356.

- 12.2 In general, would you say your health is . . .

MOS 1,3

CIRCLE ONE

BIPCO2 Excellent, ..... 01

Very good, ..... 02

Good, ..... 03

Fair, or ..... 04

Poor? ..... 05

- 12.3 **DELETED FROM THIS VERSION.**

12.4

CESD

I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how often you have felt this way during the past week.

SHOW  
CARD  
16

How often during the past week have you felt (READ STATEMENT)--would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time? REPEAT FOR B-T AND CIRCLE ONE CODE FOR EACH.

**PROBE:** During the last 7 days.

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)
--	-----------------------------------	-----------------------------	-------------------------------------	------------------------

BIPCO4A	A. Bothered by things that usually don't bother you .....	01	02	03	04
BIPCO4B	B. You did not feel like eating; your appetite was poor .....	01	02	03	04
BIPCO4C	C. That you could not shake off the blues, even with help from family and friends .....	01	02	03	04
BIPCO4D	D. That you were as good as other people .....	01	02	03	04
BIPCO4E	E. You had trouble keeping your mind on what you were doing .....	01	02	03	04
BIPCO4F	F. Depressed .....	01	02	03	04
BIPCO4G	G. That everything you did was an effort .....	01	02	03	04
BIPCO4H	H. Hopeful about the future .....	01	02	03	04
BIPCO4I	I. Your life has been a failure .....	01	02	03	04
BIPCO4J	J. Fearful .....	01	02	03	04
BIPCO4K	K. Your sleep was restless .....	01	02	03	04
BIPCO4L	L. You were happy .....	01	02	03	04
BIPCO4M	M. You talked less than usual .....	01	02	03	04
BIPCO4N	N. You felt lonely .....	01	02	03	04
BIPCO4O	O. People were unfriendly .....	01	02	03	04
BIPCO4P	P. You enjoyed life .....	01	02	03	04
BIPCO4Q	Q. You had crying spells .....	01	02	03	04
BIPCO4R	R. You felt sad .....	01	02	03	04
BIPCO4S	S. You felt that people dislike you .....	01	02	03	04
BIPCO4T	T. You could not get "going" .....	01	02	03	04

12.5-12.25 ARE DELETED FROM THIS VERSION.

## SECTION 13

### STRESSFUL EVENTS

13.1 I am going to read you a list of good and bad things that sometimes happen to people. We'd like to know which of these, if any, have happened to you in the past year.

**CODE ONLY ONE RESPONSE FOR EACH STATEMENT.**

		<u>YES</u>	<u>NO</u>
BIPDI_01	1. Have you been robbed, mugged, or attacked in the past year?	01	00
BIPDI_02	2. Has one of your children been robbed, mugged or attacked in the past year?	01	00
BIPDI_03	3. Have you gotten married?	01	00
BIPDI_04	4. Have you had trouble in the past year finding a good place to live?	01	00
BIPDI_05	5. Have you had a relative or close friend in jail?	01	00
BIPDI_06	6. Have you started a new job?	01	00
BIPDI_07	7. Have you been hassled pretty often by bill collectors or collection agencies?	01	00
BIPDI_08	8. Has your electricity or phone been cut off?	01	00
BIPDI_09	9. Have you had an increase in income?	01	00
BIPDI_10	10. Have you had people living with you--relatives or friends--who you wish weren't there?	01	00
BIPDI_11	11. Have you had neighbors giving you problems?	01	00
BIPDI_12	12. Have you made up with your (spouse/partner [boy/girl]friend)?	01	00
BIPDI_13	13. Has someone you were close to died or been killed in the last year?	01	00
BIPDI_14	14. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?	01	00
BIPDI_15	15. Have you finished a course, or an education in job training program?	01	00
BIPDI_16	16. Has someone abused you physically, emotionally, or sexually?	01	00
BIPDI_17	17. Have you had a lot of arguments with (a partner or [boy/girl] friend/your spouse)?	01	00
BIPDI_18	18. Have you had some sort of problems with any of your former [boy/girl]friends (or spouse)?	01	00
BIPDI_19	19. Have you lost welfare benefits	01	00
BIPDI_20	20. Lost or not been able to get health insurance	01	00

IF BAYLEY OR VIDEOTAPING NOT DONE YET, DO THEM BEFORE SECTION 14.

## SECTION 14

### WRAP UP QUESTIONS FOR RESPONDENT

- BIPE01 14.1 Before we finish up, I have a few questions about how typical today was.  
Was this a typical day for (CHILD)?

PROBE: Don't count my being here.

YES ..... 01 → GO TO Q14.2  
NO ..... 00

- A. Why not?

BT

PROBE: Any other reasons?

#### CIRCLE ALL THAT APPLY

- BIPE01A1 CHILD WAS SICK OR TEETHING ..... 01  
BIPE01A2 PARENT WAS SICK ..... 02  
BIPE01A3 CHILD OFF SCHEDULE (DID NOT SLEEP, EAT, WAKE UP, ETC. AT REGULAR TIME) ..... 03  
BIPE01A4 CHILD BEHAVIOR DIFFERENT IN OTHER WAY ..... 04  
BIPE01A5 FEWER CHILDREN AROUND THAN USUAL ..... 05  
BIPE01A6 MORE CHILDREN AROUND THAN USUAL ..... 06  
BIPE01A7 OTHER (SPECIFY) ..... 99.87

--	--

- BIPE01A8 TANTRUMS/ACTED UP/LESS COOPERATIVE THAN USUAL ..... 08  
BIPE01A9 MORE COOPERATIVE THAN USUAL/UNUSUALLY WELL-BEHAVED ..... 09

10 Child usually at daycare/ parent at work  
11 Visitors / more people around

B1P01B

B. How different was it? Was it . . .

CIRCLE ONE

Only slightly different, ..... 01

Somewhat different, or ..... 02

Really different? ..... 03

B1P02

14.2 How much did my presence disrupt the routine or affect your activities or (CHILD)'s? Would you say . . .

CIRCLE ONE

Only slightly, ..... 01

Somewhat, or ..... 02

A great deal? ..... 03

B1P03

14.3 Did you do anything differently because I was here?

YES ..... 01

NO ..... 00 → GO TO Q14.4

A. What did you do differently?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- |          |  |       |
|----------|--|-------|
| BIPE03A1 | CHANGED ENVIRONMENT (CLEANED,<br>MOVED FURNITURE, ETC.) .....    | 01    |
| BIPE03A2 | INTERACTED LESS WITH CHILDREN ..                                 | 02    |
| BIPE03A3 | INTERACTED MORE WITH CHILDREN ..                                 | 03    |
| BIPE03A4 | FELT UNCOMFORTABLE .....   | 04    |
| BIPE03A5 | CHANGED BABY'S SCHEDULE (KEPT<br>AWAKE, DIDN'T FEED, ETC.) ..... | 05    |
| BIPE03A6 | OTHER (SPECIFY) .....  | 99 06 |
- 

- |          |  |    |
|----------|--|----|
| BIPE03A7 | WOULD HAVE GONE OUT .....                                      | 07 |
| BIPE03A8 | WOULD HAVE CLEANED .....                                       | 08 |
| BIPE03A9 | WOULD HAVE SPANKED/POPPED/<br>SLAPPED CHILD OR CHILD'S HAND .. | 09 |

<sup>10</sup> got up early/earlier than usual  
<sup>11</sup> didn't watch tv/favorite shows

12 mother's/primary  
caregiver's schedule  
changed

BIPE04 14.4 Did (CHILD) do anything differently because I was here?

YES .....

01

NO .....

00 → GO TO Q14.5

A. What did (CHILD) do differently because I was here?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- |          |                              |       |
|----------|------------------------------|-------|
| BIPE04A1 | SHOWED OFF .....             | 01    |
| BIPE04A2 | WATCHED THE OBSERVER .....   | 02    |
| BIPE04A3 | WAS QUIET, LESS ACTIVE ..... | 03    |
| BIPE04A4 | CRYED MORE .....             | 04    |
| BIPE04A5 | OTHER (SPECIFY) .....        | 99 05 |
- 

<sup>06</sup> shorter nap/no nap

<sup>07</sup> tantrums/difficult/frustrated

<sup>08</sup> more active

<sup>09</sup> curious about interview/  
assessments/toys

<sup>10</sup> played more/played with me/t

<sup>11</sup> learned/did new activities

BIPE05

14.5 Was the daily routine different because I was here?

YES ..... 01  
NO ..... 00 → GO TO Q14.6

A. What was different?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

BIPE05A1	STAYED AT HOME OR INSIDE WHEN WOULD HAVE GONE OUT .....	01
BIPE05A2	DELAYED NAPS OR MEALS .....	02
BIPE05A3	OFFERED MORE ACTIVITIES FOR CHILD .....	03
BIPE05A4	POSTPONED DOING CHORES, PHONE CALLS, TAKING SHOWER, HAVING FRIEND OVER .....	04
BIPE05A5	OTHER (SPECIFY) .....	99 25

\_\_\_\_\_

06 would be in day/child care/school

(omitted from PUF)

FOLLOW-UP INTERVIEW WITH CHILD CARE PROVIDER

B1PE06

14.6 CHECK QUESTIONS 4.0 AND 4.0A. IS (CHILD) IN CHILD CARE NOW?

- YES ..... 01  
NO ..... 00 → GO TO Q14.9

B1PE07<sub>0</sub>

14.7-0 CHECK QUESTIONS 4.9, 4.11 AND 4.23. DOES ANY ELIGIBLE PROVIDER CURRENTLY CARE FOR FOCUS CHILD 10 HOURS OR MORE PER WEEK?

- YES ..... 01 → GO TO Q14.7  
NO ..... 00 → GO TO Q14.9

B1PE07

14.7 LIST FULL NAME OF PROVIDER.

\_\_\_\_\_

B1PE07A

OFFICE ONLY									
PROVIDER ID: _____									

(pages 83-92 omitted)

CHECK "PEOPLE WHO KNOW HOW TO FIND ME" REPORT. COLLECT  
OR VERIFY:

14.27 Anyone else?

**OTHER PERSONS' NAME, ADDRESS, AND TELEPHONE NUMBER**

OTHER RELATIVE'S FULL NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

(        ) \_\_\_\_\_  
AREA CODE

SPOUSE'S NAME (IF APPLICABLE):  
\_\_\_\_\_

SAME AS SAMPLE MEMBER'S . . . . -4

NO OTHERS . . . . . 00

14.28 CLOSING

Thank you very much. Those are all our questions. We'll be back in touch in a few months.

**SECTION 15**  
**INTERVIEWER OBSERVATIONS OF HOME ENVIRONMENT**

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**INTERVIEWER: PLEASE COMPLETE THIS SECTION AFTER YOU LEAVE THE RESPONDENT'S HOME.**

**ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE MOTHER/CHILD INTERACTIONS AT THE TIME OF YOUR VISIT.**

**DO NOT BASE ANSWERS TO QS. 15.1-15.3 ON MOTHER'S ACTIONS DURING VIDEOTAPING**

- BIPF01 15.1 PARENT SPONTANEOUSLY VOCALIZED TO CHILD TWICE (COULD HAVE BEEN SOUNDS OR RANDOM WORDS--SPONTANEOUS IS THE IMPORTANT CONCEPT, DOES NOT COUNT IF MOTHER'S VOCALIZATION WAS IN RESPONSE TO CHILD'S VOCALIZATION).
- VOCALIZED ..... 01  
DID NOT VOCALIZE ..... 00
- BIPF02 15.2 PARENT RESPONDED VERBALLY TO CHILD'S VOCALIZATIONS (SOUNDS OR WORDS, IMPORTANT POINT IS THAT MOTHER DID NOT IGNORE CHILD. IF CHILD NEVER VOCALIZED TO MOTHER: SCORE AS AUTOMATIC "DID NOT RESPOND").
- RESPONDED ..... 01  
DID NOT RESPOND ..... 00
- BIPF03 15.3 PARENT TOLD CHILD THE NAME OF AN OBJECT OR PERSON DURING VISIT (MOTHER'S SENSITIVITY TO CHILD'S SEARCH FOR NAMES OF OBJECTS AROUND (HIM/HER)--NEED NOT BE AS DIRECT AS "THIS IS AN APPLE", BUT THE PARENT'S STATEMENT MUST CLEARLY LABEL SOME OBJECT OR PERSON, NOT JUST USE THE WORD IN A SENTENCE. FOR EXAMPLE, "GO GET X" SHOULD NOT COUNT BECAUSE PARENT IS NOT TEACHING CHILD THE NAME OF ANYTHING).

**INTERVIEWER: INCLUDE BABY WORDS AS 01.**

TOLD CHILD ..... 01  
DID NOT TELL CHILD ..... 00

15.4 PARENT'S SPEECH WAS DISTINCT AND AUDIBLE (SCORE POSITIVE IF YOU COULD UNDERSTAND AND COMMUNICATE WITH MOTHER--DO NOT SCORE NEGATIVELY FOR DIALECTS). NOT DISTINCT INCLUDES SLURRED, MUMBLING OR TROUBLE ARTICULATING WORDS.

BIPF04

DISTINCT ..... 01  
NOT DISTINCT ..... 00

15.5 PARENT INITIATED VERBAL EXCHANGES WITH VISITOR (SHOULD HAVE SPONTANEOUSLY MADE A FEW COMMENTS OR ASKED A FEW QUESTIONS OR BEEN A LITTLE WORDY AT TIMES).

BIPF05

INITIATED ..... 01  
DID NOT INITIATE ..... 00

15.6 PARENT CONVERSED FREELY AND EASILY (REFERS TO CHARACTERISTIC SPEECH PATTERN DURING VISIT--IF TYPICALLY SPOKE IN ONE WORD SENTENCES OR HEADSHAKES, SCORE AS "00").

BIPF06

CONVERSED ..... 01  
DID NOT CONVERSE ..... 00

15.7 PARENT SPONTANEOUSLY PRAISED CHILD AT LEAST TWICE (ANY ACHIEVEMENT NOTED WITH PRIDE, E.G., CAN DRESS HIMSELF, HAS A GOOD DISPOSITION. IMPORTANT THAT YOU READ THE MOTHER'S AFFECT, SOMETIMES NEGATIVE COMMENTS ARE REALLY POSITIVE REMARKS).

BIPF07

**INTERVIEWER: PRAISE MAY BE DIRECT TO CHILD OR TOLD TO YOU ABOUT CHILD.**

PRAISED ..... 01  
DID NOT PRAISE ..... 00

15.8 PARENT'S VOICE CONVEYS POSITIVE FEELINGS TOWARD CHILD (WAS TONE OF VOICE ANIMATED, OR FLAT AND IRRITATED)?

BIPF08

POSITIVE ..... 01  
NOT POSITIVE ..... 00

Source: Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock, 2003.

BIPF69 15.9 PARENT CARESSSED OR KISSED CHILD AT LEAST ONCE (E.G., CAN INCLUDE HUGGED, STROKED HAIR, PATTED ARM OR LEG, AFFECTIONATELY REACHING OUT, BLOWING A KISS).

CARESSED ..... 01

DID NOT CARESS ..... 00

BIPF10 15.10 PARENT DID NOT SHOUT AT CHILD (E.G., DID NOT RAISE VOICE ABOVE LEVEL REQUIRED BY DISTANCE BETWEEN MOTHER AND CHILD).

**INTERVIEWER: DO NOT CODE MOTHER SHOUTING TO WARN CHILD OF DANGER OR STOP CHILD FROM BEING IN DANGER AS "SHOUTED".**

DID NOT SHOUT ..... 01

SHOUTED ..... 00

BIPF11 15.11 PARENT DID NOT EXPRESS ANNOYANCE WITH OR HOSTILITY TOWARD CHILD (SHOULD SCORE AS "00" IF MOTHER COMPLAINED ABOUT CHILD IN A MANNER THAT DID NOT SUGGEST AN AFFECTIONATE JOKE. COULD HAVE TOLD CHILD TO STOP DOING SOMETHING SEVERAL TIMES AND STILL RECEIVE A POSITIVE SCORE IF GENERAL TONE WAS POSITIVE).

DID NOT EXPRESS ANNOYANCE . 01

EXPRESSED ANNOYANCE ..... 00

BIPF12 15.12 PARENT NEITHER SLAPPED NOR SPANKED CHILD DURING THE VISIT (IF UNCERTAIN ABOUT A PARTICULAR ACTION, NOTE CHILD'S BEHAVIOR--IF [HE/SHE] WHIMPERED OR CRIED OR FROWNED SCORE AS "00").

DID NOT SLAP ..... 01

SLAPPED ..... 00

BIPF13 15.13 PARENT DID NOT SCOLD OR CRITICIZE CHILD DURING THE VISIT (MUCH LIKE Q15.11, MAIN DIFFERENCE--MOTHER MADE NEGATIVE COMMENT DIRECTLY TO CHILD (E.G., "YOU ARE A BAD BOY/GIRL").

DID NOT SCOLD ..... 01

SCOLDED ..... 00

BIPF14

- 15.14 PARENT DID NOT INTERFERE OR RESTRICT CHILD MORE THAN 3 TIMES (RESTRICTIONS CAN BE VERBAL ("STOP THAT") AS WELL AS PHYSICAL (SLAPPED HAND, TOOK TOY AWAY, PUT CRAWLING CHILD IN CRIB OR PLAY PEN) DO NOT COUNT AS NEGATIVE ACTION TAKEN TO PREVENT CHILD FROM HARMING [HIM/HER]SELF).

DID NOT INTERFERE ..... 01  
INTERFERED ..... 00

BIPF15

- 15.15 CHILD'S PLAY ENVIRONMENT IS SAFE (E.G., WITHOUT THINGS SUCH AS UNCOVERED ROTARY FAN, BOARDS WITH NAILS STICKING OUT, UNPROTECTED STAIRS FOR PREWALKING BABY, POT HANDLES STICKING OVER THE STOVE, EXPOSED ELECTRICAL OUTLETS).

SAFE ..... 01  
NOT SAFE ..... 00

BIPF16

- 15.16 PARENT PROVIDED TOYS FOR CHILD DURING THE VISIT (MOTHER MADE A SPECIAL EFFORT TO HAVE SOMETHING INTERESTING FOR THE CHILD TO DO DURING THE INTERVIEW).

PROVIDED TOYS ..... 01  
DID NOT PROVIDE ..... 00

BIPF17

- 15.17 PARENT KEPT CHILD IN VISUAL RANGE WHEN CHILD WAS NOT CARED FOR BY SOMEONE ELSE, LOOKED OFTEN AT HIM/HER (OFTEN MEANS ENOUGH TO ENSURE SAFETY OF CHILD AND TO KEEP SOME KIND OF INTERPERSONAL CONTACT WITH (HIM/HER). FOR AN OLDER CHILD INTERPRET THIS AS WITHIN THE HOUSE OR APARTMENT).

IN RANGE ..... 01  
NOT IN RANGE ..... 00

BIPF18

- 15.18 DURING THE ENTIRE VISIT, HOW AT EASE DID THE PARENT APPEAR?

VERY UNCOMFORTABLE ..... 01  
SLIGHTLY ILL AT EASE ..... 02  
MODERATELY COMFORTABLE ... 03  
COMPLETELY COMFORTABLE  
AND AT EASE ..... 04

BIPF19 15.19 DURING THE ENTIRE VISIT, HOW DISRUPTIVE DO YOU THINK YOUR PRESENCE WAS?

- NOT AT ALL DISRUPTIVE ..... 01
- MINIMALLY DISRUPTIVE ..... 02
- MODERATELY DISRUPTIVE ..... 03
- HIGHLY DISRUPTIVE ..... 04

BIPF20 15.20 DURING THE ENTIRE VISIT, HOW MUCH DID THE CHILD TRY TO INTERACT WITH YOU?

- DIDN'T NOTICE YOU AT ALL ..... 01
- A FEW GLANCES OR SMILES ONLY ..... 02
- QUITE NUMEROUS GLANCES, SMILES, VOCALIZATIONS ..... 03
- PROLONGED WATCHING AND NUMEROUS ATTEMPTS TO INTERACT ..... 04

15.21 INTERVIEWER: ANSWER THESE QUESTIONS ABOUT YOUR KNOWLEDGE OF THE TREATMENT STATUS OF THE FAMILY.

BIPF21A A. DO YOU KNOW THE TREATMENT STATUS OF THIS FAMILY?

- YES ..... 01
- NO ..... 00 → GO TO Q15.22

B. WHEN DID YOU FIND OUT?

- BIPF21B1 BEFORE VISIT--FROM EARLIER CONTACT ..... 01
- BIPF21B2 BEFORE VISIT--FROM OTHER STAFF ..... 02
- BIPF21B3 DURING VISIT ..... 03

15.22 DID THE CHILD ...

		YES	NO	DIDN'T OBSERVE
BIPF22A	STAND ALONE .....	01	00	4
BIPF22B	WALK AT LEAST 2 STEPS WITHOUT HOLDING ON TO ANYTHING	01	00	4
BIPF22C	RUN .....	01	00	4
BIPF22D	WALK UP STEPS HOLDING ON .....	01	00	4
BIPF22E	WALK UP STEPS WITHOUT HOLDING ON .....	01	00	4

BIPF23 15.23 WERE ANY SECTIONS DONE BY PHONE?

YES ..... 01

NO ..... 00 → GO TO Q15.24

A. WHICH ONE(S) ?  
 BIPF23  
 01 02 03 04 05 06 07 08 BIPF23AF

BIPF23AD  
 09 10 11 12 13  
 BIPF23AC  
 BIPF23AP

- 15.24 A. HOW WELL WAS THE RESPONDENT ABLE TO ANSWER QUESTIONS ABOUT THE CHILD (FOR EXAMPLE, HOW THE CHILD USUALLY BEHAVES OR WHAT THE CHILD'S DAILY ROUTINES ARE LIKE)?

VERY WELL; SEEMS TO KNOW THIS CHILD WELL ..... 01

FAIRLY WELL; SEEMED HESITANT OR UNSURE ABOUT SEVERAL QUESTIONS BUT COULD ANSWER MOST QUESTIONS ABOUT THE CHILD ..... 02

NOT WELL; SEEMED UNSURE ABOUT MOST QUESTIONS ABOUT THE CHILD; SEEMED NOT TO KNOW THE CHILD VERY WELL ... 03

B1PF24B

- B. DID THE RESPONDENT HAVE HELP ANSWERING QUESTIONS FROM SOMEONE WHO SEEMED TO KNOW THE CHILD WELL?

YES ..... 01

NO ..... 00 → GO TO Q15.24D

- C. WHO WAS THE PERSON'S HELPING TO ANSWER QUESTIONS?

CIRCLE ALL THAT APPLY

B1PF24C1 SPOUSE/PARTNER ..... 01  
B1PF24C2 RESPONDENT'S MOTHER ..... 02  
B1PF24C3 RESPONDENT'S FATHER ..... 03  
B1PF24C4 SOMEONE ELSE (WHO?) ..... 99 04

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- D. WHO ELSE WAS PRESENT?

CIRCLE ALL THAT APPLY

B1PF24D1 SPOUSE/PARTNER ..... 01  
B1PF24D2 RESPONDENT'S MOTHER ..... 02  
B1PF24D3 RESPONDENT'S FATHER ..... 03  
B1PF24D4 OTHER CHILDREN ..... 04  
B1PF24D5 OTHER ADULTS ..... 05

BIPF25

- 15.25 DID THE RESPONDENT HAVE ANY IMPAIRMENTS THAT LIMITED OR RESTRICTED (HIS/HER) ABILITY TO INTERACT WITH OR RESPOND TO THE FOCUS CHILD DURING THE VISIT?

YES ..... 01

NO ..... 00 → GO TO Q15.26

A. WHAT CONDITIONS? DESCRIBE THEN CIRCLE ALL THAT APPLY

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CIRCLE ALL THAT APPLY

BIPF25A1 BLIND (TOTAL) ..... 01

BIPF25A2 DEAF (TOTAL) ..... 02

BIPF25A3 PARTIAL BLIND ..... 03

BIPF25A4 PARTIAL DEAF ..... 04

BIPF25A5 PARA- OR QUADRIPLEGIC ..... 05

BIPF25A6 EXTREME OBESITY ..... 06

BIPF25A7 IMPAIRED MOBILITY (DIFFICULTY  
GETTING DOWN ON THE  
FLOOR) ..... 07

BIPF25A8 OTHER (SPECIFY) ..... 99. 08

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BIPF25A9 PREGNANT ..... 09

BIPF25A0 MILD RETARDATION/SLOW ..... 10

BIPF26

- 15.26 DESCRIBE ANYTHING THAT YOU FEEL INTERFERED WITH OR INFLUENCED THE WAY THE RESPONDENTS ANSWERED THE QUESTIONS.

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15.27

BIPF27

I HAVE READ THIS COMPLETED QUESTIONNAIRE AND CERTIFY THAT ALL QUESTIONS REQUIRING ANSWERS HAVE BEEN APPROPRIATELY FILLED IN, AND THAT THIS INTERVIEW HAS BEEN ADMINISTERED TO THE DESIGNATED SAMPLE MEMBER.

INTERVIEWER

ID NUMBER

\_\_\_\_\_

DATE