## SECTION D: PARENT AND CHILD BEHAVIORS

D1. INTERVIEWER CHECKPOINT

**SEE COVERSHEET**

☐ 1. TARGET CHILD IN HH

☐ 2. ALL OTHERS → TURN TO P.61, D16

D2. (RB, P.7) Most parents find it necessary to punish or discipline their children at one time or another. I am going to read you some methods that parents sometimes use. For each one I mention, please tell me how often you use the method to punish or discipline (Target Child) -- often, sometimes, or never. How often do you...

| | OFTEN (1) | SOMETIMES (2) | NEVER (3) |
|---|---|---|---|
| a. ...scold or yell at (him/her)--_ often, sometimes, or never? | | | |
| b. ...spank (him/her)? | | | |
| c. (How often do you) threaten to spank (him/her)? | | | |
| d. ...take away privileges--(often, sometimes, or never)? | | | |
| e. ...threaten to send (him/her) away to live with someone else? | | | |
| f. (How often do you) explain how (his/her) behavior hurts you or other people? | | | |
| g. ...talk things over with (him/her)? | | | |
| h. ...give a “time out”? | | | |

D3. (RB P. 8) The following questions have to do with things that (Target Child) does and ways that you react to (him/her).

How often...

| | NEVER (1) | 1-2 TIMES A MONTH (2) | ONCE A WEEK (3) | A FEW TIMES A WEEK (4) | EVERY DAY (5) |
|---|---|---|---|---|---|
| a. ...do you praise (Target Child) by saying something such as “good for you” or “what a nice thing you did” or “that’s good going!”—(never, 1-2 times a month, once a week, a few times a week, or every day)? | | | | | |
| b. (How often) do you and (Target Child) laugh together? | | | | | |
| c. (How often) do you do something special with (Target Child) that (he/she) enjoys? | | | | | |
| d. (How often) do you play sports, hobbies, or games with (Target Child)? | | | | | |

D4. (RB, P. 9) Please tell me how often (Target Child) acts in the following ways:

How often would you say (Target Child)...

| | RARELY (1) | SOMETIMES (2) | ALMOST ALWAYS (3) |
|---|---|---|---|
| a. ...is obedient--rarely, sometimes, or almost always? | | | |
| b. ...cooperates with others? | | | |
| c. ...follows family rules? | | | |
| d. ...says friendly things to others (rarely, sometimes, or almost always)? | | | |
| e. ...is calm and easy going? | | | |
| f. ...shares (his/her) toys or possessions with others? | | | |
| g. ...is able to accept change well? | | | |
| h. ...is curious and exploring, or likes new experiences? | | | |

D5. (RB, P. 10) These statements are about behavior problems many children have. As I read each sentence, decide which phrase best describes (Target Child's) behavior over the last three months.

How true is it that (Target Child)...

| | NOT TRUE (1) | SOMETIMES TRUE (2) | OFTEN TRUE (3) |
|---|---|---|---|
| a. ...feels or complains that no one loves (him/her)--is that not true, sometimes true, or often true? | | | |
| b. ...cheats or tells lies? | | | |
| c. ...bullies or is cruel or mean to others? | | | |
| d. ...has trouble getting along with others? | | | |
| e. ...does not seem to feel sorry after (he/she) misbehaves? | | | |
| f. ...feels worthless or inferior—(is that not true, sometimes true, or often true)? | | | |
| g. ...is not liked by other children? | | | |
| h. ...is unhappy, sad, or depressed? | | | |
| j. ...is withdrawn, that is, does not get involved with others? | | | |
| k. ...has sudden changes in mood or feeling? | | | |
| m. ...is too fearful or anxious? | | | |
| n. ...breaks things deliberately? | | | |

D6. How would you rate (Target Child's) overall health? Is it excellent, very good, good, fair, or poor?

| 1. EXCELLENT | 2. VERY GOOD | 3. GOOD | 4. FAIR | 5. POOR | 8. DK |
|---|---|---|---|---|---|

D7. About how many times in the past 12 months has (Target Child) been seen by a doctor, nurse, or other health care professional for an illness?

_____ # OF TIMES

D8. Since (Target Child) was born, how many different times has (he/she) stayed in the hospital overnight or longer? Do not include the hospitalization when (he/she) was born.

_____ # OF TIMES

D9. In the past 12 months, have you felt, or has anyone suggested, that (Target Child) needed help for any behavioral, emotional, or mental problem?

| 1. YES | 5. NO → NEXT PAGE, D10 |
|---|---|

D9a. During the past 12 months, has (Target Child) seen a psychiatrist, psychologist, or counselor about any behavioral, emotional, or mental problem?

| 1. YES | 5. NO |
|---|---|

D10. Has your doctor, health professional, or school counselor ever said that (Target Child) had a learning disability?

| 1. YES | 5. NO |
|---|---|

D11. Does (Target Child) regularly take any medicines or prescription drugs to help control (his/her) activity level or behavior?

| 1. YES | 5. NO |
|---|---|

D12. How often does (Target Child) spend time with (his/her) biological father--never, a few times a year, a few times a month, a few times a week, or almost daily?

| 1. NEVER | 2. A FEW TIMES A YEAR | 3. A FEW TIMES A MONTH | 6. [IF VOL]: FATHER IN PRISON | 7. [IF VOL]: FATHER DECEASED |
|---|---|---|---|---|
| 4. A FEW TIMES A WEEK | 5. ALMOST DAILY | | | |

NEXT PAGE, D14

D13. Is (Target Child's)father living here now?

| 1. YES | 5. NO |
|---|---|

D14. Is (Target Child) enrolled in school?

| 1. YES | 5. NO → TURN TO P.62, SECTION E |
|---|---|

D14a. What grade is (Target Child) in school?

_____ GRADE | 11. PRESCHOOL | 12. KINDERGARTEN

D14b. Is (Target Child) currently in a special education class?

| 1. YES | 5. NO |
|---|---|

D14c. (RB, P. 11) How often does (TARGET CHILD) usually miss school--more than once a week, a few times a month, about once a month, a few times a year, or never?

| 1. MORE THAN ONCE A WEEK | 2. A FEW TIMES A MONTH | 3. ABOUT ONCE A MONTH |
|---|---|---|
| 4. A FEW TIMES A YEAR | 5. NEVER | |

GO TO D14f

D14d. In the last month, how many days did (Target Child) miss more than half of the day of school because of illness?

_____ # OF DAYS

D14e. In the last month, how many days did (Target Child) miss more than half of the day of school because of injury?

_____ # OF DAYS

D14f. In the last 3 months, how true is it that (Target Child) is disobedient in school – is it not true, sometimes true, or often true?

| 1. NOT TRUE | 2. SOMETIMES TRUE | 3. OFTEN TRUE |
|---|---|---|

D14g. Also in the last 3 months, how true is it that (Target Child) has trouble getting along with teachers – is it not true, sometimes true, or often true?

| 1. NOT TRUE | 2. SOMETIMES TRUE | 3. OFTEN TRUE |
|---|---|---|

D15. Has (Target Child) repeated a grade for any reason?

1. YES

5. NO → NEXT PAGE, SECTION E

D15a. How many times has (Target Child) had to repeat a grade?

_____ # OF TIMES

**NEXT PAGE, SECTION E**

**D16.** INTERVIEWER CHECKPOINT

**SEE COVERSHEET, P. 3; ITEM 17**

☐ 1. WAVE 2 TARGET CHILD MOVED OUT

☐ 2. ALL OTHERS → NEXT PAGE, SECTION E

D17. In what month and year did (Target Child) move out of your household?

_____ / _____
MONTH YEAR

D18. Where is (Target Child) living now? With (his/her) father, with another relative, in foster care, with an adoptive family, or someplace else?

| 1. FATHER | 2. ANOTHER RELATIVE | 3. FOSTER CARE |
|---|---|---|
| 4. ADOPTIVE FAMILY | 5. SOMEPLACE ELSE | 6. [IF VOL:] DECEASED |