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