SECTION GA: DEPRESSION

GA1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. YES
5. NO
6. IF VOLUNTEERED: I WAS ON MEDICATION/ANTI-DEPRESSANTS

→ TURN TO P. 69, GA9

GA1a. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1. ALL DAY LONG
2. MOST
3. ABOUT HALF
4. LESS THAN HALF

→ TURN TO P. 69, GA9

GA1b. During those two weeks, did you feel this way every day, almost every day, or less often?

1. EVERY DAY
2. ALMOST EVERY DAY
3. LESS OFTEN

→ TURN TO P. 69, GA9

GA1c. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

1. YES
5. NO

Losing Interest

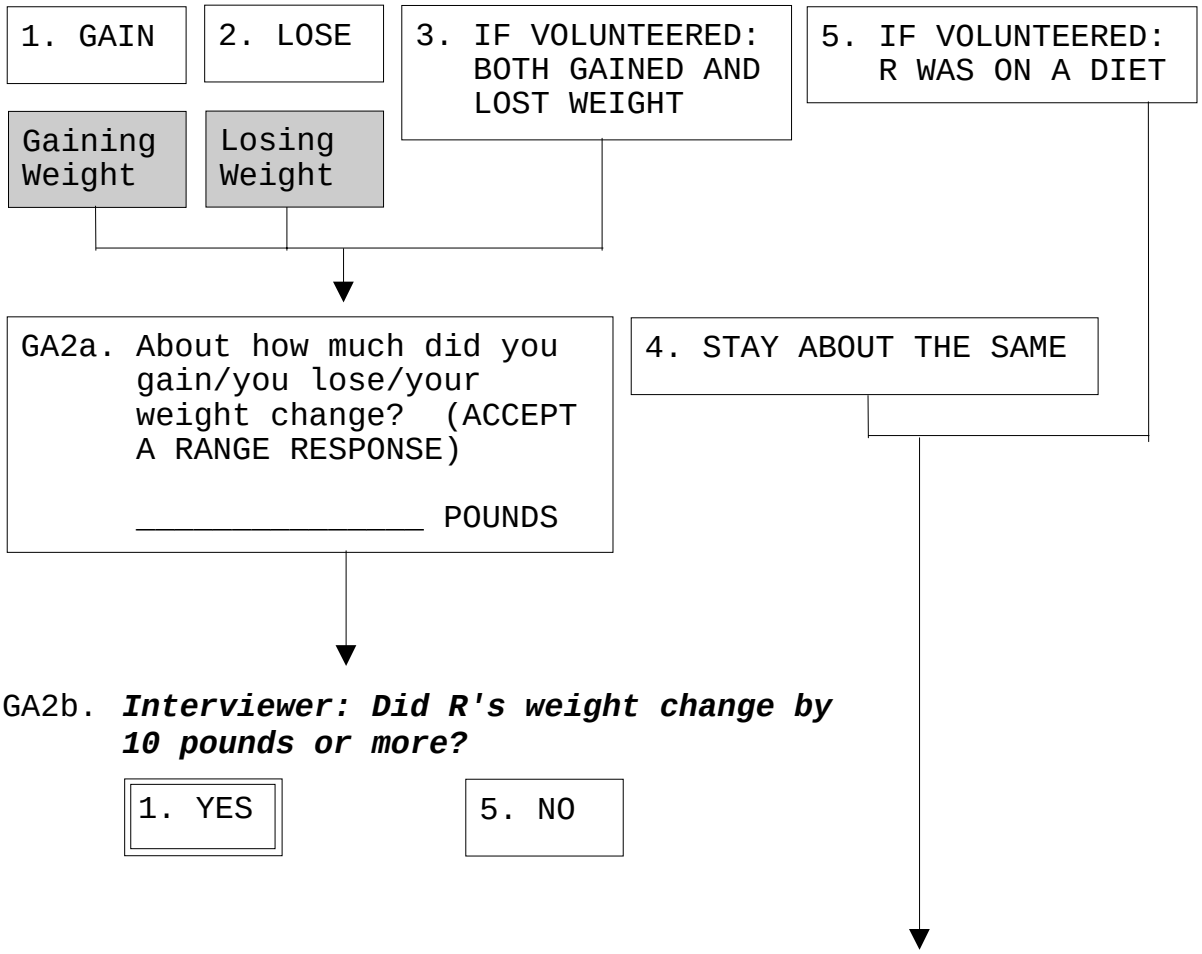
GA1d. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES
5. NO

Feeling Tired

GA2. Did you gain or lose weight without trying, or did you stay about the same?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."



GA3. During those two weeks, did you have more trouble falling asleep than you usually do?

1. YES

5. NO → NEXT PAGE, GA4

GA3a. Did that happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

Trouble Falling Asleep

GA4. During those two weeks, did you have a lot more trouble concentrating than usual?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES	5. NO

Trouble Concentrating

GA5. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES	5. NO

Feeling Down on Yourself

GA6. Did you think a lot about death -- either your own, someone else's, or death in general during those two weeks?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES	5. NO

Thoughts About Death

GA7. INTERVIEWER CHECKPOINT -- (COUNT YES RESPONSES IN GA1c-GA6)

☐ 1. ZERO YES RESPONSES → TURN TO P. 73, SECTION GB

☐ 2. ONE OR MORE YES RESPONSES

NEXT PAGE, GA8

GA8. To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like (READ UP TO THE FIRST THREE SHADED BOX "YES" RESPONSES TO GA1c - GA6).

About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WKS OR | 52. IF VOL. ENTIRE YEAR | → GO TO GA8b

GA8a. Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

_____MONTH _____YEAR

GA8b. Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

1. YES	5. NO

GA8c. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

1. YES	5. NO

GA8d. Did you take medication or use drugs or alcohol more than once for these problems?

1. YES	5. NO

GA8e. How much did these problems interfere with your life or activities -- a lot, some, a little, or not at all?

1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL

TURN TO P. 73, SECTION GB

GA9. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1. YES
5. NO
6. IF VOLUNTEERED: I WAS ON MEDICATION/ANTI-DEPRESSANTS

→ TURN TO P. 73, SECTION GB

GA9a. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

1. ALL DAY LONG
2. MOST
3. ABOUT HALF
4. LESS THAN HALF

→ TURN TO P. 73, SECTION GB

GA9b. Did you feel this way every day, almost every day, or less often during the two weeks?

1. EVERY DAY
2. ALMOST EVERY DAY
3. LESS OFTEN

→ TURN TO P. 73, SECTION GB

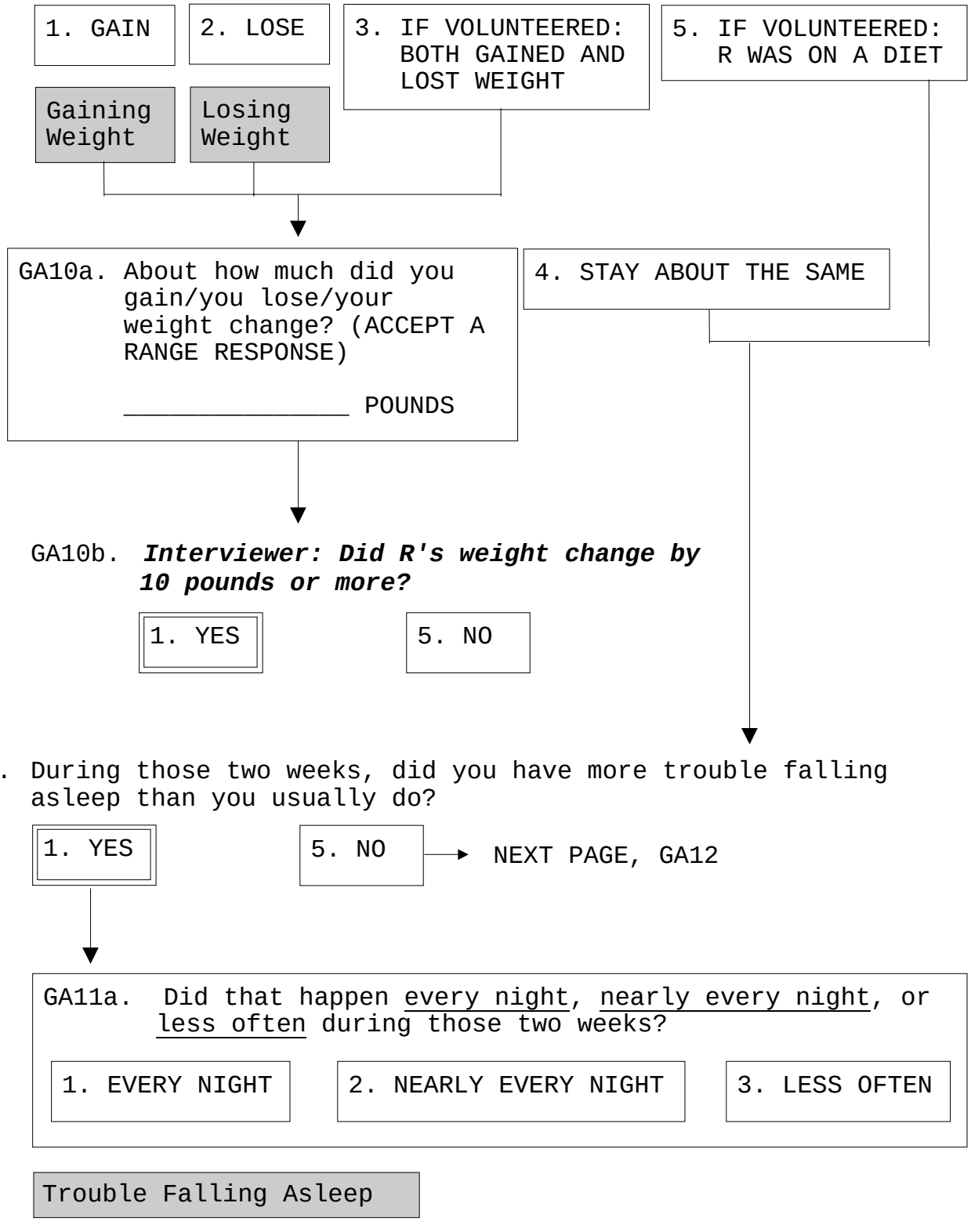
GA9c. During those two weeks, did you feel tired out or low on energy all the time?

1. YES
5. NO

Feeling Tired

GA10. Did you gain or lose weight without trying, or did you stay about the same?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."



GA11. During those two weeks, did you have more trouble falling asleep than you usually do?

1. YES

5. NO → NEXT PAGE, GA12

GA11a. Did that happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

Trouble Falling Asleep

GA12. During those two weeks, did you have a lot more trouble concentrating than usual?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES	5. NO

Trouble Concentrating

GA13. People sometimes feel down on themselves, no good, or worthless. Did you feel that way during that two week period?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES	5. NO

Feeling Down on Yourself

GA14. Did you think a lot about death -- either your own, someone else's, or death in general during those two weeks?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES	5. NO

Thoughts About Death

GA15. INTERVIEWER CHECKPOINT -- (COUNT "YES" RESPONSES IN GA9c-GA14)

☐ 1. ZERO YES RESPONSES → TURN TO P. 73, SECTION GB

☐ 2. ONE OR MORE YES RESPONSES



NEXT PAGE, GA16

GA16. To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (READ UP TO THE FIRST 3 SHADED BOX "YES" RESPONSES TO GA9c - GA14).

About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WKS OR | 52. IF VOL. ENTIRE YEAR | → GO TO GA16b

GA16a. Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

_____MONTH _____YEAR

GA16b. Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

1. YES	5. NO

GA16c. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

1. YES	5. NO

GA16d. Did you take medication or use drugs or alcohol more than once for these problems?

1. YES	5. NO

GA16e. How much did these problems interfere with your life or activities -- a lot, some, a little, or not at all?

1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL

SECTION GB: SOCIAL PHOBIA

GB1. Now I would like to ask you about situations in which you have been anxious or afraid. Some people have a strong fear of doing things in front of other people or being the center of attention. Do you have an unreasonably strong fear or avoid any of the following situations...

	YES (1)	NO (5)
GB1a. First, giving a speech or speaking in public (Do you have an unreasonably strong fear or avoid these things?)		
GB1b. (How about) eating or drinking where someone could watch you? (Do you have an unreasonably strong fear or avoid these things?)		
GB1c. (How about) talking to people because you might have nothing to say or might sound foolish?		
GB1d. (How about) writing while someone watches?		
GB1e. (How about) taking part or speaking in a meeting or class? (Do you have an unreasonably strong fear or avoid this type of situation?)		
GB1f. (How about) going to a party or other social outing? (Do you have an unreasonably strong fear or avoid this type of situation?)		

GB2. INTERVIEWER CHECKPOINT

SEE GB1a-GB1f

☐ 1. ONE OR MORE YES RESPONSES IN GB1 a-f

☐ 2. ALL OTHERS → TURN TO P. 76, SECTION GG

GB3. Thinking only of the situation(s) that we just reviewed that cause(s) you unreasonably strong fears, do you get very anxious or upset every time you are in (this/these) situation(s), most of the time, only some of the time, or never?

1. EVERY TIME	2. MOST OF THE TIME	3. SOME OF THE TIME	4. NEVER	7. (IF VOLUNTEERED) ONLY ONE OR TWO TIMES EVER

TURN TO P. 76, SECTION GG

GB4. How long have you had (this/these) fear(s)--less than 1 year, between 1 and 5 years, or more than 5 years?

1. LESS THAN 1 YEAR	2. BETWEEN 1 AND 5 YEARS	3. MORE THAN 5 YEARS

GB4a. About how many months?

_____ # OF MONTHS

GB5. During the past 12 months, how much did (this/these) fear(s) interfere with your life or activities--a lot, some, a little, or not at all?

1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL

GB6. During the past 12 months were you ever very upset with yourself for having (this/these) fear(s)?

1. YES	5. NO

GB7. Is your fear unreasonable--that is, much stronger than it should be?

1. YES	5. NO

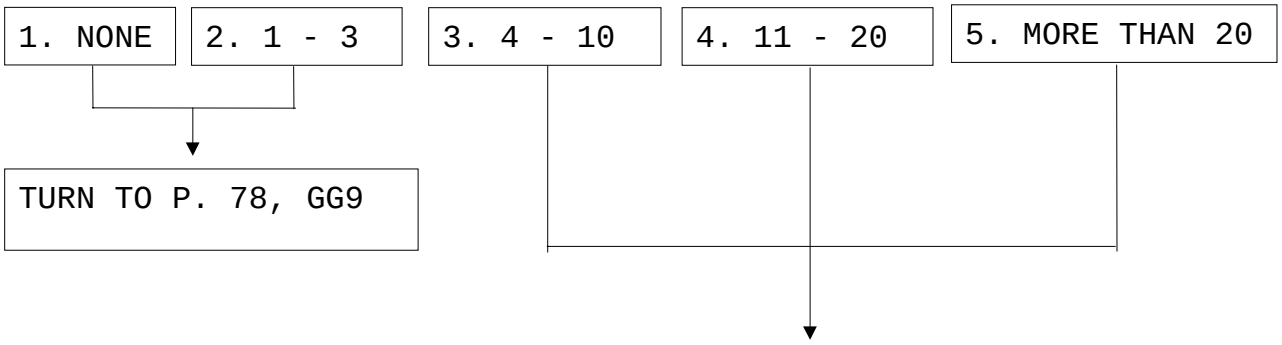
GB8. Is your fear much stronger than in other people?

1. YES	5. NO

SECTION GG: ALCOHOL DEPENDENCE

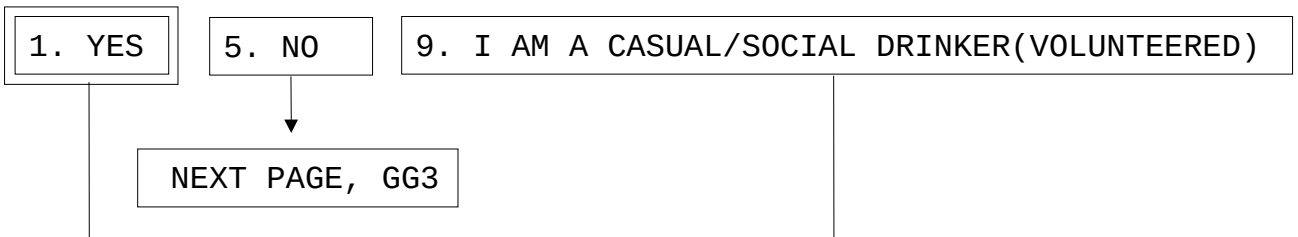
GG1. (RB, P. 19) The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. With these definitions in mind, what is the largest number of drinks you had in any single day during the past 12 months -- none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

(IF R VOLUNTEERS "I never drink", ACCEPT THE ANSWER AND CHECK 'NONE' IN THE RESPONSE OPTIONS)

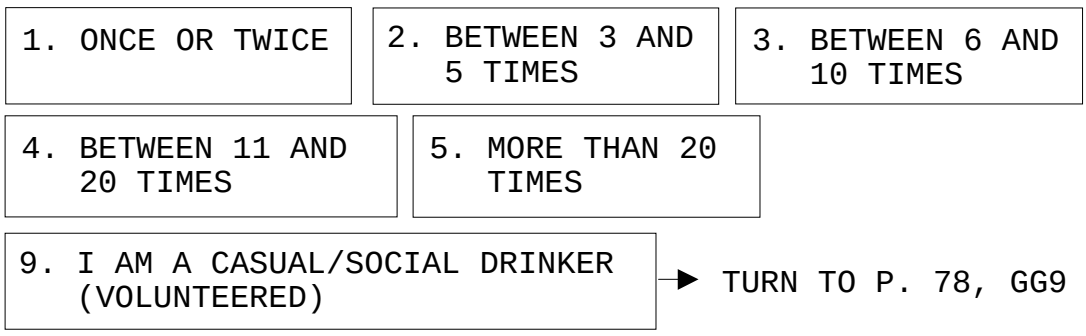


(INTERVIEWER: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.)

GG2. In the past 12 months, was there ever a time when your drinking or being hung over interfered with your work at school, or a job, or at home?



GG2a. (RB, P. 20) How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?



GG3. During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

1. YES	5. NO	9. I AM A CASUAL/SOCIAL DRINKER(VOLUNTEERED)

→ NEXT PAGE, GG9

GG4. During the past 12 months, did you have any emotional or psychological problems from using alcohol - such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

1. YES	5. NO	9. I AM A CASUAL/SOCIAL DRINKER(VOLUNTEERED)

→ NEXT PAGE, GG9

GG5. During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

1. YES	5. NO	9. I AM A CASUAL/SOCIAL DRINKER(VOLUNTEERED)

→ NEXT PAGE, GG9

GG6. During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

1. YES	5. NO	9. I AM A CASUAL/SOCIAL DRINKER(VOLUNTEERED)

→ NEXT PAGE, GG9

GG7. During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

1. YES	5. NO	9. I AM A CASUAL/SOCIAL DRINKER(VOLUNTEERED)
	GO TO GG8	GO TO GG9

GG7a. (RB, [STILL ON] P. 20) How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

1. ONCE OR TWICE	2. BETWEEN 3 AND 5 TIMES	3. BETWEEN 6 AND 10 TIMES
4. BETWEEN 11 AND 20 TIMES	5. MORE THAN 20 TIMES	

GG8. During the past 12 months, was there ever a time when you had to drink much more than you used to, to get the same effect you wanted?

1. YES	5. NO	9. I AM A CASUAL/SOCIAL DRINKER(VOLUNTEERED)

GG9. INTERVIEWER CHECKPOINT

☐ 1. ONE OR MORE YES ANSWERS IN GG2 TO GG8 → NEXT PAGE, GG11

☐ 2. ALL OTHERS

GG10. During the past 12 months, have you had a concern about having an alcohol problem?

1. YES	5. NO → TURN TO P. 80, SECTION GH

GG11. Now I am going to ask you a few questions about alcohol treatment. Treatment might include a stay in a hospital, treatment center, or halfway house. It could also consist of seeing a counselor, attending Alcoholics Anonymous or receiving medication from a doctor or nurse.

Have you ever received treatment or services for alcohol use?

1. YES

5. NO → GO TO GG11d

GG11a. Are you currently receiving treatment for your alcohol use?

1. YES → GO TO GG11c

5. NO

G11b. Have you received treatment in the last 12 months?

1. YES

5. NO

GG11c. Was there a time in the last 12 months that you wanted treatment and didn't get it?

1. YES

5. NO → NEXT PAGE, SECTION GH

GG11d. What were the reasons for not getting help? (CHECK ALL THAT APPLY)

A. COST/INSURANCE PROBLEMS

B. CHILD CARE PROBLEMS

C. TRANSPORTATION PROBLEMS

D. FEAR OF TREATMENT/DIAGNOSIS

E. DON'T BELIEVE IN TREATMENT

F. COULD HANDLE IT MYSELF; DIDN'T NEED TREATMENT; NOT SERIOUS

G. DIDN'T HAVE TIME

H. WAIT LIST TOO LONG

J. DIDN'T KNOW WHERE TO GO FOR HELP

Z. OTHER (SPECIFY): _____

SECTION GH: DRUG DEPENDENCE

GH1. (RB, P. 21) The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the drugs listed on P. 21 of the booklet on your own during the past 12 months? You can just give me the number.

	YES (1)	NO (5)
1. ...SEDATIVES (E.G., SLEEPING PILLS)? (including barbiturates, e.g., Seconal, Halcion, Methaqualone)		
2. ...TRANQUILIZERS (E.G., VALIUM)? (e.g., Librium, Ativan, Meprobamate, Xanax)		
3. ...AMPHETAMINES (E.G., STIMULANTS)? (e.g., Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed")		
4. ...ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS (E.G, CODEINE)? (Note: this does not include normal use of aspirin, Tylenol without codeine, etc., but does include use of Tylenol with codeine and other prescription painkillers like Demerol, Darvon, Percodan, Morphine, and Methadone)		
5. ...INHALANTS THAT YOU SNIFF OR BREATHE TO GET HIGH? (e.g., Amylnitrate, Freon, Nitrous Oxide, or "Whippets", Gasoline)		
6. ...MARIJUANA OR HASHISH?		
7. ...COCAINE OR CRACK OR FREE BASE?		
8. ...LSD OR OTHER HALLUCINOGENS (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)?		
9. ...HEROIN?		

NONE OF THE ABOVE

GH2. INTERVIEWER CHECKPOINT

☐	1. ONE OR MORE YES ANSWERS IN GH1, 1-9	
☐	2. ZERO YES ANSWERS IN GH1, 1-9 →	NEXT PAGE, GH11

GH3. In the past 12 months, did your use of (this substance/any of these substances) ever interfere with your work at school, or a job, or at home?

1. YES	5. NO → GO TO GH4

GH3a. (RB, P. 22) How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

1. ONCE OR TWICE	2. BETWEEN 3 AND 5 TIMES	3. BETWEEN 6 AND 10 TIMES	4. BETWEEN 11 AND 20 TIMES	5. MORE THAN 20 TIMES

GH4. During the past 12 months, were you ever under the influence of (this substance/any of these substances) in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else?

1. YES	5. NO

GH5. During the past 12 months, did you have any emotional or psychological problems from using (this substance/any of these substances)--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

1. YES	5. NO

GH6. During the past 12 months, did you have such a strong desire or urge to use (this substance/any of these substances) that you could not keep from using it?

1. YES	5. NO

GH7. During the past 12 months, did you have a period of a month or more when you spent a great deal of the time using (this substance/any of these substances) or getting over (its/their) effects?

1. YES | 5. NO

GH8. During the past 12 months, did you often use much larger amounts of (this substance/any of these substances) than you intended to or did you use (it/them) for a longer period of time than you intended to?

1. YES | 5. NO → GO TO GH9

GH8a. (RB, STILL ON P. 22) How often, once or twice, between 3 and 5 times, between 6 and 10 times, between 11 and 20 times, or more than 20 times in the past year?

1. ONCE OR TWICE	2. BETWEEN 3 AND 5 TIMES	3. BETWEEN 6 AND 10 TIMES	4. BETWEEN 11 AND 20 TIMES	5. MORE THAN 20 TIMES

GH9. During the past 12 months, was there ever a time when you had to use more of (this substance/any of these substances) than you used to, to get the same effect you wanted?

1. YES | 5. NO

GH10. INTERVIEWER CHECKPOINT

☐ 1. ONE OR MORE YES ANSWERS IN GH3 TO GH9 → NEXT PAGE, GH12

☐ 2. ALL OTHERS

GH11. During the past 12 months, have you had a concern about having a drug problem?

1. YES → NEXT PAGE, GH12 | 5. NO → TURN TO P. 84, SECTION H

GH12. Now I am going to ask you a few questions about drug treatment. Treatment might include a stay in a hospital, treatment center, or halfway house. It could also consist of seeing a counselor, receiving medication such as methadone as an outpatient or attending Narcotics Anonymous.

Have you ever received treatment or services for drug use?

1. YES

5. NO → GO TO GH12d

GH12a. Are you currently receiving treatment for drug use?

1. YES → GO TO GH12c

5. NO

GH12b. Have you received treatment in the last 12 months?

1. YES

5. NO

GH12c. Was there a time in the last 12 months that you wanted treatment and didn't get it?

1. YES

5. NO → NEXT PAGE, SECTION H

GH12d. What were the reasons for not getting help? (CHECK ALL THAT APPLY)

A. COST/INSURANCE PROBLEMS

B. CHILD CARE PROBLEMS

C. TRANSPORTATION PROBLEMS

D. FEAR OF TREATMENT/DIAGNOSIS

E. DON'T BELIEVE IN TREATMENT

F. COULD HANDLE IT MYSELF; DIDN'T NEED TREATMENT; NOT SERIOUS

G. DIDN'T HAVE TIME

H. WAIT LIST TOO LONG

J. DIDN'T KNOW WHERE TO GO FOR HELP

Z. OTHER (SPECIFY):

_____

SECTION H: NEIGHBORHOOD

H1. Have you moved since (W1 IW DATE)?

1. YES

5. NO → NEXT PAGE, H4

H2. How many different places have you lived since (W1 IW DATE)?

_____ # PLACES

H3. (RB, P. 23) Now I have some questions about your neighborhood. In your neighborhood, how much of a problem is there with...

	NOT AT ALL (1)	SOMEWHAT (2)	VERY MUCH (3)
a. ...availability of public transportation -- not at all, somewhat, or very much a problem?			
b. ...availability of affordable housing?			
c. ...police not coming or taking a long time to come when called?			
d. ...groups of teenagers hanging out in public places making a nuisance of themselves?			
e. ...vandalism, that is, buildings and personal belongings that are broken or torn up--(not at all, somewhat, or very much a problem)?			
f. ...prostitution?			
g. ...sexual assaults or rapes?			
h. ...muggings?			
i. ...gangs?			
j. ...drug use or dealing in the open?			

H4. Would you move from this neighborhood if you could?

1. YES	5. NO	8. DK

H5. Would you say your neighborhood is very safe, safe, not very safe, or not safe at all?

1. VERY SAFE	2. SAFE	3. NOT VERY SAFE	4. NOT SAFE AT ALL

H6. Please tell me if you have the following services or programs in your neighborhood. Is there...

			H7. Have you (or your family living here) used this in the last year?	
a. ...a community family health service?	1. YES →	5. NO / 8. DK	1. YES	5. NO
b. ...a bank or credit union?	1. YES →	5. NO / 8. DK	1. YES	5. NO
c. ...an organized summer recreational program?	1. YES →	5. NO / 8. DK	1. YES	5. NO
d. ...a community day care or after-school program?	1. YES →	5. NO / 8. DK	1. YES	5. NO
e. ...a literacy, GED, or tutoring program?	1. YES →	5. NO / 8. DK	1. YES	5. NO
f. ...an employment office?	1. YES →	5. NO / 8. DK	1. YES	5. NO

I'd like to ask you some questions about the living arrangements of you and your child(ren).

H8. Do you <u>own</u> this (house/apartment), are you <u>renting</u>, or do you <u>neither rent nor own</u>?

1. OWN

2. RENT (INCLUDING VOUCHERS)

TURN TO P. 88, H12

3. NEITHER RENTS NOR OWNS

8. DK

TURN TO P. 89, H19

H9. How much is your monthly mortgage payment?

$ _____

H10. How satisfied are you with your current housing situation--very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. SOMEWHAT DISSATISFIED	4. VERY DISSATISFIED

H11. How many bedrooms are there in your home?

_____ # BEDROOMS

TURN TO P. 90, SECTION J.

H12. How much do you pay each month in rent?

$ _____

H13. (Besides any cash payments) Do you ever swap services, like babysitting, for housing?

1. YES	5. NO	8. DK

H14. Is this building owned by a public housing authority?

1. YES	5. NO	8. DK

H15. Does a government agency pay some of the cost of the unit?

1. YES	5. NO	8. DK

H16. Do you have to report the household's income to someone every year so they can set the rent?

1. YES	5. NO	8. DK

H17. How satisfied are you with your current housing situation--very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. SOMEWHAT DISSATISFIED	4. VERY DISSATISFIED

H18. How many bedrooms are there in your home?

_____ # BEDROOMS

TURN TO P. 90, SECTION J.

H19. Do you contribute to the rent or mortgage of this (house/ apartment)?

1. YES	5. NO → GO TO H20

H19a. How much do you contribute each month to the rent or mortgage?

$ _____

H20. (Besides any cash payments) Do you ever swap services, like babysitting, for housing?

1. YES	5. NO	8. DK

H21. Is this building owned by a public housing authority?

1. YES	5. NO	8. DK

H22. Does a government agency pay some of the cost of the unit?

1. YES	5. NO	8. DK

H23. How satisfied are you with your current housing situation--very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. SOMEWHAT DISSATISFIED	4. VERY DISSATISFIED

H24. How many bedrooms are there in your home?

_____ # BEDROOMS

SECTION J: DEMOGRAPHICS

Now I have some questions about your background.

J1. Are you currently married and living with your husband, married and living apart, separated, divorced, widowed, or have you never been married?

1. MARRIED, LIVING WITH HUSBAND

J1a. How many months or years have you been married?

_____ OR _____
MONTHS YEARS

NEXT PAGE, J3

2. MARRIED, LIVING APART

3. SEPARATED

4. DIVORCED

5. WIDOWED

6. NEVER BEEN MARRIED

J2. Are you now living as unmarried partners with someone?

1. YES

J2a. How long have you been living together?

_____ OR _____ OR _____
WEEKS MONTHS YEARS

5. NO

J2b. Do you currently have a boyfriend or steady partner?

1. YES

5. NO → NEXT PAGE, J5

J2c. How long have you been with this partner?

_____ OR _____ OR _____
WEEKS MONTHS YEARS

J3. All in all, how satisfied are you with this relationship--very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. NOT VERY SATISFIED	4. NOT AT ALL SATISFIED

J4. How much can you rely on your partner for help--a lot, some, a little, or not at all?

1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL

J5. And now for a different set of questions. What is the highest grade of school or year of college you have completed?

GRADE OF SCHOOL

00	01	02	03	04	05	06	07	08	09	10	11	12

YEAR OF COLLEGE

13	14	15	16

J5a. Did you get a high school diploma or pass a high school equivalency test, that is, a GED?

1. YES DIPLOMA	2. YES GED	5. NO

J6. Were you ever in a foster care or group home before age 18?

1. YES	5. NO

J7. I'd like to know if you have any of the following. Do you have…

	YES (1)	NO (5)
a. ...a telephone?		
b. ...a checking or savings account in your name?		
c. ...a valid driver's license?		

J8. Do you own or have regular use of a car?

1. YES

5. NO → GO TO J9

J8a. Would you say that the vehicle is in excellent, good, fair or poor condition?

1. EXCELLENT | 2. GOOD | 3. FAIR | 4. POOR

J9. Is there a bus line in your area?

1. YES

5. NO → NEXT PAGE, SECTION K

J10. How many minutes is it from where you live to the nearest bus stop?

_____ # MINUTES

98. DK

J11. Does the bus route include the places you need to go?

1. YES | 5. NO | 98. DK

J12. Does the bus mostly run at the times you need it?

1. YES | 5. NO | 98. DK

IWER REMINDER: SECTIONS K AND M MUST BE ADMINISTERED IN PRIVATE

SECTION K: LIFE EVENT HISTORY

KO. The next questions are about events that sometimes happen to people, and could affect their ability to get or keep a job. Please look at this card (HAND R "LIFE EVENTS" CARD).

> INTERVIEWER: DO NOT READ THE DESCRIPTION LISTED FOR EACH EVENT UNLESS R CANNOT USE THE CARD. SIMPLY READ THEM AS "Event #1", "Event #2", etc.

K1. Did Event #1 ever happen to you (YOU WERE INVOLVED IN A LIFE THREATENING ACCIDENT)?

1. YES

5. NO → GO TO K2

K1a. Did this happen in the past 12 months?

1. YES

5. NO

K2. (How about) Event #2, (YOU WERE INVOLVED IN A FIRE, FLOOD, OR NATURAL DISASTER)? (Did this ever happen to you?)

1. YES

5. NO → NEXT PAGE, K3

K2a. Did this happen in the past 12 months?

1. YES

5. NO

K3. (Did) Event #3 (ever happen to you)? (YOU WITNESSED SOMEONE BEING BADLY INJURED OR KILLED)

1. YES

5. NO → GO TO K4

K3a. Did this happen in the past 12 months?

1. YES

5. NO

K4. Did Event #4 ever happen to you? (YOU WERE THREATENED WITH A WEAPON, HELD CAPTIVE, OR KIDNAPPED)

1. YES

5. NO → GO TO K5

K4a. Did this happen in the past 12 months?

1. YES

5. NO

K5. Did a stranger or someone you knew ever do Event #5 to you? (YOU WERE RAPED, THAT IS YOU WERE FORCED TO HAVE SEXUAL INTERCOURSE)

1. YES

5. NO → NEXT PAGE, K6

K5a. Did this happen in the past 12 months?

1. YES

5. NO

K5b. How old were you when this first happened?

_____ AGE

K6. As an adult or child did a stranger or someone you knew ever do Event #6 to you? (YOU WERE SEXUALLY ABUSED OR SEXUALLY MOLESTED)

1. YES

5. NO → GO TO K7

K6a. Did this happen in the past 12 months?

1. YES

5. NO

K6b. How old were you when this first happened?

_____ AGE

K7. Did a stranger or someone you knew ever do Event #7 to you? (YOU WERE PHYSICALLY ATTACKED OR ASSAULTED)?

1. YES

5. NO → GO TO K8

K7a. Did this happen in the past 12 months?

1. YES

5. NO

K8. Did Event #8 ever happen to you? (YOU WERE PHYSICALLY ABUSED AS A CHILD)

1. YES

5. NO

K9. Did Event #9 ever happen to you? (YOU WERE SERIOUSLY NEGLECTED AS A CHILD)

1. YES

5. NO

K10. Have you ever experienced any other extremely stressful or terrible experience that most people never go through?

1. YES

5. NO → GO TO K11

K10a. Did this happen in the past 12 months?

1. YES

5. NO

K10b. Could you briefly tell me something about this?

_____

_____

_____

K11. Did Event #11 ever happen to you? (YOU SUFFERED A GREAT SHOCK BECAUSE ONE OF THE EVENTS ON THIS LIST HAPPENED TO SOMEONE CLOSE TO YOU)

1. YES

5. NO → NEXT PAGE, K12

K11a. Did this event happen in the past 12 months?

1. YES

5. NO

K12. INTERVIEWER CHECKPOINT

SEE PGS. 93-96, K1-K11

☐ 1. ONE YES RESPONSE IN K1-K11 → GO TO K14a

☐ 2. TWO OR MORE YES RESPONSES IN K1-K11

☐ 3. ALL OTHERS → TURN TO P. 102, SECTION M

K13. Which of the experiences on the list was <u>most</u> upsetting for you? (You can just tell me the number.)

☐ 01. LIFE-THREATENING ACCIDENT
☐ 02. FIRE, FLOOD, NATURAL DISASTER
☐ 03. WITNESSED BAD INJURY/DEATH
☐ 04. THREATENED WITH A WEAPON, HELD CAPTIVE, OR KIDNAPPED
☐ 05. RAPED
☐ 06. SEXUALLY MOLESTED OR SEXUALLY ABUSED
☐ 07. PHYSICAL ATTACK/ASSAULT BY STRANGER OR SOMEONE YOU KNEW
☐ 08. PHYSICALLY ABUSED AS A CHILD
☐ 09. SERIOUSLY NEGLECTED AS A CHILD
☐ 10. OTHER(S)
☐ 11. SUFFERED A GREAT SHOCK

K14a. You experienced one of the events on the list. The next few questions are about how you felt <u>during</u> that experience.	K14b. The next few questions are about how you felt <u>during</u> that experience.

K14c. When (event) happened did you feel terrified?

1. YES	5. NO

K14d. When (event) happened, did you feel helpless?

1. YES	5. NO

K15. The next few questions are about how you felt <u>after</u> that experience.

	YES (1)	NO (5)	DON'T KNOW (8)
K16. First, did you keep remembering the event when you did not want to?			
K17. Did you keep having bad dreams or nightmares about it afterwards?			
K18. Did you ever suddenly act or feel as though the event was happening again, even though it wasn't?			
K19. Did you ever get very upset when you were in a situation that reminded you of it?			
K20. Did you sweat or did your heart beat fast, or did you tremble when reminded of the upsetting experience?			

K21. INTERVIEWER CHECKPOINT

☐ 1. ONE OR MORE YES RESPONSES IN K16-K20

☐ 2. ALL OTHERS → TURN TO P. 102, SECTION M

K21a. Did (this reaction/any of these reactions) happen during the past 12 months?

☐ 1. YES ☐ 5. NO

K21b. Did you <u>ever</u> have (this reaction/any of these reactions) <u>a few times a week</u> for at least a month because of this experience?

☐ 1. YES ☐ 5. NO

	YES (1)	NO (5)	DON'T KNOW (8)
K22. After the experience, did you find you had more difficulty experiencing normal feelings such as love or affection towards other people?			
K23. Did you go out of your way to avoid activities, places, or people that might remind you of the event?			
K24. Did you try hard not to think or talk about it?			
K25. Did you develop a memory blank so that you could not remember certain things about the event?			
K26. Did you feel isolated or distant from other people afterwards?			
K27. Did you begin to feel that there was no point in thinking about the future?			
K28. Did you lose interest in doing things that used to be important to you?			

K29. INTERVIEWER CHECKPOINT

☐ 1. THREE OR MORE YES RESPONSES IN K22-K28

☐ 2. ALL OTHERS → TURN TO P. 102, SECTION M

K29a. Did any of these reactions happen during the past 12 months?

1. YES 5. NO

K29b. Did you ever have any of these reactions a few times a week for at least a month because of this experience?

1. YES 5. NO

	YES (1)	NO (5)	DON'T KNOW (8)
K30. After the experience, did you have more trouble concentrating than is usual for you?			
K31. Did you act unusually irritable or lose your temper a lot more than is usual for you?			
K32. Did you have more trouble sleeping than is usual for you?			
K33. Did you become overly concerned about danger or overly careful?			
K34. Did you become jumpy or easily startled by ordinary noises or movements?			

K35. INTERVIEWER CHECKPOINT

☐ 1. TWO OR MORE YES RESPONSES IN K30-K34

☐ 2. ALL OTHERS → TURN TO P. 102, SECTION M

K35a. Did any of these reactions happen during the past 12 months?

1. YES 5. NO

K35b. Did you ever have any of these reactions a few times a week for at least a month because of this experience?

1. YES 5. NO

K36. Did you tell a doctor or any other professional about the reactions that occurred as a result of this experience?

1. YES	5. NO

K37. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as result of it?

1. YES	5. NO

K38. Did the problems which occurred as a result of it interfere with your life or activities a lot?

1. YES	5. NO

K39. Have you ever been very upset with yourself for having the problems which occurred as a result of this experience?

1. YES	5. NO

K40. Have the problems which occurred as a result of this experience ever kept you from going to a party, social event or meeting?

1. YES	5. NO

SECTION M: DOMESTIC VIOLENCE

M1. We are interested in learning more about women's experiences of abuse in their relationships. Sometimes this can affect their work lives even if they are no longer in a relationship. Since (W1 IW DATE) has a husband, partner, or anyone you have been in a romantic relationship with...

	YES (1)	NO (5)
a. ...threatened to hit you with a fist or anything that could hurt you?	1. YES	5. NO
b. ...thrown anything at you that could hurt you?	1. YES	5. NO
c. ...pushed, grabbed, or shoved you?	1. YES	5. NO
d. ...slapped, kicked, or bit you?	1. YES	5. NO
e. ...hit you with a fist?	1. YES	5. NO
f. ...hit you with an object that could hurt you?	1. YES	5. NO

Since (W1 IW DATE) has a husband, partner or anyone you have been in a romantic relationship with...	YES (1)	NO (5)
g. ...beaten you?	1. YES	5. NO
h. ...choked you?	1. YES	5. NO
j. ...threatened to or used a weapon?	1. YES	5. NO
k. ...forced you into any sexual activity against your will?	1. YES	5. NO
m. ...threatened to take your children away?	1. YES	5. NO
n. ...threatened to harm, or harmed, your family or friends?	1. YES	5. NO
p. ...made you do illegal things?	1. YES	5. NO
q. ...threatened to turn you in to child protection or welfare if you didn't do what he wanted you to do?	1. YES	5. NO
r. ...harassed you at work, training, or school?	1. YES	5. NO
s. ...interfered with your attempts to go to work, training, or school?	1. YES	5. NO
t. Have you or someone else called the police because you were threatened by a husband or partner?	1. YES	5. NO **NEXT PAGE, M2**
u. Was an arrest made?	1. YES	5. NO

M2. INTERVIEWER CHECKPOINT

☐ 1. ONE OR MORE YES ANSWERS IN M1a-M1u

☐ 2. ALL OTHERS → TURN TO P. 108, SECTION N

M3. Did the father of (your child/any of your children) do any of those things to you since (W1 IW DATE)?

1. YES 5. NO

M4. INTERVIEWER CHECKPOINT

SEE P. 90, J1, J2, J2b

☐ 1. R IS MARRIED AND LIVING WITH HUSBAND (J1=1)

☐ 2. R HAS BOYFRIEND OR STEADY PARTNER (J2=1 or J2b=1)

☐ 3. ALL OTHERS → GO TO M6

M5. Thinking back to the questions you just answered, has your current (husband/partner) done any of those things to you since (W1 IW DATE)?

1. YES 5. NO → GO TO M6

M5a. How old were you when this <u>first</u> happened with your current (husband/partner)?

_____ AGE

M6. Since (W1 IW DATE) have you needed to see a doctor or go to the emergency room for an injury because of something a husband or any partner did to you?

1. YES 5. NO → NEXT PAGE, M7

M6a. Did you get medical treatment?

1. YES 5. NO

M7. Since (W1 IW DATE) have you had to stay home from work or school because of something a husband or any partner did to you?

1. YES

5. NO → GO TO M8

M7a. How many days in total did you need to stay home?

_____ # DAYS

M8. Did you try to get a restraining order, or order for protection, to protect yourself from a husband or any partner?

1. YES

5. NO → GO TO M9

M8a. Did you get the order?

1. YES

5. NO

M9. Did you leave the home overnight to protect yourself from a husband or any partner?

1. YES

5. NO → NEXT PAGE, M10

M9a. How many nights did you stay away?

_____ # NIGHTS

M9b. Where did you stay? (DO NOT READ – CHECK ALL THAT APPLY)

A. FAMILY

B. FRIENDS

C. SHELTER

D. MOTEL/HOTEL

E. ON THE STREET

Z. OTHER (SPECIFY):

_____

M10. Did you talk to a professional like a minister or counselor because a husband or partner was physically hurting you or making you afraid?

1. YES	5. NO → NEXT PAGE, M11

M10a. Who did you talk to? (DO NOT READ – CHECK ALL THAT APPLY)

- A. MINISTER
- B. DOCTOR
- C. SHELTER WORKER/ADVOCATES
- D. FRIEND/FAMILY MEMBER/CO-WORKER
- E. COUNSELOR/MENTAL HEALTH WORKER/SOCIAL WORKER
- Z. OTHER (SPECIFY): _____ _____

M10b. (RB, P. 24) How satisfied are you with the help you got? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED	2. SOMEWHAT SATISFIED	3. NEITHER SATISFIED NOR DISSATISFIED	4. SOMEWHAT DISSATISFIED	5. VERY DISSATISFIED

M11. Have you told a welfare caseworker?

1. YES

5. NO → GO TO M11b

M11a. (RB, [STILL ON] P. 24) How satisfied were you with the way the welfare worker responded to what you told him or her? Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED
2. SOMEWHAT SATISFIED
3. NEITHER SATISFIED NOR DISSATISFIED
4. SOMEWHAT DISSATISFIED
5. VERY DISSATISFIED

NEXT PAGE, SECTON N

M11b. What is the reason you haven't told a caseworker? (CHECK ALL THAT APPLY, BUT DO NOT PROBE (AO))

A. DIDN'T MEET WITH CASEWORKER

B. CASEWORKER DIDN'T ASK

C. NO HELP NEEDED (NOT SERIOUS; COULD HANDLE ON OWN; ABUSE ENDED)

D. DIDN'T TRUST CASEWORKER (WOULDN'T BELIEVE R/LISTEN/UNDERSTAND)

E. LACK OF PRIVACY OR TIME

F. FEAR OF LOSING KIDS OR BENEFITS

G. FEAR OF MORE ABUSE

H. TOO UPSETTING TO DISCUSS; SHAME; MIGHT CRY

Z. OTHER (SPECIFY):

_____

_____

SECTION N: HOME LITERACY ENVIRONMENT

N1. Next are some questions about reading and other activities.

Does anyone in your household have a library card?

1. YES

5. NO → GO TO N2

N1a. How often is the library card used--a few times a year, about once a month, a few times a month, or once a week or more?

1. A FEW TIMES A YEAR

2. ABOUT ONCE A MONTH

3. A FEW TIMES A MONTH

4. ONCE A WEEK OR MORE

6. [IF VOL] NEVER

N2. About how many newspapers or magazines does your family get regularly?

1. NONE

2. ONE

3. TWO

4. THREE

5. FOUR OR MORE

N3. About how many hours is the TV on in your home each day?

_____ HOURS PER DAY

96. DON'T HAVE TV

N4. INTERVIEWER CHECKPOINT

SEE COVERSHEET, P. 3, Item 17a

☐ 1. TARGET CHILD IS 2 YEARS OLD

☐ 2. TARGET CHILD IS 3-5 YEARS OLD → TURN TO P. 111, N11

☐ 3. TARGET CHILD IS 6-9 YEARS OLD → TURN TO P. 113, N18

☐ 4. TARGET CHILD IS 10 OR OLDER → TURN TO P. 114, N24

☐ 5. NO TARGET CHILD → TURN TO P. 115, N30

N5. (TURN TO RB, P. 25) How often do you get a chance to read stories to (Target Child)--never, several times a year, several times a month, once a week, two to six times a week, or every day?

1. NEVER	2. SEVERAL TIMES A YEAR	3. SEVERAL TIMES A MONTH	4. ONCE A WEEK	5. 2-6 TIMES A WEEK	6. EVERY DAY

N6. About how many children's books do you have in the house including library books?

1. NONE	2. 1 OR 2	3. 3-9	4. 10 OR MORE

N7. (RB, P. 26) About how often does (Target Child) get a chance to get out of the house (either by him/herself or with an older person)? Every day, 4 or more times a week, a few times a week, about once a week, a few times a month, once a month or less, or not at all?

1. EVERY DAY	2. 4 OR MORE TIMES A WEEK	3. A FEW TIMES A WEEK	4. ABOUT ONCE A WEEK

5. A FEW TIMES A MONTH	6. ONCE A MONTH OR LESS	7. NOT AT ALL

N8. About how often do you take (Target Child) to the grocery store--twice a week or more, once a week, once a month or hardly ever?

1. TWICE A WEEK OR MORE	2. ONCE A WEEK	3. ONCE A MONTH	4. HARDLY EVER

N9. About how many, if any, cuddly, soft or role playing toys, such as a doll, does (Target Child) have? (If R asks: Toys may be shared with a brother or sister.)

_____ # OF TOYS

N10. About how many, if any, push or pull toys does (Target Child) have? (If R asks: Toys may be shared with a brother or sister)

_____ # OF TOYS

TURN TO P. 115, N30

N11. (TURN TO RB, P. 27) How often do you get a chance to read stories with (Target Child)--never, several times a year, several times a month, once a week, two to six times a week, or every day?

1. NEVER	2. SEVERAL TIMES A YEAR	3. SEVERAL TIMES A MONTH	4. ONCE A WEEK	5. 2-6 TIMES A WEEK	6. EVERY DAY

N12. About how many children's books do you have in the house including library books?

1. NONE	2. 1 OR 2	3. 3-9	4. 10 OR MORE

N13. (RB, P. 28) How often do you or any family member get a chance to take (Target Child) to any kind of outing (shopping, park, picnic and so on)--a few times a year or less, about once a month, 2 or 3 times a month, several times a week, or about once a day?

1. A FEW TIMES A YEAR OR LESS	2. ABOUT ONCE A MONTH	3. 2 OR 3 TIMES A MONTH	4. SEVERAL TIMES A WEEK	5. ABOUT ONCE A DAY

N14. Does (Target Child) have the use of a CD player or cassette recorder (here) at home?

1. YES	5. NO

N15. Which of the following things have you helped (Target Child) learn (here) at home?

	YES (1)	NO (5)
a. How about numbers? (Have you helped [Target Child] learn numbers?)		
b. The alphabet?		
c. Colors?		
d. Shapes and sizes?		

N16. How often do you or a family member take (Target Child) to the library-several times a week, several times a month, several times a year, or never?

1. SEVERAL TIMES A WEEK	2. SEVERAL TIMES A MONTH	3. SEVERAL TIMES A YEAR	4. NEVER	6. [IF VOL] CHILD CAN'T READ

N17. Does this child get special lessons or belong to any organizations that encourage activities such as sports, music, art, dance, drama, etc.?

1. YES	5. NO

TURN TO P. 115, N29

N18. (TURN TO RB, P. 29) How often does (Target Child) read for enjoyment--every day, several times a week, several times a month, several times a year, or never?

1. EVERY DAY	2. SEVERAL TIMES A WEEK	3. SEVERAL TIMES A MONTH	4. SEVERAL TIMES A YEAR	5. NEVER	6. [IF VOL] CHILD CAN'T READ

N19. About how many children's books do you have in the house including library books?

1. NONE	2. 1 OR 2	3. 3-9	4. 10 OR MORE

N20. Does this child get special lessons or belong to any organizations that encourage activities such as sports, music, art, dance, drama, etc.?

1. YES	5. NO

N21. (RB, P. 30) How often do you or any family member get a chance to take (Target Child) on any kind of outing such as shopping, a picnic, or going to the park or zoo--a few times a year or less, about once a month, 2 or 3 times a month, several times a week, or about once a day?

1. A FEW TIMES A YEAR OR LESS	2. ABOUT ONCE A MONTH	3. 2 OR 3 TIMES A MONTH	4. SEVERAL TIMES A WEEK	5. ABOUT ONCE A DAY

N22. How often do you or a family member take (Target Child) to the library-several times a week, several times a month, several times a year, or never?

1. SEVERAL TIMES A WEEK	2. SEVERAL TIMES A MONTH	3. SEVERAL TIMES A YEAR	4. NEVER	6. [IF VOL] CHILD CAN'T READ

N23. (RB, P. 31) About how often do you get a chance to read stories to (Target Child)--never, several times a year, several times a month, about once a week, at least 3 times a week, or every day?

1. NEVER	2. SEVERAL TIMES A YEAR	2. SEVERAL TIMES A MONTH	3. ABOUT ONCE A WEEK	4. AT LEAST 3 TIMES A WEEK	5. EVERY DAY

TURN TO P. 115, N29

N24. (TURN TO RB, P. 32) How often does (Target Child) read for enjoyment--every day, several times a week, several times a month, several times a year, or never?

1. EVERY DAY	2. SEVERAL TIMES A WEEK	3. SEVERAL TIMES A MONTH	4. SEVERAL TIMES A YEAR	5. NEVER	6. [IF VOL] CHILD CAN'T READ

N25. About how many children's books do you have in the house including library books?

1. NONE	2. 1 OR 2	3. 3-9	4. 10 OR MORE

N26. Does this child get special lessons or belong to any organizations that encourage activities such as sports, music, art, dance, drama, etc.?

1. YES	5. NO

N27. (RB, P. 33) How often do you or any family member get a chance to take (Target Child) on any kind of outing such as shopping, a picnic, or going to the park or zoo--a few times a year or less, about once a month, 2 or 3 times a month, several times a week, or about once a day?

1. A FEW TIMES A YEAR OR LESS	2. ABOUT ONCE A MONTH	3. 2 OR 3 TIMES A MONTH	4. SEVERAL TIMES A WEEK	5. ABOUT ONCE A DAY

N28. How often do you or a family member take (Target Child) to the library-several times a week, several times a month, several times a year, or never?

1. SEVERAL TIMES A WEEK	2. SEVERAL TIMES A MONTH	3. SEVERAL TIMES A YEAR	4. NEVER	6. [IF VOL] CHILD CAN'T READ

N29. Is (Target Child) enrolled in school?

1. YES	5. NO → GO TO N30

N29a. What grade is (Target Child) in school?

_____ GRADE | 11. PRESCHOOL | 12. KINDERGARTEN

N29b. (RB, P. 34) 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

N29c. 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

N29d. 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

N30. This completes our interview. Thank you very much for your time and help.

N31. EXACT TIME NOW: _____

SECTION X: INTERVIEWER OBSERVATION

X1. RESPONDENT'S COOPERATION WAS:

1. VERY GOOD	2. GOOD	3. FAIR	4. POOR

X2. RESPONDENT COULD READ:

1. ALL MATERIALS (RB,CONSENT FORM, ETC.)	2. SOME MATERIALS; IWER READ SOME ITEMS TO R.	3. NONE OF THE MATERIALS; IWER READ

X3. How much difficulty did R have remembering things that you asked him/her?

1. NO DIFFICULTY	2. SOME DIFFICULTY	3. GREAT DIFFICULTY

X4. On the basis of your experience with R, how comfortable would you say R is in dealing with other people?

1. NOT AT ALL	2. SLIGHTLY	3. SOMEWHAT	4. VERY

X5. Did R get very upset, cry or become very angry during or after the IW?

1. YES	5. NO → NEXT PAGE, X6

X5a. During which section(s)? _____

X6. How self-confident did R seem to be?

1. VERY	2. QUITE	3. SOME	4. A LITTLE	5. NOT AT ALL

X7. How was R's ability to express herself?

1. EXCELLENT	2. VERY GOOD	3. GOOD	4. FAIR	5. POOR

X8. How much did R seem to enjoy the interview?

1. A GREAT DEAL	2. QUITE A BIT	3. SOME	4. A LITTLE	5. NOT AT ALL

X9. Your best estimate of the number of rooms in R's home?

1. ONE	2. TWO	3. THREE	4. FOUR	5. FIVE	6. 6 OR MORE

X10. In what condition is the <u>exterior</u> of R's building/home?

1. EXCELLENT	2. VERY GOOD	3. FAIR	4. NOT VERY GOOD	5. POOR

X11. How clean was the interior of R's home?

1. VERY CLEAN	2. CLEAN	3. SO-SO	4. NOT VERY CLEAN

5. DIRTY	8. DID NOT SEE; IW TAKEN OUTSIDE HOME

X12. Interior of the home is dark or perceptually monotonous.

1	2	3	4	5	6. DID NOT SEE
Very Monotonous		Somewhat		Not at all	

X13. All visible rooms in the (house/apartment) are:

1	2	3	4	5	6. DID NOT SEE
Very Cluttered		Somewhat Cluttered		Not at all Cluttered	

X14. Rate the atmosphere in the home where the interview took place.

0	1	2	3	4	5	6	7	8	9	10	96. IW TAKEN OUT OF HOME
Extremely Chaotic										Very Quiet and Calm	

X15. Type of structure in which Respondent lives:

01. MOBILE HOME OR TRAILER	05. APARTMENT HOUSE: 3-9 UNITS
02. SINGLE FAMILY DETACHED HOUSE/CONDO	06. APARTMENT HOUSE: 10-29 UNITS
03. SINGLE FAMILY ATTACHED HOUSE/CONDO; ROW HOUSE/ TOWNHOUSE	07. APARTMENT HOUSE: 30 UNITS OR MORE
04. TWO FAMILY HOUSE/DUPLEX	08. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE
97. OTHER	

X16. (Children)’s play environment is safe (no potentially dangerous health or structural hazards within a child’s range). (EXAMPLES: Falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames & heat, frayed electrical wires.)

1. YES	5. NO	6. NOT OBSERVED; NO CHILDREN LIVING IN HH

X17. THUMBNAIL SKETCH: Give details of the interview that will be helpful in understanding the interview situation. DO NOT record identifying information and do not make judgmental statements. Clarify, where you can, discrepancies in the respondent's responses.

CONTINUE ON A SEPARATE PAGE IF NECESSARY