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PFL 12 MONTH SURVEY



| | |
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Note that throughout this survey, Don’t Know and Refusals are coded as follows (unless otherwise noted):

997 Don't Know
998 Refuse

THIS VERSION OF THE SURVEY HAS BEEN PREPARED FOR THE ARCHIVE BY THE CHILDREN’S RESEARCH NETWORK PREVENTION AND EARLY INTERVENTION RESEARCH INITIATIVE (2017). SOME OF THE CONTENT OF THIS SURVEY HAS BEEN REDACTED DUE TO COPYRIGHT RESTRICTIONS ON STANDARDISED INSTRUMENTS THAT WERE USED IN THE PFL STUDY. REDACTED CONTENT IS MARKED IN THE TEXT IN YELLOW BOXES.

INTERVIEWER DETAILS

| Module 0 | Construct | |
|----------------------|---------------------------|--|
| Interview Details | RA (Interviewer) Initials | |
| | ID Number | |
| | Date of Interview | |
| | Child's Name | |
| | Location of Interview | |

WELCOME TO THE 12 MONTH *PFL/SREY* QUESTIONNAIRE!!!!

1. (Interviewer) RA Initials _____
2. (PFL_Control; PFL_Code; PFL_Combo_Code) *PFL* code number _____
3. (Interview_Date) Date of interview _____
4. NOT STORED IN DATABASE: Child's Name _____
5. (Multiples; Multiples_o) Is this baby a:
 - 1 SINGLETON
 - 2 TWIN
 - 3 TRIPLET
 - 4 OTHER MULTIPLE (PLEASE SPECIFY)
6. (Location) Interview Location
 - 1 PARTICIPANT'S HOME
 - 2 OTHER HOME
 - 3 VILLAGE CENTRE
7. (Method) Survey Method:
 - 1 PEN & PAPER
 - 2 LAPTOP

Thank you for meeting with me today. This questionnaire will be a little like the last time we met. I would like to talk to you about several aspects of your life such as how you are feeling, your thoughts on parenting, and how you and ^babyname have been getting on over the past few months. This information will help us understand how mothers and young babies are doing during the baby's first year of life.

Please remember that all of your answers will be kept private (confidential). If any question is not clear to you or if you don't understand a question, please ask me to repeat it. Also, if you do not want to answer a question, let me know. Your honesty and sharing will really help us learn what it is like to raise a child in today's world.

The average amount of time to complete this interview is about an hour and a half, but some people take longer and some people finish the questionnaire more quickly. During the interview we can move at a comfortable pace for you and take breaks if you need them. If you need to go to the bathroom, get a drink or take a break for any reason, just let me know and we'll stop for a few minutes and we can pick up where we left off.

SECTION A: YOUR CHILD’S DEVELOPMENT: PART 1

| Module A | Construct | Where Used |
|---|--|------------|
| Your Child’s Development: Part 1 | Child’s Development - Communication: <i>ASQ</i> | PFL 6mo |
| | Child’s Development – Gross Motor: <i>ASQ</i> | PFL 6mo |
| | Child’s Development – Fine Motor: <i>ASQ</i> | PFL 6mo |
| | Child’s Development – Problem Solving: <i>ASQ</i> | PFL 6mo |
| | Child’s Development – Personal-Social: <i>ASQ</i> | PFL 6mo |
| | Child’s Development – Social-Emotional: <i>ASQ: SE</i> | PFL 6mo |

This section is about ^babyname. I am going to ask you questions about activities children do. Your child may have already done some of the activities, and there may be some your child has not begun doing yet. For each item, please tell me whether your child is doing the activity regularly, sometimes, or not yet. If you’re not sure, just let me know and you can try that activity with ^babyname.

- 1 YES
- 2 SOMETIMES
- 3 NOT YET

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Ages and Stages Questionnaire (ASQ; Squires et al., 1999)

Part 1: Communication (aasqcomm1-6)

| STATEMENT | YES | SOMETIMES | NOT YET |
|--|-----|-----------|---------|
| (aasqcomm1) Ages & Stages Questionnaire (ASQ): Communication Item 1 | | | |
| (aasqcomm2) Ages & Stages Questionnaire (ASQ): Communication Item 2 | | | |
| (aasqcomm3) Ages & Stages Questionnaire (ASQ): Communication Item 3 | | | |
| (aasqcomm4) Ages & Stages Questionnaire (ASQ): Communication Item 4 | | | |
| (aasqcomm5) Ages & Stages Questionnaire (ASQ): Communication Item 5 | | | |
| (aasqcomm6) Ages & Stages Questionnaire (ASQ): Communication Item 6 | | | |

Part 2: Gross Motor (aasqgross1-6)

| STATEMENT | YES | SOMETIMES | NOT YET |
|---|-----|-----------|---------|
| (aasqgross1) Ages & Stages Questionnaire (ASQ): Gross Motor Item 1 | | | |
| (aasqgross2) Ages & Stages Questionnaire (ASQ): Gross Motor Item 2 | | | |
| (aasqgross3) Ages & Stages Questionnaire (ASQ): Gross Motor Item 3 | | | |
| (aasqgross4) Ages & Stages Questionnaire (ASQ): Gross Motor Item 4 | | | |
| (aasqgross5) Ages & Stages Questionnaire (ASQ): Gross Motor Item 5 | | | |
| (aasqgross6) Ages & Stages Questionnaire (ASQ): Gross Motor Item 6 | | | |

Part 3: Fine Motor (aasqfine1-6)

| STATEMENT | YES | SOMETIMES | NOT YET |
|---|-----|-----------|---------|
| (aasqfine1) Ages & Stages Questionnaire (ASQ): Fine Motor Item 1 | | | |
| (aasqfine2) Ages & Stages Questionnaire (ASQ): Fine Motor Item 2 | | | |
| (aasqfine3) Ages & Stages Questionnaire (ASQ): Fine Motor Item 3 | | | |
| (aasqfine4) Ages & Stages Questionnaire (ASQ): Fine Motor Item 4 | | | |
| (aasqfine5) Ages & Stages Questionnaire (ASQ): Fine Motor Item 5 | | | |
| (aasqfine6) Ages & Stages Questionnaire (ASQ): Fine Motor Item 6 | | | |

Part 4: Problem Solving (aasqprob1-6)

| STATEMENT | YES | SOMETIMES | NOT YET |
|---|-----|-----------|---------|
| (aasqprob1) Ages & Stages Questionnaire (ASQ): Problem Solving Item 1 | | | |
| (aasqprob2) Ages & Stages Questionnaire (ASQ): Problem Solving Item 2 | | | |
| (aasqprob3) Ages & Stages Questionnaire (ASQ): Problem Solving Item 3 | | | |
| (aasqprob4) Ages & Stages Questionnaire (ASQ): Problem Solving Item 4 | | | |
| (aasqprob5) Ages & Stages Questionnaire (ASQ): Problem Solving Item 5 | | | |
| (aasqprob6) Ages & Stages Questionnaire (ASQ): Problem Solving Item 6 | | | |

Part 5: Personal Social (aasqpers1-6)

| STATEMENT | YES | SOMETIMES | NOT YET |
|---|-----|-----------|---------|
| (aasqpers1) Ages & Stages Questionnaire (ASQ): Personal-Social Item 1 | | | |
| (aasqpers2) Ages & Stages Questionnaire (ASQ): Personal-Social Item 2 | | | |
| (aasqpers3) Ages & Stages Questionnaire (ASQ): Personal-Social Item 3 | | | |
| (aasqpers4) Ages & Stages Questionnaire (ASQ): Personal-Social Item 4 | | | |
| (aasqpers5) Ages & Stages Questionnaire (ASQ): Personal-Social Item 5 | | | |
| (aasqpers6) Ages & Stages Questionnaire (ASQ): Personal-Social Item 6 | | | |

Part 6: Social Emotional (aasqse1-22)

Next, I am going to ask you some questions about your child’s behaviour. For each behaviour, please tell me:

1. The option that best describes your child’s behaviour (Most of the time, Sometimes, Rarely or Never)

AND

2. If that behaviour is a concern for you

Please use **CARD 1** to help you answer (*Interviewer please point to this card as you explain it to the mother*)

SHOW CARD 1

- 1 MOST OF THE TIME
- 2 SOMETIMES
- 3 RARELY OR NEVER
- 4 TICK IF THIS IS A CONCERN

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Ages and Stages Questionnaire: Social-Emotional (ASQ:SE; Squires, Bricker, & Twombly, 2003).

| STATEMENT | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | TICK IF THIS IS A CONCERN |
|---|------------------|-----------|-----------------|---------------------------|
| (aasqse1) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 1 | | | | (aasqse1a) |

| | | | | |
|--|--|--|--|-------------|
| (aasqse2) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 2 | | | | (aasqse2a) |
| (aasqse3) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 3 | | | | (aasqse3a) |
| (aasqse4) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 4 | | | | (aasqse4a) |
| (aasqse5) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 5 | | | | (aasqse5a) |
| (aasqse6) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6 | | | | (aasqse6a) |
| (aasqse7) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 7 | | | | (aasqse7a) |
| (aasqse8) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 8 | | | | (aasqse8a) |
| (aasqse9) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 9 | | | | (aasqse9a) |
| (aasqse10) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 10 | | | | (aasqse10a) |

| | | | | |
|---|--|--|--|-------------|
| (aasqse11) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 11 | | | | (aasqse11a) |
| (aasqse12) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 12 | | | | (aasqse12a) |
| (aasqse13) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 13 | | | | (aasqse13a) |
| (aasqse14) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 14 <i>Note that picky eating is not appropriate here</i> | | | | (aasqse14a) |
| (aasqse15) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 15 | | | | (aasqse15a) |
| (aasqse16) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6 (If your child often babbles, mark “most of the time”). | | | | (aasqse16a) |
| (aasqse17) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 17 | | | | (aasqse17a) |
| (aasqse18) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 18 | | | | (aasqse18a) |
| (aasqse19) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 19 | | | | (aasqse19a) |

| | | | | |
|---|--|--|--|-------------|
| (aasqse20) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 20 | | | | (aasqse20a) |
| (aasqse21) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 21 | | | | (aasqse21a) |
| (aasqse22) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 22 (aasqse22c) If you answered, “sometimes” or “most of the time,” please explain: | | | | (aasqse22a) |

THAT’S THE END OF SECTION A.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS MORE ABOUT ^BABYNAME.

SECTION B: YOUR CHILD

| Module B | Construct | Where Used |
|-------------------|--|---------------------------------|
| Your Child | Child's weight at last dr. visit | |
| | Child's current weight | PFL 6mo |
| | Baby's health in last 6 months | PFL 6mo |
| | Medical visits in last 6 months | PFL 6mo |
| | Hospital inpatient visits in last 6 months | PFL 6mo |
| | Accidents and injuries that require medical attention in last 6 months | PFL 6mo |
| | Immunizations | PFL 6mo |
| | Breastfeeding Practices | |
| | Nutrition | Combination of PFT and Lifeways |
| | Sleeping Patterns | PFL 6mo, Quebec, PFT 12mo |
| | Services Child Receiving | |
| | Reading/Books | MBM 16mo |

Now, I'd like just a brief update on your child's health in the last few months.

1. (b1; b1dkr) What age was ^babyname at his/her last doctor visit?

_____MONTHS

2. (b2dkr) What weight was ^babyname when he/she last saw a doctor?

ENTER WEIGHT IN EITHER STONES (b2stones) AND POUNDS (b2stoneslbs)
OR KILOGRAMS (b2kg) **OR** POUNDS (b2lbs) AND OUNCES (b2ozs)

3. (b3dkr) What is ^babyname's current weight?

ENTER WEIGHT IN EITHER STONES (b3stones) AND POUNDS (b3stoneslbs)
OR KILOGRAMS (b3kg) **OR** POUNDS (b3lbs) AND OUNCES (b3ozs)

4. (b4) How would you say ^babyname's health has been in the last 6 months? Would you say his/her health has been excellent, very good, good, fair, or poor?

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

5. (b5*; b5other) Has ^babynname ever been taken to the GP, Health Centre, or to Casualty during the last 6 months for any of the health problems listed on CARD 2? Please tell me all that apply.

SHOW CARD 2

- 1 CHEST INFECTIONS
- 2 EAR INFECTIONS
- 3 FEEDING PROBLEMS
- 4 SLEEPING PROBLEMS
- 5 WHEEZING OR ASTHMA
- 6 SKIN PROBLEMS
- 7 SIGHT OR EYE PROBLEMS
- 8 FAILURE TO GAIN WEIGHT OR GROW
- 9 PERSISTENT OR SEVERE VOMITING
- 10 PERSISTENT OR SEVERE DIARRHOEA
- 11 FITS OR CONVULSIONS
- 12 EXCESSIVE CRYING
- 13 ACCIDENT
- 14 NONE OF THE ABOVE
- 15 OTHER HEALTH PROBLEMS (PLEASE SPECIFY)
- 16 DON'T KNOW
- 17 REFUSE

6. (b6) During the last 6 months, has ^babynname ever stayed in hospital for at least one night for any illness (not hospital outpatient or emergency department visits)?

- 1 YES
- 2 NO

If answered 1 to Q6 go to Q7. If answered 2 to Q6 go to Q9 (more specifically, routing before question 9).

7. (b7; b7dkr) How many times?

_____TIMES

8. (b8*; b8othsurg b8othnosurg)For what main reasons? Please look at CARD 3 and tell me all that apply.

SHOW CARD 3

- 1 FEVER OR VIRAL ILLNESS
- 2 ASTHMA
- 3 GASTROENTERITIS (*TUMMY BUG/STOMACH FLU*)
- 4 PNEUMONIA
- 5 BRONCHITIS
- 6 URINE INFECTION
- 7 CROUP
- 8 FEBRILE CONVULSION (*FEVER FIT/SEIZURE DUE TO HIGH FEVER*)
- 9 GROMMETS/TYMPANOSTOMY TUBES (*GROMMET/SMALL TUBE IN EAR DRUM TO KEEP EAR AERATED*)
- 10 TONSILLECTOMY AND/OR ADENOIDECTOMY (*HAVING TONSILS/ADENOIDS REMOVED*)
- 11 ACCIDENT
- 12 OTHER ILLNESS/CONDITION, SURGERY NEEDED (PLEASE SPECIFY)
- 13 OTHER ILLNESS/CONDITION, SURGERY NOT NEEDED (PLEASE SPECIFY)
- 14 DON'T KNOW
- 15 REFUSE

If ticked option 13 (accident) to Q5 or option 11 (accident) to Q8 go to Q9. Otherwise skip to Q10.

9. (b9*; b9other) What type of injury or accident did ^babyname have that required medical attention? Please look at CARD 4 and tell me all that apply.

SHOW CARD 4

- 1 BROKEN OR FRACTURED BONES
- 2 SWALLOWED OBJECT
- 3 SWALLOWED HOUSEHOLD CLEANER/OTHER POISON/PILLS
- 4 CUT NEEDING STITCHES
- 5 SOMETHING STUCK IN EYE, THROAT, NOSE, EAR, OR OTHER PART OF BODY
- 6 ANIMAL OR INSECT BITE OR STING
- 7 BURN OR SCALD
- 8 DISLOCATION
- 9 CUT OR SCRAPE
- 10 LOSS OF CONSCIOUSNESS
- 11 BANG ON THE HEAD
- 12 CONCUSSION OR INTERNAL HEAD INJURY
- 13 INTERNAL INJURY (NOT HEAD)
- 14 DENTAL INJURY
- 15 OTHER (PLEASE SPECIFY)
- 16 DON'T KNOW
- 17 REFUSE

10. Which vaccines (immunisations) has ^babynname received? Please look at CARD 5 and tell me all that apply.

SHOW CARD 5

| Childs age | Vaccine type | Drop down box with yes/no options |
|-------------------------------------|---|-----------------------------------|
| 6 months | Diphtheria, Tetanus, Whooping cough, Hib, Inactivated Polio, Hepatitis B, Meningococcal C, Pneumococcal Conjugate Vaccine (PCV) 6 in 1 + Men C + PCV | (b10a) YES/NO |
| 12 months | (b10b)MMR <i>(MMR vaccine is a combined vaccine against measles, mumps and rubella)</i> | (b10b) YES/NO |
| 12 months | (b10c)PCV <i>(Pneumococcal Conjugate Vaccine)</i> | (b10c) YES/NO |
| 13 months | (b10d)Hib+Men C <i>(Haemophilus Influenzae B + Meningococcal C Vaccine)</i> | (b10d) YES/NO |
| (b10eotherage) Specify Other Age | (b10eothervaccine) Specify other vaccine and Description (b10eotherdescription) | (b10e) YES/NO |

11. (b11)Did you ever try to breastfeed ^babynname?

- 1 YES
- 2 NO

If answered 1 to Q11 go to Q12. If answered 2 to Q11 go to Q16.

12. (b12)Are you still breastfeeding ^babynname?

- 1 YES
- 2 NO

If answered 1 to Q12 continue to Q13. If answered 2 to Q12 skip to Q14.

13. (b13) Does ^babyname eat/drink anything other than just breast milk?

1 YES

2 NO

If answered 1 to Q13 continue to Q14. If answered 2 to Q13 skip to Q21.

14. (b14dkr) How old was ^babyname when you stopped exclusively feeding him/her breast milk? That is, you continued to breastfeed ^babyname, but also gave him/her other food or drink.

_____ WEEKS (b14wk)/MONTHS (b14mth)

If answered 1 to Q12 skip to Q16.

15. (b15dkr) How old was ^babyname when you completely stopped breast-feeding?

_____ MONTH(S) (b15mth) or _____ WEEKS(S) (b15wk)

The next questions ask about what ^babyname eats and the types of food he/she doesn't eat.

If answered 2 to Q13 skip to Q21.

16. I am going to ask you how often ^babyname eats different types of food. Please use CARD 6 to tell me how often, on average, your child eats the foods.

SHOW CARD 6

1 NEVER

2 LESS THAN ONCE PER MONTH

3 AT LEAST ONCE PER MONTH

4 AT LEAST ONCE A WEEK

5 MOST DAYS

6 ONCE A DAY

7 2-3 TIMES PER DAY

8 4-5 TIMES PER DAY

9 MORE THAN 6 TIMES PER DAY

| FOOD TYPE | NEVER | LESS THAN ONCE PER MONTH | AT LEAST ONCE PER MONTH | AT LEAST ONCE A WEEK | MOST DAYS | ONCE A DAY | 2-3 TIMES PER DAY | 4-5 TIMES PER DAY | MORE THAN 6 TIMES PER DAY |
|--|-------|--------------------------|-------------------------|----------------------|-----------|------------|-------------------|-------------------|---------------------------|
| (b16a) Grains (e.g., cereals, pastas, breads) | | | | | | | | | |
| (b16b) Vegetables (including juices) | | | | | | | | | |
| (b16c) Fruits (including juices) | | | | | | | | | |
| (b16d) Protein (e.g., meats, nuts, beans, eggs, etc.) | | | | | | | | | |
| (b16e) Dairy (milk, cheese, yogurt, ice cream, etc.) <i>(not including breast milk/formula)</i> | | | | | | | | | |
| (b16f) Other foods (sugars and fats, etc., sweets, crisps, chips) | | | | | | | | | |
| (b16g) Formula or breast milk | | | | | | | | | |

17. (b17) Are there any foods that ^babyname really likes?

18. (b18) Are there any foods that you can't get ^babyname to eat?

19. (b19) What does ^babyname really like to drink?

20. (b20) Are there any things you can't get ^babyname to drink?

The next questions are about ^babyname's sleeping patterns.

21. (b21) When putting ^babyname down for the night how often does he/she have difficulty falling asleep? Would you say he/she has trouble falling asleep never, sometimes, often, or always?

- 1 NEVER
- 2 SOMETIMES
- 3 OFTEN
- 4 ALWAYS

22. (b22) Does ^babyname sleep undisturbed (straight) through the night (*most of the time*)?

- 1 YES
- 2 NO

23. (b23) In general, where does your baby sleep?

(interviewer do not read out responses)

Probe mother's response as necessary and code appropriately.

- 1 ALONE IN HIS/HER BEDROOM
- 2 IN YOUR BEDROOM BUT NOT IN YOUR BED
- 3 IN YOUR BEDROOM AND IN YOUR BED
- 4 SHARED HIS/HER BEDROOM WITH ANOTHER FAMILY MEMBER
(BROTHER, SISTER, GRANDPARENTS, ETC.)

24. (b24) How much of a problem has ^babyname's awakening been for you? Would you say it was not much of a problem, somewhat of a problem, or quite a bit of a problem?

- 1 NOT MUCH
- 2 SOMEWHAT
- 3 QUITE A BIT

25. (b25) Do you ever worry about getting a good night's sleep?
(INTERVIEWER READ OUT RESPONSES)

- 1 NO NOT AT ALL, I AM A HEAVY SLEEPER
- 2 SOMETIMES I DO, BECAUSE I HAVE TROUBLE FALLING OR STAYING ASLEEP
- 3 I ALWAYS WORRY ABOUT GETTING A GOOD NIGHT'S SLEEP

26. (b26) In the past 6 months, about how many hours of sleep do you think you get per night?
(interviewer do not read out responses)

- 1 LESS THAN 6 HOURS
- 2 MORE THAN 6 HOURS, BUT NO MORE THAN 8
- 3 MORE THAN 8 HOURS OF SLEEP

27. (b27) Is ^babyname getting any special services - any services to help him/her catch up in any area like speech or physical development?

- 1 YES
- 2 NO

If answered 1 to Q27 continue to Q28. If answered 2 to Q27 skip to Q30.

28. (b28*; b28other) What additional services is ^babyname receiving?
(interviewer do not read out responses, but tick all that apply)

- 1 SPEECH AND LANGUAGE THERAPY
- 2 PHYSICAL THERAPY
- 3 OCCUPATIONAL THERAPY
- 4 DIETICIAN
- 5 SERVICE COORDINATION
- 6 DEVELOPMENTAL TEACHING
- 7 OTHER (PLEASE SPECIFY) (b28other)
- 8 DON'T KNOW
- 9 REFUSE

29. (b29; b29dkr; b29notes) How long has ^babyname been receiving these services?

_____ MONTHS

INCLUDE TEXT BOX HERE FOR NOTES RELATED TO THIS Q (b29notes)

30. (b30) How worried are you about your child's language development?

- 1 NOT AT ALL WORRIED
- 2 A LITTLE WORRIED
- 3 WORRIED
- 4 VERY WORRIED

31. (b31) How worried are you about your child's behaviour, emotions and relationships?

- 1 NOT AT ALL WORRIED
- 2 A LITTLE WORRIED
- 3 WORRIED
- 4 VERY WORRIED

Now I am going to ask you some questions about reading books and things parents might do when spending time with their babies.

32. (b32) Do you read to ^babyname?

- 1 YES
- 2 NO

If answered 1 to Q32 continue to Q33. If answered 2 to Q32 skip to next module.

33. (b33) How often?

- 1 EVERY DAY
- 2 2 OR 3 TIMES A WEEK
- 3 ONCE A WEEK
- 4 ONCE A MONTH
- 5 LESS THAN ONCE A MONTH

34. (b34) What are some of your favourite books to read to your child?

(note to interviewer: parent can list any number of books here)

THAT'S THE END OF SECTION B.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS AN UPDATE ON YOUR LIFE.

SECTION C: UPDATE ON YOUR LIFE

| Module C | Construct | Where Used |
|---------------------|--|------------------|
| Update on Your Life | Household Composition | From PFL BL, 6mo |
| | Relationship Status | From PFL BL, 6mo |
| | Mother's Work Status | From PFL BL, 6mo |
| | Mother's Maternity Leave | From PFL 6mo |
| | Mother's Occupation | From PFL BL, 6mo |
| | Mother's Work Hours | From PFL BL, 6mo |
| | Maternal Job Stability | |
| | Mother's Wage | From PFL BL, 6mo |
| | Mother's Unemployment Info | From PFL BL, 6mo |
| | Indicator of social welfare payments | From PFL BL, 6mo |
| | Household Weekly Income | From PFL BL, 6mo |
| | Perception of financial difficulty | From PFL BL, 6mo |
| | Economic perceptions (retrospective/prospective) | |
| | Mother's saving habits | From PFL BL, 6mo |
| | Voting behaviour | From PFL BL, 6mo |
| | Partner's Work Status | From PFL BL, 6mo |
| | Partner's Occupation | From PFL BL, 6mo |
| | Partner's Work Hours | From PFL BL, 6mo |
| | Paternal Job Stability | |
| | Partner's Wage | From PFL BL, 6mo |
| | Partner's Unemployment Info | From PFL BL, 6mo |
| | Use of Childcare | From PFL 6mo |

In this section, I am going to ask you some questions about your family, education, work life and finances and how you feel about the future. Some of these questions are very similar to the ones I asked last time we met, but I am just going to ask them again to see if anything has changed in the past couple of months.

1. (c1) Are you and ^babyname currently living in the same home?

- 1 YES
- 2 NO

2. (c2; c2dkr) *If answered living in same home as baby to previous question:* How many people currently live in your home, **not including you and ^babyname?**

If answered NOT living in same home as baby to previous question: How many people currently live in your home, **not including you?**

If answered 0 to Q2 skip to Q4. If answered any number greater than 0 to question Q2 continue to Q3

3. For each person in your home, could you please tell me their relationship to ^babyname as well as their age and gender?

| | Person Number | Relationship to Baby <i>(use codes at right)</i> | Gender (F/M) | Age <i>(in years)</i> |
|----|---------------|---|--------------|--------------------------|
| a. | 1 | c3a_1_ | c3b_1_ | c3c_1_ |
| b. | 2 | c3a_2_ | c3b_2_ | c3c_2_ |
| c. | 3 | c3a_3_ | c3b_3_ | c3c_3_ |
| d. | 4 | c3a_4_ | c3b_4_ | c3c_4_ |
| e. | 5 | c3a_5_ | c3b_5_ | c3c_5_ |
| f. | 6 | c3a_6_ | c3b_6_ | c3c_6_ |
| g. | 7 | c3a_7_ | c3b_7_ | c3c_7_ |
| h. | 8 | c3a_8_ | c3b_8_ | c3c_8_ |
| i. | 9 | c3a_9_ | c3b_9_ | c3c_9_ |
| j. | 10 | c3a_10_ | c3b_10_ | c3c_10_ |

- 1 The biological father
- 2 The non-biological father (partner)
- 3 The adoptive parent (partner)
- 4 Natural brother/Natural sister
- 5 Step brother/Step sister
- 6 Half brother/Half sister
- 7 Adopted brother/Adopted sister
- 8 Foster brother/Foster sister
- 9 Maternal grandparent
- 10 Paternal grandparent
- 11 Nanny/au pair
- 12 Aunt/Uncle
- 13 Cousin
- 14 Other relative
- 15 Non-relative/friend
- 16 Other, specify _____

The next couple of questions are about your relationship status.

4. (c4) Can I just check- what is your current relationship status?

SHOW CARD 7

- 1 SINGLE
- 2 MARRIED
- 3 CO-HABITING
- 4 BOYFRIEND/PARTNER NOT LIVING TOGETHER
- 5 DIVORCED
- 6 LEGALLY SEPARATED
- 7 WIDOWED

If answered 2,3, or 4 to Q4, continue to Q5. If answered 1,5,6, or 7 to Q4 skip to Q7.

5. (c5) Is your partner ^babyname's biological father?

- 1 YES
- 2 NO

6. (c6) Were you with this partner when we interviewed you when your baby was 6 months old?

- 1 YES
- 2 NO

The next several questions in this section are about your work life and maternity leave.

7. (c7; c7other) What is your current work status? Please use CARD 8 to tell me the option that best applies.

SHOW CARD 8

- 1 HAS PAID JOB, BUT ON MATERNITY LEAVE
- 2 IN PAID WORK
- 3 UNEMPLOYED (*IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT*)
- 4 STUDENT
- 5 LOOKING AFTER HOME/FAMILY (*NOT IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT*)
- 6 RETIRED
- 7 NOT ABLE TO WORK DUE TO PERMANENT DISABILITY/SICKNESS
- 8 FAS TRAINING (PAID)
- 9 FAS TRAINING (UNPAID)
- 10 OTHER (PLEASE SPECIFY)

If answered 1 to Q7, continue to Q8. If answered 2 or 8 to Q7, skip to Q9. If answered 3 to Q7, skip to Q19. If answered 4, 5, 6, 7, or 10 to Q7, skip to Q20, if answered 9 to Q7 go to Qs11 – 13, then Q19.

8. (c8; c8dkr) How much maternity leave are you taking?

_____ MONTHS

Skip to Q11.

9. (c9) Did you take maternity leave?

- 1 YES
- 2 NO

If answered 1 to Q9, continue to Q10. If answered 2 to Q9, skip to Q11.

10. (c10a; c10b) How much maternity leave did you take?

_____ INDICATE IF WEEKS OR MONTHS

11. (c11; c11dkr) What is your main job? _____

12. (c12) Do you work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

13. (c13; c13dkr) On average, how many hours per week do you usually work?

_____ ENTER AMOUNT IN HOURS

If answered 9 to Q7, skip to Q19.

14. (c14) Is this a standard amount of hours that you work per week or does it change on a weekly basis based on available work?

- 1 FIXED
- 2 VARIABLE

15. (c15) Have you been in paid work continuously over the last 6 months?

- 1 YES
- 2 NO

If answered 2 to Q15, continue to Q16. If answered 1 to Q15, skip to Q17.

16. For how long were you not in paid work over the last 6 months?

Fill in as:

(c16a) _____ weeks or (c16b) _____ months

17. (c17) Roughly how much do you earn, on average, in your job(s)?

_____ ENTER AMOUNT IN EUROS

18. (c18) Is this amount:

- 1 PER HOUR
- 2 PER WEEK
- 3 PER MONTH
- 4 ANNUALLY/PER YEAR

If answered 3 or 9 to Q7, continue to Q19. Otherwise skip to Q20.

19. (c19; c19dkr) For how long have you been without paid work (in months)?

_____ MONTHS

The next few questions are about your household income.

20. (c20) Do you or your partner receive any social welfare payments such as unemployment insurance, social welfare payments, rent allowance, disability allowances, or job seekers allowance/unemployment benefit?

- 1 YES
- 2 NO

21. I know it is sometimes hard to give an exact figure for income, but could you please think about your household's take home income in the last 12 months. Over this time, what is your best guess of the household's average total income per *week*, this is the take-home family *weekly* income from all sources and includes social benefits for all people living in your household? This includes wages and salaries, income from self-employment, dividends and interest, unemployment insurance or the dole, worker's compensation, government pension, child benefit, child support, and all other sources. Please use CARD 9 to choose the weekly income range that best applies to your household.

SHOW CARD 9

Note: The online version and CARD 9 show the letters in parentheses next to the numbers, but the data come as numbers 1-14:

| | |
|--------|----------------------|
| 1 (F) | LESS THAN €50 |
| 2 (M) | €50 TO UNDER €100 |
| 3 (W) | €100 TO UNDER €150 |
| 4 (P) | €150 TO UNDER €200 |
| 5 (G) | €200 TO UNDER €250 |
| 6 (R) | €250 TO UNDER €300 |
| 7 (B) | €300 TO UNDER €400 |
| 8 (L) | €400 TO UNDER €500 |
| 9 (T) | €500 TO UNDER €600 |
| 10 (D) | €600 TO UNDER €750 |
| 11 (X) | €750 TO UNDER €900 |
| 12 (I) | €900 TO UNDER €1000 |
| 13 (C) | €1000 TO UNDER €1500 |
| 14 (K) | €1500 OR MORE |

22. (c22) Thinking of the household's total income, would you say that your household is able to make ends meet? Please look at CARD 10 and tell me the option that best applies.

SHOW CARD 10

- 1 WITH GREAT DIFFICULTY
- 2 WITH DIFFICULTY
- 3 WITH SOME DIFFICULTY
- 4 I JUST GET BY
- 5 FAIRLY EASILY
- 6 EASILY
- 7 VERY EASILY

23. (c23) Compared to 12 months ago, do you think that your household's current financial situation has:

SHOW CARD 11

- 1 GOT A LOT BETTER
- 2 GOT A LITTLE BETTER
- 3 STAYED THE SAME
- 4 GOT A LITTLE WORSE
- 5 GOT A LOT WORSE

24. (c24) How do you think the financial situation of your household will change over the next 12 months?

SHOW CARD 11

- 1 GET A LOT BETTER
- 2 GET A LITTLE BETTER
- 3 STAY THE SAME
- 4 GET A LITTLE WORSE
- 5 GET A LOT WORSE

25. (c25) Do you save money regularly?

- 1 YES
- 2 NO

26. (c26) Did you vote in the last General Election?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE

27. (c27) Did you vote in the last local elections and European elections?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE

If answered 2, 3, or 4 to Q4 then skip to Blurb 2. Otherwise go to Blurb 1.

Blurb 1

Now I am going to ask you some more questions about ^babyname's biological father.

Blurb 2

Now I am going to ask you some questions about your partner.

If answered 2, 3, or 4 to Q4 then skip to Q29 and automatically fill in Q28 as 1. Only ask Q28 if not in a relationship.

28. (c28) Are you still in contact with ^babyname's biological father?

- 1 YES
- 2 NO

If answered 2 to Q28 skip to Q39.

29. (c29; c29other) What is his current work status? Please use CARD 12 to tell me the best option that applies.

SHOW CARD 12

- 1 HAS PAID JOB, BUT ON LEAVE
- 2 IN PAID WORK
- 3 UNEMPLOYED (*IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT*)
- 4 STUDENT
- 5 LOOKING AFTER HOME/FAMILY (*NOT IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT*)
- 6 RETIRED
- 7 NOT ABLE TO WORK DUE TO PERMANENT DISABILITY/SICKNESS
- 8 FAS TRAINING (PAID)
- 9 FAS TRAINING (UNPAID)
- 10 OTHER (PLEASE SPECIFY)

If answered 1, 2, or 8 to Q29, continue to question 30. If answered 3 to Q29, skip to Q38. If answered 4, 5, 6, 7, or 10 to Q29, skip to Q39. If answered 9 to Q29 then go to Qs30-32, then skip to Q38.

If DK skip to Q39.

30. (c30; c30dkr) What is his main job? _____

31. (c31) Does he work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

32. (c32; c32dkr) How many hours per week does he usually work?

_____ ENTER AMOUNT IN HOURS

If answered 9 to Q29, skip to Q38.

33. (c33) Is this a standard amount of hours that he works per week or does it change on a weekly basis based on available work?

- 1 FIXED
- 2 VARIABLE

34. (c34) Was he in paid work continuously over the last 6 months?

- 1 YES
- 2 NO

If answered 2 to Q34, continue to Q35. If answered 1 to Q34, skip to Q36.

35. (c35) For how long was he not in paid work over the last 6 months?

Fill in as:

(c35a) _____ weeks or (c35b) _____ months

36. (c36) Roughly how much does he earn, on average, in his job(s)?

_____ ENTER AMOUNT IN EUROS

37. (c37) Is this amount

- 1 PER HOUR
- 2 PER WEEK
- 3 PER MONTH
- 4 ANNUALLY/PER YEAR

If answered 3 or 9 to Q29 continue to Q38. Otherwise, skip to Q39.

38. (c38; c38dkr) For how long has he been without paid work (in months)?

_____ MONTHS

Now, I'd like to ask you some questions about the type of childcare you use for ^babyname.

39. (c39) Do you use any type of childcare for ^babyname?

Probe: That is, does anyone, besides yourself, regularly look after ^babyname more than 10 hours per week?

- 1 YES
- 2 NO

If answered 1 to Q39 continue to Q40. If answered 2 to Q39 skip to next module.

40. (c40; c40other) What type of childcare do you mainly use?

(READ OUT OPTIONS)

- 1 CHILD'S GRANDPARENT
- 2 PARTNER(NOT BIOLOGICAL FATHER)/FRIENDS/OTHER RELATIVES
- 3 NANNY/CHILD MINDER
- 4 NURSERY/CRÈCHE/PRESCHOOL/MONTESORRI
- 5 CHILD'S BIOLOGICAL FATHER
- 6 OTHER (PLEASE SPECIFY) (c40other)

If answered 4 to Q40, go to Q41. Otherwise go to questions 42.

41. (c41; c41dkr) What is the name of the childcare centre your child is attending?

42. (c42; c42dkr) For how many hours per week is ^babyname in this type of childcare?

_____ HOURS/WEEK

43. (c43; c43dkr) What age was ^babyname when he/she started this type of childcare?

_____ MONTHS OLD

44. (c44) Do you pay for this type of childcare?

- 1 YES
- 2 NO

If answered 1 to Q44 continue to Q45. If answered 2 to Q44 skip to Q47.

45. (c45) How much do you pay for childcare for ^babyname?

_____ EUROS

46. (c46) Is this amount

- 1 PER HOUR
- 2 PER WEEK
- 3 PER MONTH
- 4 PER YEAR/ANNUALLY

47. (c47) How satisfied are you with this type of childcare? Would you say that you are very dissatisfied, somewhat dissatisfied, neither dissatisfied or satisfied, somewhat satisfied or very satisfied?

SHOW CARD 13

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER DISSATISFIED OR SATISFIED
- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED

THAT'S THE END OF SECTION C.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR THOUGHTS ON PARENTING.

SECTION D: THOUGHTS ON PARENTING

| Module D | Construct | Where Used |
|-----------------------|---|-------------------------|
| Thoughts on Parenting | Parenting Resources | MBM 16mo |
| | Child Protective Services | MBM 16mo |
| | Mother's Knowledge of Parenting Practices and Child Development Norms: KIDI – Short Form (SC) | PFL BL; PFT BL, 6, 18mo |
| | Assessment of Parenting Risks: AAPI (SC) | PFL BL |

IF PFL: The first few questions in this section are about other help and/or parenting information you have received from people not involved in the *Preparing for Life* programme.

IF LFP: The first few questions in this section are about other help and/or parenting information you have received from people

1. (d1) Has anyone (family, friends, health care provider, schools, **not including people from the PFL programme – DO NOT SAY FOR LFPs**) given you books, leaflet, or guides about parenting?

1 YES
2 NO

If answered yes to Q1 continue to Q2. If answered no to Q1 skip to Q5.

2. (d2*; d2other) What types of parenting materials have you received? **Please check all that apply.**

1 BOOKS
2 LEAFLETS
3 PARENTING GUIDES
4 OTHER (PLEASE SPECIFY) (d2other)
5 DON'T KNOW
6 REFUSE

3. (d3) Did you find them useful?

1 YES
2 NO

4. (d4; d4dkr) Where did you receive this material?

5. (d5) Has anyone (**not including people from the PFL programme – DO NOT SAY FOR LFPs**) given you professional advice about parenting?

1 YES
2 NO

If answered yes to Q5 continue to Q6. If answered no to Q5 skip to Q8.

6. (d6; d6dkr) Who gave you this advice?

7. (d7) Did you find this information useful?

1 YES

2 NO

8. (d8) Is there a social worker working with your family?

1 YES

2 NO

If answered yes to Q8 continue to Q9. If answered no to Q8 skip to self completion section 1.

9. (d9) What was the first date of involvement?

_____ / _____ / _____

I now have some questions about your thoughts on parenting. There are many different ways to parent and children are also different - so, just like all the other questions there are no right or wrong answers. The study is just interested in knowing what YOU think.

Please remember that all of your answers will be kept private and only used to understand how people generally view discipline and child development. If you are comfortable with reading and answering these questions yourself, I would like you to fill in these questions on your own using the computer. However, if you would prefer I can read them out loud. Which would you prefer?

(SCIntro)

1 SELF-COMPLETION ACCEPTED

2 SELF-COMPLETION ADMINISTERED BY THE INTERVIEWER

SELF-COMPLETION SECTION 1

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections in this module.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections in this module.

1. What are Babies like? (dkidi1-14)

Blurb 1 (self-completion accepted):

PLEASE HAND LAPTOP TO PARTICIPANT

Here are some statements about young children. Please answer these questions based on what you think is true for most children.

Once you complete each page, move on to the next page by tapping the ‘Next’ button at the bottom of the page. Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

Blurb 2 (self-completion administered by interviewer):

I am going to read you some statements about young children.

For each statement, please use CARD 14 to help you answer.

SHOW CARD 14

- 1 STRONGLY AGREE
- 2 MILDLY AGREE
- 3 NOT SURE
- 4 MILDLY DISAGREE
- 5 STRONGLY DISAGREE

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Knowledge of Infant Development - Short Form (KIDI-SF; MacPhee, 1981).

2. Your Thoughts on Parenting (daapi1-40)

Blurb 1 (self-completion accepted):

The next statements are about parents and children and this study is interested in talking to a lot of different parents to find out what they think.

Please read the following statements and show how much you agree or disagree with each by marking the number between 1 and 5 that best shows how much you agree or disagree with the statement.

Blurb 2 (self-completion administered by interviewer):

Now, I am going to read you some statements about parents and children and this study is interested in talking to a lot of different parents to find out what they think.

After I read each statement, please tell me how much you agree or disagree with each statement. You can use the options on CARD 15 to help you answer.

SHOW CARD 15

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 5 UNCERTAIN

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Adult-Adolescent Parenting Inventory 2 (AAPI-2) Bavolek & Keene, 1999: <http://nurturingparenting.com/>

Blurb 1 (self-completion accepted):

THAT'S THE END OF SECTION D.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR HEALTH.

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER.

Blurb 2 (self-completion administered by interviewer):

THAT'S THE END OF SECTION D.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE
NEXT SECTION IS ABOUT YOUR HEALTH.

SECTION E: YOUR HEALTH

| Module E | Construct | Where Used |
|-------------|---|-----------------------------|
| Your Health | Mother's general health status | PFL BL, 6mo |
| | Mother's current weight | PFL BL, 6mo |
| | Mother's GP visits | PFL BL, 6mo |
| | Mother's current cigarette use | PFL BL, 6mo |
| | Mother's current alcohol use | PFL BL, 6mo |
| | Mother's current drug use | PFL BL, 6mo |
| | Mother's Diet | PFL BL |
| | Mother's Exercise/Activity | PFL BL |
| | Family Planning | From PFT 12mo; MBM 10mo |
| | Maternal Psychological Well-Being: <i>WHO-5 Index</i> (SC) | PFL BL, 6mo |
| | Maternal Self-Efficacy: <i>Pearlin Self-Efficacy scale</i> (SC) | PFL BL; PFT BL, 6, 12, 24mo |

This part of our interview is about your health and how you are doing.

Part 1: Your Health

1. (e1) How would you describe your health compared with other women your age? Would you say your health has been excellent, very good, good, fair, or poor?

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

Now I am going to ask about your weight.

2. (e2; e2dkr) What is your current weight (without clothes)?

ENTER WEIGHT IN EITHER STONES (e2stones) AND POUNDS (e2lbs) OR KILOGRAMS (e2kg)

3. (e3; e3dkr) How many times have you been to your GP in the last 6 months (not including visits for ^babyname)?

_____ TIMES

4. (e4) Do you currently smoke?

- 1 YES
- 2 NO

If answered 1 to Q4 continue to Q5, if answered 2 to Q4 skip to Q6.

5. (e5; e5dkr) How many cigarettes per day do you smoke now?

_____ CIGARETTES PER DAY

6. (e6) Does any other person smoke in the house?

- 1 YES
- 2 NO

7. (e7) Have you drunk alcohol in the past 6 months?

- 1 YES
- 2 NO

If answered 1 to Q7 continue to Q8, if answered 2 to Q7 skip to Q11.

8. (e8) On average, how often did you drink alcohol in the past 6 months?
(interviewer do not read out responses)

- 1 DAILY
- 2 3-4 TIMES PER WEEK
- 3 1-2 TIMES PER WEEK
- 4 ONCE OR TWICE A MONTH
- 5 LESS THAN ONCE A MONTH

9. (e9; e9other) What did you usually drink? Please use CARD 16 to tell me the option that best applies.

Probe: The type of drink you drink the most.

SHOW CARD 16

- 1 LARGE OR NORMAL SIZED CANS OF BEER/CIDER
- 2 PINT OF BEER/CIDER
- 3 HALF PINTS OR GLASSES OF BEER/CIDER
- 4 BOTTLES OF BEER
- 5 SMALL BOTTLES OF CIDER
- 6 SMALL CANS OF BEER (COCA COLA SIZE)
- 7 SPIRITS (SUCH AS VODKA/BACARDI) WITH A MIXER—SINGLE SHOT
- 8 SPIRITS (SUCH AS VODKA/BACARDI) WITH A MIXER—DOUBLE SHOT
- 9 SMALL GLASSES OF WINE
- 10 LARGE GLASSES OF WINE
- 11 ALCOPOPS, SUCH AS WKD
- 12 COCKTAILS
- 13 SHOTS
- 14 OTHER (PLEASE SPECIFY)

10. (e10; e10dkr) In general, on the days that you drink alcohol, about how many drinks do you usually have?

_____ DRINKS

11. (e11) Please look at CARD 17 and tell me if you have used any of these drugs in the past six months?

(Note to interviewer: We do not need to know about use of a specific drug, just whether any of these drugs were used)

SHOW CARD 17 (show card showing list of drugs)

- 1 YES
- 2 NO

If answered 1 to Q11 continue to Q12, if answered 2 to Q11 skip to Q13.

12. (e12) Overall, about how often?

SHOW CARD 18

- 1 DAILY
- 2 3-4 TIMES PER WEEK
- 3 1-2 TIMES PER WEEK
- 4 ONCE OR TWICE A MONTH
- 5 LESS THAN ONCE A MONTH

13. (e13) In general, how healthy would you say your eating habits are? Please look at CARD 19 and tell me the option that best applies.

SHOW CARD 19

- 1 VERY HEALTHY
- 2 HEALTHY
- 3 AVERAGE (NEITHER HEALTHY NOR UNHEALTHY)
- 4 UNHEALTHY
- 5 VERY UNHEALTHY

14. (e14) How often do you eat brown or wholemeal bread instead of white? Please look at CARD 20 and tell me the option that best applies.

SHOW CARD 20

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 OFTEN
- 5 ALWAYS

15. (e15) How often do you drink low fat milk? Please look at CARD 20 and tell me the option that best applies.

SHOW CARD 20

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 OFTEN
- 5 ALWAYS

16. (e16) How often do you eat low fat spreads or low fat butter? Please look at CARD 20 and tell me the option that best applies.

SHOW CARD 20

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 OFTEN
- 5 ALWAYS

17. (e17) How often do you eat lean meat and poultry? Please look at CARD 21 and tell me the option that best applies.

SHOW CARD 21

- 1 EVERYDAY
- 2 MOST DAYS
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER
- 6 THIS DOES NOT APPLY TO ME BECAUSE I AM A VEGETARIAN

18. (e18) How often do you eat fish? Please look at CARD 22 and tell me the option that best applies.

SHOW CARD 22

- 1 NEVER
- 2 ONCE A MONTH
- 3 TWICE A MONTH
- 4 1-2 TIMES PER WEEK
- 5 3-4 TIMES PER WEEK
- 6 5-7 TIMES PER WEEK

19. (e19) How many portions of fruit and vegetables do you eat each day?

- 1 0
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5 or more

20. (e20) How often do you eat sweet and fatty food such as crisps, sweets, desserts and chocolate? Please use CARD 23 to help you answer.

SHOW CARD 23

- 1 ONCE A DAY
- 2 TWICE A DAY
- 3 THREE TIMES A DAY
- 4 MORE THAN THREE TIMES A DAY
- 5 1-2 DAYS PER WEEK
- 6 3-4 DAYS PER WEEK
- 7 5-6 DAYS PER WEEK
- 8 ONCE A MONTH
- 9 TWICE A MONTH

21. (e21) How often do you usually exercise? Please look at CARD 24 and tell me the option that best describes how often you exercise
Probe: Exercise is defined as 20 minutes of activity that increases heart rate (e.g., fast walking, jogging, swimming, playing sport)

SHOW CARD 24

- 1 NEVER/ONCE A MONTH
- 2 2-3 TIMES PER MONTH
- 3 ONCE OR TWICE PER WEEK
- 4 3-4 TIMES PER WEEK
- 5 5-6 TIMES PER WEEK OR EVERYDAY

The next few questions are about your family plans.

22. (e22) Are you pregnant now?

- 1 YES
- 2 NO

If answered yes to Q22 continue to Q23. If answered no to Q22, skip to Q25.

23. (e23; e23dkr) When is your baby's due date?

_____ / _____ / _____

24. (e24) Was this pregnancy planned or did it just happen?

- 1 PLANNED PREGNANCY – I WANTED TO GET PREGNANT AROUND THIS TIME
- 2 UNPLANNED PREGNANCY

25. (e25) ***If participant not currently pregnant:*** Have you been pregnant since the birth of ^babyname?

If participant is currently pregnant: Have you been pregnant since the birth of ^babyname other than your current pregnancy?

- 1 YES
- 2 NO

If answered yes to Q25 continue to Q26. If answered no to Q25 skip to Q27.

26. (e26) How did that pregnancy end?
(interviewer do not read out responses)

- 1 MISCARRIAGE
- 2 ABORTION
- 3 STILL BIRTH
- 4 LIVE BIRTH

Only ask Q27 if answered no to Q22.

27. (e27) Are you currently using any type of birth control or doing anything to keep from getting pregnant?

- 1 YES
- 2 NO

If answered yes to Q27, continue to Q28. If answered no to Q27 automatically fill in Q28 as 1 and skip to Part 2: How are you Doing?(self completion section 2).

28. (e28; e28other) Which type of birth control are you using? Please use CARD 25 to help you choose all options that apply.

SHOW CARD 25

- 1 NOTHING
- 2 I TRY NOT TO HAVE SEX (ABSTINENCE)
- 3 I TAKE BIRTH CONTROL PILLS AT LEAST SOMETIMES
- 4 I TAKE BIRTH CONTROL PILLS REGULARLY
- 5 I HAVE MY PARTNER USE CONDOMS
- 6 I HAVE MY PARTNER WITHDRAW OR PULL OUT
- 7 I DOUCHE OR CLEANED RIGHT AFTER SEX
- 8 OTHER (PLEASE SPECIFY) (e28other)
- 9 DON'T KNOW
- 10 REFUSE

SELF-COMPLETION SECTION 2

The next section is about how you are doing. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own like you did earlier. However, if you would prefer I can read them out loud. Which would you prefer?

(HowAreYouIntro)

- 1 SELF-COMPLETION ACCEPTED
- 2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Part 2: How Are You Doing (Part 1)? (ewho1-5)

Blurb 1 (self-completion accepted):

PLEASE HAND LAPTOP TO PARTICIPANT.

For the next 5 questions, please mark which is closest to how you have been feeling generally over the last two weeks.

Blurb 2 (self-completion administered by interviewer):

For the next 5 questions, please mark which is closest to how you have been feeling generally over the last two weeks.
Please use CARD 26 to help you answer.

SHOW CARD 26

- 0=AT NO TIME
- 1=SOME OF THE TIME
- 2=LESS THAN HALF OF THE TIME
- 3=MORE THAN HALF OF THE TIME
- 4=MOST OF THE TIME
- 5=ALL OF THE TIME

Note that the above show card is what is displayed on the card and on the computer screen, but the data are electronically coded according to the following:

- 1= AT NO TIME
- 2 =SOME OF THE TIME
- 3 =LESS THAN HALF OF THE TIME
- 4 =MORE THAN HALF OF THE TIME
- 5 =MOST OF THE TIME
- 6 =ALL OF THE TIME

Over the last two weeks...

| STATEMENT | AT NO TIME | SOME OF THE TIME | LESS THAN HALF OF THE TIME | MORE THAN HALF OF THE TIME | MOST OF THE TIME | ALL OF THE TIME |
|--|------------|------------------|----------------------------|----------------------------|------------------|-----------------|
| 1. (ewho1) I have felt cheerful and in good spirits. | | | | | | |
| 2. (ewho2) I have felt calm and relaxed. | | | | | | |

| | | | | | | |
|--|-------------------|-------------------------|-----------------------------------|-----------------------------------|-------------------------|------------------------|
| 3. (ewho3) I have felt active and vigorous (<i>full of life and energy</i>). | | | | | | |
| STATEMENT | AT NO TIME | SOME OF THE TIME | LESS THAN HALF OF THE TIME | MORE THAN HALF OF THE TIME | MOST OF THE TIME | ALL OF THE TIME |
| 4. (ewho4) I woke up feeling fresh and rested. | | | | | | |
| 5. (ewho5) My daily life has been filled with things that interest me. | | | | | | |

Part 3: How Are You Doing (Part 2)? (epearlin1-13)
Pearlin Self Efficacy and Parenting Self Efficacy

Blurb 1 (self-completion accepted):

The next few statements are about how you feel about yourself, your life so far, and being a parent. Please mark the response that best represents how you feel.

Blurb 2 (self-completion administered by interviewer):

I am going to read you some statements about how you feel about yourself, your life so far, and being a parent. Please tell me the response that best represents how you feel. Please use CARD 27 to help you answer.

SHOW CARD 27

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NOT SURE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

How strongly do you agree or disagree that:

| STATEMENT | STRONGLY AGREE | AGREE | NOT SURE | DISAGREE | STRONGLY DISAGREE |
|--|----------------|-------|----------|----------|-------------------|
| 1. (epearlin1) I have little control over the things that happen to me. | | | | | |
| 2. (epearlin2) There is really no way I can solve all of the problems I have. | | | | | |
| 3. (epearlin3) There is little I can do to change many of the important things in my life. | | | | | |
| 4. (epearlin4) I often feel helpless in dealing with the problems of life. | | | | | |
| 5. (epearlin5) Sometimes I feel that I'm being pushed around in life. | | | | | |
| 6. (epearlin6) What happens to me in the future mostly depends on me. | | | | | |
| 7. (epearlin7) I can do just about anything I really set my mind to do. | | | | | |

| | | | | | |
|--|-----------------------|--------------|-----------------|-----------------|--------------------------|
| 8. (epearlin8)I feel I have the skills to be a good parent. | | | | | |
| STATEMENT | STRONGLY AGREE | AGREE | NOT SURE | DISAGREE | STRONGLY DISAGREE |
| 9. (epearlin9)I feel I can be a good role model for my child/children. | | | | | |
| 10. (epearlin10)I feel insecure (<i>worried</i>) about meeting the material needs (such as -- clothes, food) of my child/children. | | | | | |
| 11. (epearlin11)I am uncertain about whether I can provide emotional support to my child/children. | | | | | |
| 12. ((epearlin12)I feel confident about being able to maintain a close relationship with my child/children. | | | | | |
| 13. (epearlin13)I feel uncertain about my ability to do a good job raising my child/children. | | | | | |

Blurb 1 (self-completion accepted):

THAT’S THE END OF SECTION E.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION WHICH IS MORE ABOUT ^BABYNAME’S DEVELOPMENT.

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER.

Blurb 2 (self-completion administered by interviewer):

THAT'S THE END OF SECTION E.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW
MOVE TO THE NEXT SECTION WHICH IS MORE ABOUT
^BABYNAME'S DEVELOPMENT.

SECTION F: YOUR CHILD'S DEVELOPMENT: PART 2

| Module F | Construct | Where Used |
|---|---|---|
| Your Child's Development: Part 2 | Language Development: MacArthur-Bates Communicative Inventories (CDI) | NICHD 15mo Words and Gestures Form- For mother to complete at the beginning while interviewer setting up computer |
| | Temperament: Temperament and Atypical Behavior Scale (TABS) Screener | |
| | Difficult Temperament | PFL 6mo |
| | Developmental Profile -3 (cognitive section) | |
| | Social Emotional Development: Brief Infant Toddler Social and Emotional Assessment (BITSEA) | PFT 12mo (they use the full scale at 24 and 36mo) |

Part 1: Your Child's Behaviour

Now I am going to ask you some questions about ^babyname's behaviour. In the first part, I will read 15 statements which describe frequent problems and behaviours that parents see in young children. After I read each item, please tell me if that behaviour is or isn't a problem by answering 'yes' or 'no' to each statement.

(ftabs1-15)

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Temperament and Atypical Behaviour Scale (TABS; Neisworth, Bagnato, Salvia & Hunt, 1999)
<http://products.brookespublishing.com/Temperament-and-Atypical-Behavior-Scale-TABS-Assessment-Tool-P526.aspx>

| Question | Yes | No |
|---|-----|----|
| 1. (ftabs1) Temperament and Atypical Behaviour Scale (TABS) item 1 | | |
| 2. (ftabs2) Temperament and Atypical Behaviour Scale (TABS) item 2 | | |
| 3. (ftabs3) Temperament and Atypical Behaviour Scale (TABS) item 3 | | |
| 4. (ftabs4) Temperament and Atypical Behaviour Scale (TABS) item 4 | | |
| 5. (ftabs5) Temperament and Atypical Behaviour Scale (TABS) item 5 | | |
| 6. (ftabs6) Temperament and Atypical Behaviour Scale (TABS) item 6 | | |
| 7. (ftabs7) Temperament and Atypical Behaviour Scale (TABS) item 7 | | |
| 8. (ftabs8) Temperament and Atypical Behaviour Scale (TABS) item 8 | | |
| 9. (ftabs9) Temperament and Atypical Behaviour Scale (TABS) item 9 | | |
| 10. (ftabs10) Temperament and Atypical Behaviour Scale (TABS) item 10 | | |
| 11. (ftabs11) Temperament and Atypical Behaviour Scale (TABS) item 11 | | |

| | | |
|---|--|--|
| 12. (ftabs12) Temperament and Atypical Behaviour Scale (TABS) item 12 | | |
| 13. (ftabs13) Temperament and Atypical Behaviour Scale (TABS) item 13 | | |
| 14. (ftabs14) Temperament and Atypical Behaviour Scale (TABS) item15 | | |
| 15. (ftabs15) Temperament and Atypical Behaviour Scale (TABS) item 16 | | |

(ftemp1-11)

1. (ftemp1) How many times per day, on average, does he/she get fussy (*cranky*) and irritable – for either long or short periods of time?
(interviewer do not read out responses)

- 1 Never
- 2 1-2 TIMES PER DAY
- 3 3-4 TIMES PER DAY
- 4 5-6 TIMES PER DAY
- 5 7-9 TIMES PER DAY
- 6 10-14 TIMES PER DAY
- 7 15 TIMES PER DAY OR MORE

The following questions are about how ^babyname behaves. Please answer each question for him/her in comparison to other children. Answering “About Average” or telling me number 4 means that you think your baby behaves in the same way as the typical child.

2. (ftemp2) How much does he/she cry and fuss in general?

SHOW CARD 28

- | | | | | | | |
|--|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very little; much less than the average baby | | | | | | A lot; much more than the average baby |

3. (ftemp3) How easily does he/she get upset?

SHOW CARD 29

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very hard to upset – even by things that upset most babies | | | | | | Very easily upset by things that wouldn't bother most babies |

4. (ftemp4) When he/she gets upset (e.g., before feeding, during feeding, nappie changing, etc.), how vigorously or loudly does he/she cry and fuss?

SHOW CARD 30

| | | | | | | |
|------------------------------------|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very mild intensity or loudness | | | | | | Very loud or intense, really cuts loose (<i>cries very loud</i>) |

5. (ftemp5) How excited does he/she become when people play with or talk to him/her?

SHOW CARD 31

| | | | | | | |
|--------------|---|---|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very excited | | | | | | Not at all |

6. (ftemp6) On average, how much attention does he/she require (*need*), other than for caregiving (feeding, bathing, nappie changes etc.)?

SHOW CARD 32

| | | | | | | |
|---|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very little – much less than the average baby | | | | | | A lot- much more than the average baby |

7. (ftemp7) When left alone, he/she plays well by him/herself?

SHOW CARD 33

| | | | | | | |
|---------------|---|---|---|---|---|--------------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Almost always | | | | | | Almost never - won't play by self |

8. (ftemp8) How does he/she typically respond to a new person?

SHOW CARD 34

| | | | | | | |
|--------------------------------------|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Almost always responds favourably | | | | | | Almost always responds negatively at first |

9. (ftemp9) How does he/she typically respond to being in a new place?

SHOW CARD 34

| | | | | | | |
|--------------------------------------|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Almost always responds favourably | | | | | | Almost always responds negatively at first |

10. (ftemp10) How well does he/she adapt to new experiences (such as new playthings, new foods, new people, etc.) eventually?

SHOW CARD 35

| | | | | | | |
|--|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very well – always likes it eventually | | | | | | Almost always dislikes it in the end |

11. (ftemp11) Please rate the overall degree of difficulty he/she would present for the average parent?

SHOW CARD 36

| | | | | | | |
|-----------|---|---|---|---|---|----------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very easy | | | | | | Highly difficult to deal with |

Part 2: Cognitive Development (fdpcog1-38)

In this next section, I am going to ask some questions about things ^babynome does or has done. For each statement, please tell me if ^babynome does or can do each thing by answering yes or no to each statement.

Note to interviewer: Most of the questions ask whether the child does perform a task. To score YES, the child must not only be able to perform the task, he or she must actually perform it some of the time. However, a few of the questions ask whether the child can perform a task. For these questions, a YES means that the child has shown on at least one occasion that he or she is able to perform the task.

Some of the questions ask about skills or behaviours that the child mastered long ago and does not do anymore; for example, "Does the child babble or use other sounds that seem to be attempts to talk?" The child may have babbled for a while but then moved on to more advanced forms of speech. The item would be scored YES because babbling behaviour is behaviour that the child performed successfully in the past.

If the parent is unsure whether an answer should be YES or NO, encourage him or her to make an educated guess.

For the 12 month survey, start administering with item 1. **Stop when 5 consecutive items are scored 0.**

Ages 0-0 to 1-11: Start at Item 1

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING

SCALE: The Developmental Profile 3 (DP-3; Alpern, 2007)

<http://www.wpspublish.com/store/p/2743/developmental-profile-3-dp-3>

| QUESTION | YES | NO |
|---|-----|----|
| 1. (fdpcog1) The Developmental Profile 3 item 1 | | |
| 2. (fdpcog2) The Developmental Profile 3 item 2 | | |
| 3. (fdpcog3) The Developmental Profile 3 item 3 | | |
| 4. (fdpcog4) The Developmental Profile 3 item 4 | | |
| 5. (fdpcog5) The Developmental Profile 3 item 5 | | |
| 6. (fdpcog6) The Developmental Profile 3 item 6 | | |

| | | |
|--|--|--|
| 7. (fdpcog7) The Developmental Profile 3 item 7 | | |
| 8. (fdpcog8) The Developmental Profile 3 item 8 | | |
| 9. (fdpcog9) The Developmental Profile 3 item 9 | | |
| 10. (fdpcog10) The Developmental Profile 3 item 10 | | |
| 11. (fdpcog11) The Developmental Profile 3 item 11 | | |
| 12. (fdpcog12) The Developmental Profile 3 item 12 | | |
| 13. (fdpcog13) The Developmental Profile 3 item 13 | | |
| 14. (fdpcog14) The Developmental Profile 3 item14 | | |
| 15. (fdpcog15) The Developmental Profile 3 item 15 | | |
| 16. (fdpcog16) The Developmental Profile 3 item 16 | | |
| 17. (fdpcog17) The Developmental Profile 3 item 17 | | |

| | | |
|--|--|--|
| 18. (fdpcog18) The Developmental Profile 3 item 18 | | |
| 19. (fdpcog19) The Developmental Profile 3 item 19 | | |
| 20. (fdpcog20) The Developmental Profile 3 item 20 | | |
| 21. (fdpcog21) The Developmental Profile 3 item 21 | | |
| 22. (fdpcog22) The Developmental Profile 3 item 22 | | |
| 23. (fdpcog23) The Developmental Profile 3 item 23 | | |
| 24. (fdpcog24) The Developmental Profile 3 item 24 | | |
| 25. (fdpcog25) The Developmental Profile 3 item 25 | | |
| 26. (fdpcog26) The Developmental Profile 3 item 26 | | |
| 27. (fdpcog27) The Developmental Profile 3 item 27 | | |
| 28. (fdpcog28) The Developmental Profile 3 item 28 | | |

| | | |
|--|--|--|
| 29. (fdpcog29) The Developmental Profile 3 item 29 | | |
| 30. (fdpcog30) The Developmental Profile 3 item 30 | | |
| 31. (fdpcog31) The Developmental Profile 3 item 31 | | |
| 32. (fdpcog32) The Developmental Profile 3 item 32 | | |
| 33. (fdpcog33) The Developmental Profile 3 item 33 | | |
| 34. (fdpcog34) The Developmental Profile 3 item 34 | | |
| 35. (fdpcog35) The Developmental Profile 3 item 35 | | |
| 36. (fdpcog36) The Developmental Profile 3 item 36 | | |
| 37. (fdpcog37) The Developmental Profile 3 item 37 | | |
| 38. (fdpcog38) The Developmental Profile 3 item 38 | | |

Part 3: Social Emotional (fbitsea1-42)

The next questions contain statements about 1 to 3 year old children. Many statements describe normal feelings and behaviours, but some describe behaviours that can be problems. Some may seem too young or old for your child. For each statement, please tell me the answer that best describes your child in the LAST MONTH. For each question you can answer whether that behaviour is 'not true or rarely happens,' 'somewhat true or sometimes happens,' or 'very true or happens often.'

SHOW CARD 37

- 1 NOT TRUE/RARELY
- 2 SOMEWHAT TRUE/SOMETIMES
- 3 VERY TRUE/OFTEN

Note that above is how the response options appear on the show card and are entered into the database, but for scoring purposes they should be coded as below:

- 0 NOT TRUE/RARELY
- 1 SOMEWHAT TRUE/SOMETIMES
- 2 VERY TRUE/OFTEN

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Brief Child-Toddler Social and Emotional Assessment (BITSEA; Briggs-Gowan & Carter, 2006)
<http://www.pearsonclinical.com/childhood/products/100000150/brief-infant-toddler-social-emotional-assessment-bitsea.html?origsearchtext=bitsea>

How true is it that or how often does your child:

| STATEMENT | NOT TRUE/ RARELY | SOMEWHAT TRUE/ SOMETIMES | VERY TRUE/ OFTEN | NO CONTACT WITH OTHER CHILDREN (ONLY FOR QS 19 & 27) |
|--|---------------------|--------------------------------|---------------------|--|
| 1. (fbitsea1) Brief Child-Toddler Social and Emotional Assessment item 1 | | | | |
| 2. (fbitsea2) Brief Child-Toddler Social and Emotional Assessment item 2 | | | | |
| 3. (fbitsea3) Brief Child-Toddler Social and Emotional Assessment item 3 | | | | |
| 4. (fbitsea4) Brief Child-Toddler Social and Emotional Assessment item 4 | | | | |
| 5. (fbitsea5) Brief Child-Toddler Social and Emotional Assessment item 5 | | | | |
| 6. (fbitsea6) Brief Child-Toddler Social and Emotional Assessment item 6 | | | | |
| 7. (fbitsea7) Brief Child-Toddler Social and Emotional Assessment item 7 | | | | |

| | | | | |
|---|--|--|--|--|
| 8. (fbitsea8) Brief Child-Toddler Social and Emotional Assessment item 8 | | | | |
| 9. (fbitsea9) Brief Child-Toddler Social and Emotional Assessment item 9 | | | | |
| 10. (fbitsea10) Brief Child-Toddler Social and Emotional Assessment item 10 | | | | |
| 11. (fbitsea11) Brief Child-Toddler Social and Emotional Assessment item 11 | | | | |
| 12. (fbitsea12) Brief Child-Toddler Social and Emotional Assessment item 12 | | | | |
| 13. (fbitsea13) Brief Child-Toddler Social and Emotional Assessment item 13 | | | | |
| 14. (fbitsea14) Brief Child-Toddler Social and Emotional Assessment item 14 | | | | |
| 15. (fbitsea15) Brief Child-Toddler Social and Emotional Assessment item 15 | | | | |
| 16. (fbitsea16) Brief Child-Toddler Social and Emotional Assessment item 16 | | | | |

| | | | | |
|---|--|--|--|--|
| 17. (fbitsea17) Brief Child-Toddler Social and Emotional Assessment item 17 | | | | |
| 18. (fbitsea18) Brief Child-Toddler Social and Emotional Assessment item 18 | | | | |
| 19. (fbitsea19) Brief Child-Toddler Social and Emotional Assessment item 18 | | | | |
| 20. (fbitsea20) Brief Child-Toddler Social and Emotional Assessment item 19 | | | | |
| 21. (fbitsea21) Brief Child-Toddler Social and Emotional Assessment item 20 | | | | |
| 22. (fbitsea22) Brief Child-Toddler Social and Emotional Assessment item 21 | | | | |
| 23. (fbitsea23) Brief Child-Toddler Social and Emotional Assessment item 22 | | | | |
| 24. (fbitsea24) Brief Child-Toddler Social and Emotional Assessment item 23 | | | | |
| 25. (fbitsea25) Brief Child-Toddler Social and Emotional Assessment item 24 | | | | |

| | | | | |
|---|--|--|--|--|
| 26. (fbitsea26) Brief Child-Toddler Social and Emotional Assessment item 25 | | | | |
| 27. (fbitsea27) Brief Child-Toddler Social and Emotional Assessment item 26 | | | | |
| 28. (fbitsea28) Brief Child-Toddler Social and Emotional Assessment item 27 | | | | |
| 29. (fbitsea29) Brief Child-Toddler Social and Emotional Assessment item 28 | | | | |
| 30. (fbitsea30) Brief Child-Toddler Social and Emotional Assessment item 29 | | | | |
| 31. (fbitsea31) Brief Child-Toddler Social and Emotional Assessment item 30 | | | | |
| 32. (fbitsea32) Brief Child-Toddler Social and Emotional Assessment item 31 | | | | |
| 33. (fbitsea33) Brief Child-Toddler Social and Emotional Assessment item 32 | | | | |
| 34. (fbitsea34) Brief Child-Toddler Social and Emotional Assessment item 33 | | | | |

| | | | | |
|---|--|--|--|--|
| 35. (fbitsea35) Brief Child-Toddler Social and Emotional Assessment item 34 | | | | |
| 36. (fbitsea36) Brief Child-Toddler Social and Emotional Assessment item 35 | | | | |
| 37. (fbitsea37) Brief Child-Toddler Social and Emotional Assessment item 36 | | | | |
| 38. (fbitsea38) Brief Child-Toddler Social and Emotional Assessment item 37 | | | | |
| 39. (fbitsea39) Brief Child-Toddler Social and Emotional Assessment item 38 | | | | |
| 40. (fbitsea40) Brief Child-Toddler Social and Emotional Assessment item 39 | | | | |
| 41. (fbitsea41) Brief Child-Toddler Social and Emotional Assessment item 40 | | | | |
| 42. (fbitsea42) Brief Child-Toddler Social and Emotional Assessment item 41 | | | | |

THAT’S THE END OF SECTION F.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION WHICH IS ABOUT YOUR SOCIAL SUPPORT NETWORK.

SECTION G: SOCIAL SUPPORT

| Module G | Construct | Where Used |
|----------------|--|--------------|
| Social Support | Child Contact with/help from Grandparents | PFL 6mo |
| | Mother's Frequency of Meeting with Friends/Relatives | PFL BL, 6mo. |
| | Mother Number of Neighbours with Child | PFL 6mo |
| | Mother share Programme Information | PFL 6mo |
| | Influences Parenting Decisions | PFL 6mo |
| | Father's Involvement with Baby | PFL BL, 6Mo |
| | Satisfaction with father involvement | PFL 6Mo |
| | Partner's Involvement with Baby (if different than father) | PFL BL, 6Mo |
| | Satisfaction with Partner's Involvement (if different than father) | PFL 6Mo |
| | Future Outlook Inventory (FOI) | MBM 16 mo |

This is a special time in your life because ^babyname is about 1 year old. We would like to ask you about some of the different people who are helping you and how happy you are with the help you are getting.

1. (g1)How often does ^babyname see any of his/her grandparents?
(interviewer do not read out responses)

1 EVERYDAY OR ALMOST EVERYDAY
2 SEVERAL TIMES A WEEKS
3 ONCE OR TWICE A WEEK
4 ONCE OR TWICE A MONTH
5 LESS OFTEN
6 NOT AT ALL
7 NO GRANDPARENTS ALIVE/NONE LIVING ELSEWHERE

2. (g2*; g2other)Do ^babyname's grandparents help you in any of these ways? Please look at CARD 38 and tell me all that apply.

SHOW CARD 38

1 BUYING ESSENTIALS FOR THE CHILD – FOOD, CLOTHES, NAPPIES, ETC.
2 PAYING FOR OTHER HOUSEHOLD COSTS – BILLS, SHOPPING, ETC.
3 BUYING GIFTS AND EXTRAS FOR THE BABY
4 LENDING MONEY
5 CHILDCARE
6 OTHER FINANCIAL HELP
7 NO, GRANDPARENTS DO NOT HELP IN ANY WAY
8 OTHER WAY (PLEASE SPECIFY) (g2other)
9 DON'T KNOW
10 REFUSE

3. (g3)How often do you meet friends or relatives who are not living in your household?
(interviewer do not read out responses)

1 ON MOST DAYS
2 ONCE OR TWICE A WEEK
3 ONCE OR TWICE A MONTH
4 LESS THAN ONCE A MONTH
5 NEVER

4. (g4) Thinking about the neighbours in your area, how many people would you say you know that have a child around the same age as ^babyname?
(interviewer do not read out responses)

1 NONE
2 1-3
3 4-6
4 7-10
5 10+

5. (g5) Thinking about your neighbours in the area, how many people do you know that are taking part in this programme/study?
(interviewer do not read out responses)

1 NONE
2 1-3
3 4-6
4 7-10
5 10+

If PFL continue to Q6. If LFP automatically fill in as 3 (not applicable) and skip to Q7.

6. (g6) Do you share any of the information you receive as part of the programme with other parents of young children?

1 YES
2 NO
3 NOT APPLICABLE

7. (g7; g7other) Who most helps you make choices about caring for your baby?

SHOW CARD 39

1 PARTNER
2 FRIENDS
3 PARENTS
4 SIBLINGS
5 OTHER FAMILY MEMBERS
6 PROGRAMME
7 NONE OF THE ABOVE
8 OTHER (PLEASE SPECIFY)

If answered 1(single), 4 (boyfriend/partner not living together), 5 (divorced), or 6 (legally separated) to Q4, module 3 then continue to Q8.

If answered 2(married) or 3(co-habiting) to Q4, module 3 AND 1 to (partner is biological father) Q5, module 3 automatically fill in Q8 as 1 and skip to Q9. Answer Qs9-13, then skip to Part 2: Future Outlook Inventory.

If answered 2 or 3 to Q4, module 3 AND 2(partner is not biological father) to Q5, module 3 then ask questions 8-17. If answered 7 (widowed) to Q4, module 3 skip to Part 2: Future Outlook Inventory.

8. (g8)Is ^babyname's father a part of his/her life?

- 1 YES
- 2 NO

If answered 1 to Q8 continue to Q9-12 and then skip to Q14. If answered 2 to Q8 skip to Q13.

9. (g9)How often does the father have contact with ^babyname?
(interviewer do not read out responses)

- 1 DAILY
- 2 MULTIPLE TIMES A WEEK
- 3 ONCE A WEEK
- 4 A COUPLE TIMES A MONTH (LESS THAN ONCE A WEEK)
- 5 ONCE A MONTH
- 6 LESS THAN ONCE A MONTH

If answered 2(married) or 3(co-habiting to Q4, module 3 AND 1 to (partner is biological father) Q5, module 3 automatically fill in Q10 as 3 and skip to Q12. Otherwise (if respondent is not married to or cohabitating with the baby's father) go to Q10.

10. (g10)Does ^babyname's biological father contribute any money to his/her maintenance?

- 1 YES
- 2 NO
- 3 N/A

If answered 1 to Q10 continue to Q11. If answered 2 or 3 to Q10 skip to Q12.

11. (g11)Does he make regular or irregular payments?

- 1 REGULAR
- 2 IRREGULAR

12. Please look at CARD 40. This card shows ways in which ^babyname's father might be involved in his/her life. Please tell me if he provides any of the following types of support for you and ^babyname and how satisfied you are with that type of support he is providing.

SHOW CARD 40

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER/NEUTRAL
- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED
- 6 HE DOES NOT HELP IN THIS WAY

| Type of Support | Satisfaction: 1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither/neutral 4=Somewhat satisfied 5=Very satisfied 6=He does not help in this way | | | | | |
|---|--|---|---|---|---|---|
| (g12a) Provides emotional support to you | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12b) Helps with basic caretaking needs for child (<i>bathing, feeding, puts child to sleep</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12c) Plays with/interacts with the child (<i>peek a boo, read to, play with</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12d) Helps with household chores | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12e) Provides support when you feel overwhelmed | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12f) Supports you in your parenting decisions | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12g) Provides financial or part-financial support (<i>help pay for things such as rent, toys, clothes, childcare, etc</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12h) Provides nappies, gifts, food, etc. | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12i) Helps with childcare on a regular basis (<i>child minding, babysitting</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12j) Visits (<i>spends time with</i>) the child | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12k) Helps with transportation | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12l) His family helps take care of the baby | 1 | 2 | 3 | 4 | 5 | 6 |

| Type of Support | Satisfaction: 1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither/neutral 4=Somewhat satisfied 5=Very satisfied 6=He does not help in this way | | | | | |
|---|--|---|---|---|---|---|
| (g12m)Acts as a role model | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12n)Overall support provided by baby's father | 1 | 2 | 3 | 4 | 5 | 6 |
| (g12o)Other ((g12oother)please describe_____) | 1 | 2 | 3 | 4 | 5 | 6 |

If answered 2 (no) to Q8 ask Q13, if answered 1(yes) to Q8 skip to Q14.

13. (g13; g13other)Why isn't he a part of your child's life?
(Interviewer do not read out responses)

- 1 HE DOESN'T WANT TO BE
- 2 HE IS IN JAIL
- 3 HE IS DECEASED
- 4 PARTICIPANT WON'T ALLOW HIM TO BE
- 5 OTHER (PLEASE SPECIFY) (g13other)

If answered 1 (yes) to Q5 Module 3(Is your partner ^babyname's biological father?) or if answered if answered 1(single), 5 (divorced), or 6 (legally separated) to Q4, module 3 skip to Part 2: Future Outlook Inventory

FOR PARTNER (IF DIFFERENT THAN FATHER)

14. (g14)Is your partner a part of ^babyname's life?

- 1 YES
- 2 NO

If answered 1 to Q14 go to Q15. If answered 2 to Q14 go to Q17.

15. (g15)How often does your partner have contact with your child?
(interviewer do not read out responses)

- 1 DAILY
- 2 MULTIPLE TIMES A WEEK
- 3 ONCE A WEEK
- 4 A COUPLE TIMES A MONTH (LESS THAN ONCE A WEEK)
- 5 ONCE A MONTH
- 6 LESS THAN ONCE A MONTH

16. Please look at CARD 40. This card shows ways in which your partner might be involved in ^babyname's life. Please tell me if your partner provides any of the following types of support for you and ^babyname and how satisfied you are with that type of support he is providing.

SHOW CARD 40

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER/NEUTRAL
- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED
- 6 HE DOES NOT HELP IN THIS WAY

| Type of Support | Satisfaction: 1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither/neutral 4=Somewhat satisfied 5=Very satisfied 6=He does not help in this way | | | | | |
|---|--|---|---|---|---|---|
| (g16a) Provides emotional support to you | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16b) Helps with basic caretaking needs for child (<i>bathing, feeding, puts child to sleep</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16c) Plays with/interacts with the child (<i>peek a boo, read to, play with</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16d) Helps with household chores | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16e) Provides support when you feel overwhelmed | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16f) Supports you in your parenting decisions | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16g) Provides financial or part-financial support (<i>help pay for things such as rent, toys, clothes, childcare, etc</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16h) Provides nappies, gifts, food, etc. | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16i) Helps with childcare on a regular basis (<i>child minding, babysitting</i>) | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16j) Visits (<i>spends time with</i>) the child | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16k) Helps with transportation | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16l) His family helps take care of the baby | 1 | 2 | 3 | 4 | 5 | 6 |

| Type of Support | Satisfaction: 1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither/neutral 4=Somewhat satisfied 5=Very satisfied 6=He does not help in this way | | | | | |
|--|--|---|---|---|---|---|
| (g16m)Acts as a role model | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16n)Overall support provided by your partner | 1 | 2 | 3 | 4 | 5 | 6 |
| (g16o)Other ((g16oother)please describe_____) | 1 | 2 | 3 | 4 | 5 | 6 |

If answered 2 (no) to Q14 ask Q17, if answered 1(yes) to Q14 skip to Part 2: Future Outlook Inventory. .

17. (g17; g17other) Why isn't he a part of your child's life?
(Interviewer do not read out responses)

- 1 HE DOESN'T WANT TO BE
- 2 HE IS IN JAIL
- 3 HE IS DECEASED
- 4 PARTICIPANT WON'T ALLOW HIM TO BE
- 5 OTHER (PLEASE SPECIFY)

Part 2: Future Outlook Inventory (gfoi1-8)

Now I am going to read some statements to you. Please tell me the response that is most true of you. The responses are:

SHOW CARD 41

- 1 NEVER TRUE
- 2 RARELY TRUE
- 3 OFTEN TRUE
- 4 ALWAYS TRUE

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: The Future Outlook Inventory (FOI; Cauffman & Woolard, 1999)

If PFL:

THAT'S THE END OF SECTION G.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION WHICH IS ABOUT THE *PFL* PROGRAMME.

If LFP:

THAT'S THE END OF SECTION G.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION WHICH IS ABOUT YOUR ENVIRONMENT. *(and skip to Module I)*

SECTION H: *PFL* PROGRAMME

| Module H | Construct | Where Used |
|---------------------------------|-----------------------------------|-------------------------------|
| <i>PFL</i> Programme | Client Satisfaction Questionnaire | PFL 6mo |
| | Frequency Mentor/IO Meetings | PFL 6mo |
| | Contamination Questions | PFL 6mo (different questions) |

If PFL continue to this section. If LFP, skip to Module I.

Please help us improve the *PFL* programme by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative.

Note that your responses will solely be used for research purposes and used to get a general sense of how all participants participating in *PFL* feel about the programme. None of your responses will be given to your mentor or information officer or anyone else in the *PFL* programme.

(hcsq1-14)

Please tell me the response that best describes how you honestly feel.

1. (hcsq1) How would you rate the quality of service you and your child have received?

SHOW CARD 42

| | | | | | | |
|------|---|---|---------|---|---|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Poor | | | Average | | | Excellent |

2. (hcsq2) Have you received the type of help you wanted from the *PFL* programme?

SHOW CARD 43

| | | | | | | |
|-------------------|---|---|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No definitely not | | | I received about half of the help I wanted from the programme | | | Yes definitely |

3. (hcsq3) To what extent has the *PFL* programme met *your child's* needs?

SHOW CARD 44

| | | | | | | |
|------------------------|---|---|-----------------------------|---|---|--------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No needs have been met | | | Half of needs have been met | | | Almost all needs have been met |

4. (hcsq4) To what extent has this *PFL* programme met *your* needs?

SHOW CARD 44

| | | | | | | |
|------------------------|---|---|-----------------------------|---|---|--------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No needs have been met | | | Half of needs have been met | | | Almost all needs have been met |

5. (hcsq5) How satisfied are you with the *amount of help* you and your child have received?

SHOW CARD 45

| | | | | | | |
|-------------------|---|-----------------------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very Dissatisfied | | Neither Satisfied or Dissatisfied | | | | Very Satisfied |

6. (hcsq6) Has the PFL programme helped you to deal more effectively with your child's behaviour?

SHOW CARD 46

| | | | | | | |
|------------------------------|---|---|-----------------------------------|---|---|---------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, it has made things worse | | | The programme did not help at all | | | Yes, it has helped a great deal |

7. (hcsq7) Has the PFL programme helped you to deal more effectively with problems that arise in your family?

SHOW CARD 46

| | | | | | | |
|------------------------------|---|---|-----------------------------------|---|---|---------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, it has made things worse | | | The programme did not help at all | | | Yes, it has helped a great deal |

If answered 2 (married), 3 (co-habiting), or 4 (boyfriend/partner not living together) to Q4, module 3 continue to Q8. If answered 1 (single), 5 (divorced), or 6 (legally separated) to Q4, module 3 then skip to Q9.

8. (hcsq8) Do you think your relationship with your partner has been improved by the PFL programme?

SHOW CARD 47

| | | | | | | |
|-------------------|---|---|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No definitely not | | | My relationship with my partner has not changed | | | Yes definitely |

9. (hcsq9) In an overall sense, how satisfied are you with the PFL programme you and your child have received?

SHOW CARD 48

| | | | | | | |
|-------------------|---|------------------------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very dissatisfied | | Neither Satisfied nor Dissatisfied | | | | Very satisfied |

10. (hcsq10) Has the PFL programme helped you develop skills that can be applied to other family members?

SHOW CARD 49

| | | | | | | |
|-------------------|---|---|-----------------|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No definitely not | | | Neither/Neutral | | | Yes definitely |

11. (hcsq11) In your opinion, how is your child's behaviour compared to when your child was 6 months?

SHOW CARD 50

| | | | | | | |
|--------------------|-------|----------------|----------|-------------------|----------|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Considerably worse | Worse | Slightly worse | The same | Slightly improved | Improved | Greatly improved |

12. (hcsq12) How would you describe your feelings at this point about your child's progress/development?

SHOW CARD 51

1 2 3 4 5 6 7
Very dissatisfied Neither Satisfied nor Dissatisfied Very satisfied

13. (hcsq13) Since beginning this *PFL* programme, have you sought further assistance for your child's behaviour or for your family from any other source? If so, please describe.

14. (hcsq14) Do you have any other comments about this *PFL* programme?

15. (h15; h15other) How often do you meet with your mentor/information officer?
(interviewer do not read out responses)

- 1 ONCE A WEEK
- 2 TWO TIMES A MONTH
- 3 ONCE A MONTH
- 4 LESS THAN ONCE A MONTH
- 5 OTHER (PLEASE SPECIFY)

16. (h16) Have you heard of Triple P Positive Parenting?

- 1 YES
- 2 NO

THAT'S THE END OF SECTION H.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION WHICH IS ABOUT YOUR ENVIRONMENT.

SECTION I: ENVIRONMENT

| Module I | Construct | Where Used |
|-------------|--|------------|
| Environment | Indicator of Domestic/Social/Emotional Risk (SC) | PFL BL |
| | Family Environment Scale (FES) (SC) | |

This section is about your family environment.

Please remember that all of your answers will be kept private. If you are comfortable with reading and answering these questions yourself, I would like you to fill in these questions on your own using the computer. However, if you would prefer I can read them out loud. Which would you prefer?

(ModuleIntro)

- 1 SELF-COMPLETION ACCEPTED
- 2 SELF-COMPLETION ADMINISTERED BY THE INTERVIEWER

SELF-COMPLETION SECTION 3

If self-completion accepted use Blurb 1(self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Blurb 1 (self-completion accepted):

PLEASE HAND LAPTOP TO PARTICIPANT.

Blurb 2 (self-completion administered by interviewer):

The first question is about difficulties you or anyone in your house may have.

1. (i1*; i1other)Have any of the following issues been a difficulty for you or anyone in your house? Please mark all that apply.

SHOW CARD 52

- 1 PARENTING
- 2 DOMESTIC VIOLENCE
- 3 ADDICTION
- 4 SEPARATION
- 5 SUICIDAL THOUGHTS
- 6 MENTAL HEALTH ISSUES
- 7 BEREAVEMENT/DEATH
- 8 ABUSE
- 9 OTHER (PLEASE SPECIFY) (i1other)
- 10 NONE
- 11 I DON'T KNOW
- 12 I CHOOSE NOT TO ANSWER

(ifes1-45)

Blurb 1 (self-completion accepted):

The next several statements are about families. Please decide which of these statements are true of your family and which are false. Mark your answer to each question by putting an 'X' in the 'TRUE' column if the statement is true or mostly true of your family, and put an 'X' in the 'FALSE' column if the statement is false or mostly false of your family.

You may feel that some of the statements are true for some family members and false for others. Mark true if the statement is true for most members. Mark false if the statement is false for most members. If the members are evenly divided, decide what is your strongest overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

PROBE: Answer true if you think it is true most of the time, true for most members of the family, or true on most days, and answer false if you think it is false most of the time, false for most members of the family, or false on most days.

Blurb 2 (self-completion administered by interviewer):

The next several statements are about families. Please decide which of these statements are true of your family and which are false. I will read each statement and please tell if the statement is true or mostly true of your family, or if the statement is false or mostly false of your family.

You may feel that some of the statements are true for some family members and false for others. Say true if the statement is true for most members. Say false if the statement is false for most members. If the members are evenly divided, decide what is your strongest overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

PROBE: Answer true if you think it is true most of the time, true for most members of the family, or true on most days, and answer false if you think it is false most of the time, false for most members of the family, or false on most days.

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: The Family Environment Scale (FES; Moos & Moos, 2009)

Blurb 1 (self-completion accepted):

THAT'S THE END OF SECTION I.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE FINAL SECTION.

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER.

Blurb 1 (self-completion administered by the interviewer):

THAT'S THE END OF SECTION I.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE FINAL SECTION.

J: CLOSING

| Module J | Construct | Where Used |
|----------|-----------------------|------------|
| CLOSING | Age Related Questions | |

This is our final section. You have been very helpful and we are almost finished. This final section will only take a few minutes.

1. (j1) What do you like most about being the mam of a 1 year old?

2. (j2) What don't you like about being the mam of a 1 year old?

3. (j3) Is there anything else you want to tell us about how you feel about being a mam? This can be both good and bad things.

INTERVIEWER PLEASE WRITE ANY RELEVANT NOTES ABOUT THE INTERVIEW HERE:

(PFL3InterviewNotes)

CHECK – HAVE YOU DONE THE CDI???

THAT'S THE END OF THE INTERVIEW, WE HAVE FINISHED!

Thank you very much for taking the time to participate today, your responses will be very helpful for the study and will help us know how we can better serve the community in the future. We are finished with the interview, but before I go, I'd like to go over your contact information to make sure that it is still correct.

GO TO CONTACT SHEET AND MAKE SURE INFO IS STILL CORRECT. COMPARE IT TO THE INFORMATION WE HAD AT THE 6 MONTH INTERVIEW.

OK, that is all I have for today. Thank you again for taking the time to participate in our study. Here is your voucher. Just to let you know, a member of our research team will be contacting you in about 6 months to set up the next interview when your ^babyname is about a year and a half old. When you complete the next research questionnaire, you will receive another voucher. Do you have any questions before I leave?