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# PFL 18 MONTH SURVEY



|   |    |
|---|----|
| INTERVIEWER DETAILS .....                 | 3  |
| A: YOUR CHILD’S DEVELOPMENT: PART 1 ..... | 5  |
| B: UPDATE ON YOUR LIFE.....               | 16 |
| C: YOUR HEALTH .....                      | 29 |
| D: YOUR SOCIAL SUPPORT NETWORK .....      | 41 |
| E: YOUR CHILD’S DEVELOPMENT: PART 2.....  | 52 |
| F: YOUR PFL CHILD & OTHER CHILDREN .....  | 64 |
| G: THOUGHTS ON PARENTING .....            | 74 |
| H: ENVIRONMENT .....                      | 85 |
| I: CLOSING.....                           | 93 |

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<br>Details | RA (Interviewer) Initials |  |
|                      | ID Number                 |  |
|                      | Date of Interview         |  |
|                      | Child's Name              |  |
|                      | Location of Interview     |  |

### WELCOME TO THE 18 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 child 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 ^childname have been getting on over the past few months. This information will help us understand how mothers and children are doing during toddlerhood.**

**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 questionnaire is about an hour, 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    |
|---|--|---------------|
| <b>Your Child’s Development: Part 1</b> | Child’s Development - Communication: <i>ASQ</i>        | PFL 6mo, 12mo |
|   | Child’s Development – Gross Motor: <i>ASQ</i>          | PFL 6mo, 12mo |
|   | Child’s Development – Fine Motor: <i>ASQ</i>           | PFL 6mo, 12mo |
|   | Child’s Development – Problem Solving: <i>ASQ</i>      | PFL 6mo, 12mo |
|   | Child’s Development – Personal-Social: <i>ASQ</i>      | PFL 6mo, 12mo |
|   | Child’s Development – Social-Emotional: <i>ASQ: SE</i> | PFL 6mo, 12mo |

This section is about ^childname. 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 ^childname.

- 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 | SOME-TIMES | NOT YET |
|--|-----|------------|---------|
| (aasqcomm1) Ages & Stages Questionnaire (ASQ):<br>Communication Item 1 |     |            |         |
| (aasqcomm2) Ages & Stages Questionnaire (ASQ):<br>Communication Item 2 |     |            |         |
| (aasqcomm3) Ages & Stages Questionnaire (ASQ):<br>Communication Item 3 |     |            |         |
| (aasqcomm4) Ages & Stages Questionnaire (ASQ):<br>Communication Item 4 |     |            |         |
| (aasqcomm5) Ages & Stages Questionnaire (ASQ):<br>Communication Item 5 |     |            |         |
| (aasqcomm6) Ages & Stages Questionnaire (ASQ):<br>Communication Item 6 |     |            |         |

**Part 2: Gross Motor (aasqgross1-6)**

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

**Part 5: Personal Social (aasqpers1-6)**

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

**Part 6: Social Emotional (aasqse1-29)**

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 | SOME-TIMES | RARELY OR NEVER | TICK IF THIS IS A CONCERN |
|---|------------------|------------|-----------------|---------------------------|
| (aasqse1) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 1 |                  |            |                 |                           |
| (aasqse2) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 2 |                  |            |                 |                           |

|   |  |  |  |  |
|---|--|--|--|--|
| (aasqse3) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 3   |  |  |  |  |
| (aasqse4) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 4   |  |  |  |  |
| (aasqse5) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 5   |  |  |  |  |
| (aasqse6) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6   |  |  |  |  |
| (aasqse7) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 7   |  |  |  |  |
| (aasqse8) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 8   |  |  |  |  |
| (aasqse9) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 9   |  |  |  |  |
| (aasqse10) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 10 |  |  |  |  |
| (aasqse11) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 11 |  |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| (aasqse12) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 12  |  |  |  |  |
| (aasqse13) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 13  |  |  |  |  |
| (aasqse14) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 14<br><br><i>Note that picky eating is not appropriate here</i> |  |  |  |  |
| (aasqse15) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 15  |  |  |  |  |
| (aasqse16) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6 (If your child often babbles, mark “most of the time”).       |  |  |  |  |
| (aasqse17) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 17  |  |  |  |  |
| (aasqse18) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 18  |  |  |  |  |
| (aasqse19) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 19  |  |  |  |  |
| (aasqse20) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 20  |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| (aasqse21) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 21 |  |  |  |  |
| (aasqse22) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 22 |  |  |  |  |
| (aasqse23) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 23 |  |  |  |  |
| (aasqse24) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 24 |  |  |  |  |
| (aasqse25) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 25 |  |  |  |  |
| (aasqse26) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 26 |  |  |  |  |

27. (aasqse27) Do you have concerns about your child’s eating or sleeping behaviours? If so, please explain:

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28. (aasqse28) Is there anything that worries you about your child? If so, please explain:

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29. (aasqse29) What things do you enjoy most about your child?

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THAT’S THE END OF SECTION A.

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



## SECTION B: UPDATE ON YOUR LIFE

| Module B                   | Construct  | Where Used             |
|----------------------------|--|------------------------|
| <b>Update on Your Life</b> | Household Composition                            | From PFL BL, 6mo, 12mo |
|                            | Relationship Status                              | From PFL BL, 6mo, 12mo |
|                            | Mother's Work Status                             | From PFL BL, 6mo, 12mo |
|                            | Mother's Occupation                              | From PFL BL, 6mo, 12mo |
|                            | Mother's Work Hours                              | From PFL BL, 6mo, 12mo |
|                            | Maternal Job Stability                           | From PFL 12mo          |
|                            | Mother's Wage                                    | From PFL BL, 6mo, 12mo |
|                            | Mother's Unemployment Info                       | From PFL BL, 6mo, 12mo |
|                            | Indicator of social welfare payments - Detailed  | From PFL BL, 6mo, 12mo |
|                            | Household Weekly Income                          | From PFL BL, 6mo, 12mo |
|                            | Perception of financial difficulty               | From PFL BL, 6mo, 12mo |
|                            | Economic perceptions (retrospective/prospective) |                        |
|                            | Mother's saving habits                           | From PFL BL, 6mo, 12mo |
|                            | Voting behaviour                                 | From PFL BL, 6mo, 12mo |
|                            | Partner's Work Status                            | From PFL BL, 6mo, 12mo |
|                            | Partner's Occupation                             | From PFL BL, 6mo, 12mo |
|                            | Partner's Work Hours                             | From PFL BL, 6mo, 12mo |
|                            | Paternal Job Stability                           | From PFL 12mo          |
|                            | Partner's Wage                                   | From PFL BL, 6mo, 12mo |
|                            | Partner's Unemployment Info                      | From PFL BL, 6mo, 12mo |
| Use of Childcare           | From PFL 6mo, 12mo                               |                        |

**In this section, I am going to ask you some questions about your family, education, work life and finances and your use of childcare of ^childname. 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. (b1) Are you and ^childname currently living in the same home?

1 YES  
2 NO

2. (b2; b2dkr) *If answered living in same home as child to previous question:* How many people currently live in your home, **not including you and ^childname?**

*If answered NOT living in same home as child 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 ^childname as well as their age and gender?

|    | Person Number | Relationship to Child<br>(use codes at right) | Gender (F/M) | Age<br>(in years) |
|----|---------------|---|--------------|-------------------|
| a. | 1             | b3a_1_  | b3b_1_       | b3c_1_            |
| b. | 2             | b3a_2_  | b3b_2_       | b3c_2_            |
| c. | 3             | b3a_3_  | b3b_3_       | b3c_3_            |
| d. | 4             | b3a_4_  | b3b_4_       | b3c_4_            |
| e. | 5             | b3a_5_  | b3b_5_       | b3c_5_            |
| f. | 6             | b3a_6_  | b3b_6_       | b3c_6_            |
| g. | 7             | b3a_7_  | b3b_7_       | b3c_7_            |
| h. | 8             | b3a_8_  | b3b_8_       | b3c_8_            |
| i. | 9             | b3a_9_  | b3b_9_       | b3c_9_            |
| j. | 10            | b3a_10_                                       | b3b_10_      | b3c_10_           |

- |  |
|--|
| <ul style="list-style-type: none"> <li>1 The biological father</li> <li>2 The non-biological father (partner)</li> <li>3 The adoptive parent (partner)</li> <li>4 Natural brother/Natural sister</li> <li>5 Step brother/Step sister</li> <li>6 Half brother/Half sister</li> <li>7 Adopted brother/Adopted sister</li> <li>8 Foster brother/Foster sister</li> <li>9 Maternal grandparent</li> <li>10 Paternal grandparent</li> <li>11 Nanny/au pair</li> <li>12 Aunt/Uncle</li> <li>13 Cousin</li> <li>14 Other relative</li> <li>15 Non-relative/friend</li> <li>16 Other, specify _____</li> </ul> |
|--|

**The next couple of questions are about your relationship status.**

4. (b4) Can I just check- what is your current relationship status?

**SHOW CARD 2**

- 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. (b5) Is your partner ^childname's biological father?

- 1 YES
- 2 NO

6. (b6) Were you with this partner when we interviewed you when your child was 12 months old?

- 1 YES
- 2 NO

**The next several questions in this section are about your work life.**

7. (b7) Have there been any changes in your work status since our last interview with you about 6 months ago?

- 1 YES
- 2 NO

*If answered 1 to Q7 continue to Q8. If answered 2 to Q7 skip to blurb before Q18.*

8. (b8; b8oth) What is your current work status? Please use CARD 3 to tell me the option that best applies.

**SHOW CARD 3**

- 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, 8, or 9 to Q8, continue to Q9. If answered 3 to Q8, skip to Q17. If answered 4, 5, 6, 7, or 10 to Q8, skip to Q18.*

9. (b9; b9dkr) What is your main job? \_\_\_\_\_

10. (b10) Do you work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

11. (b11; b11dkr) On average, how many hours per week do you usually work?

\_\_\_\_\_ ENTER AMOUNT IN HOURS

12. (b12) 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

*If answered 9 to Q8, skip to Q17.*

13. (b13) Have you been in paid work continuously over the last 6 months?

- 1 YES
- 2 NO

If answered 2 to Q13, continue to Q14. If answered 1 to Q13, skip to Q15.

14. (b14) For how long were you not in paid work over the last 6 months?

Fill in as:

(b14a) \_\_\_\_\_ weeks OR (b14b) \_\_\_\_\_ months

15. (b15) Roughly how much do you earn, on average, in your job(s)?

\_\_\_\_\_ ENTER AMOUNT IN EUROS

16. (b16) Is this amount:

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

If answered 3 or 9 to Q8, continue to Q17. Otherwise skip to Q18.

17. (b17; b17dkr) For how long have you been without paid work (in months)?

\_\_\_\_\_ MONTHS

**The next few questions are about your household income.**

18. First, I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at CARD 4, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments?

*Pretick all as No (Coding: 1 = Yes; 2 = No)*

**Unemployment Payments**

| Social Welfare Payment                                  | Yes | No |
|---|-----|----|
| (b18a) Jobseeker's Benefit                              |     |    |
| (b18b) Jobseeker's Allowance or Unemployment Assistance |     |    |

### Employment Supports

| Social Welfare Payment                       | Yes | No |
|--|-----|----|
| (b18c) Family Income Supplement              |     |    |
| (b18d) Back to Work Enterprise Allowance     |     |    |
| (b18e) Farm Assist                           |     |    |
| (b18f) Part-time Job Incentive Scheme        |     |    |
| (b18g) Back to Work Allowance (Employees)    |     |    |
| (b18h) Back to Education Allowance           |     |    |
| (b18i) Supplementary Welfare Allowance (SAW) |     |    |

### One-Parent Family/Widower Payments

| Social Welfare Payment                                 | Yes | No |
|--|-----|----|
| (b18j) Widow's or Widower's (Contributory) Pension     |     |    |
| (b18k) Deserted Wife's Allowance                       |     |    |
| (b18l) Deserted Wife's Benefit                         |     |    |
| (b18m) Prisoner's Wife Allowance                       |     |    |
| (b18n) Widowed Parent Grant                            |     |    |
| (b18o) One-parent Family Payment                       |     |    |
| (b18p) Widow's or Widower's (Non-contributory) Pension |     |    |

### Child Related Payments

| Social Welfare Payment                       | Yes | No |
|--|-----|----|
| (b18q) Maternity Benefit                     |     |    |
| (b18r) Health and Safety Benefit             |     |    |
| (b18s) Adoptive Benefit                      |     |    |
| (b18t) Guardian's Payment (Contributory)     |     |    |
| (b18u) Guardian's Payment (Non-Contributory) |     |    |

### Disability and Caring Payments

| Social Welfare Payment                       | Yes | No |
|--|-----|----|
| (b18v) Illness Benefit                       |     |    |
| (b18w) Injury Benefit                        |     |    |
| (b18x) Invalidity Pension                    |     |    |
| (b18y) Incapacity Supplement                 |     |    |
| (b18z) Disability Allowance                  |     |    |
| (b18aa) Disablement Benefit                  |     |    |
| (b18bb) Blind Pension                        |     |    |
| (b18cc) Medical Care Scheme                  |     |    |
| (b18dd) Carer's Benefit                      |     |    |
| (b18ee) Medical Card                         |     |    |
| (b18ff) GP Visit Card                        |     |    |
| (b18gg) Constant Attendance Allowance        |     |    |
| (b18hh) Domiciliary Care Allowance           |     |    |
| (b18ii) Death Benefits (Survivor's Benefits) |     |    |

### Retirement Payments

| Social Welfare Payment                   | Yes | No |
|--|-----|----|
| (b18jj) State Pension (Transition)       |     |    |
| (b18kk) State Pension (Non-Contributory) |     |    |
| (b18ll) State Pension (Contributory)     |     |    |
| (b18mm) Pre-Retirement Allowance         |     |    |

19. (b19) 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 5 to choose the weekly income range that best applies to your household.

### SHOW CARD 5

Note: The online version and CARD 5 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        |

20. (b20) Thinking of the household's total income, would you say that your household is able to make ends meet? Please look at CARD 6 and tell me the option that best applies.

### SHOW CARD 6

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



21. (b21) Compared to 12 months ago, do you think that your household's current financial situation has:

**SHOW CARD 7**

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

22. (b22) How do you think the financial situation of your household will change over the next 12 months?

**SHOW CARD 8**

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

23. (b23) Do you save money regularly?

- 1 YES
- 2 NO

24. (b24) Did you vote in the last General Election?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE

25. (b25) 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 ^childname's biological father.**

**Blurb 2**

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

*If answered 1 to Qb6, continue to Qb26. If answered 2 to Qb6, skip to Qb27.*

26. (b26) Have there been any changes in his work status since our last interview with you about 6 months ago?

- 1 YES
- 2 NO

*If answered 1 to Q26 continue to Q27. If answered 2 to Q26 skip to Q37.*

27. (b27; b27other) What is his current work status? Please use CARD 9 to tell me the best option that applies.

**SHOW CARD 9**

- 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 Q27, continue to question 28. If answered 3 to Q27, skip to Q36. If answered 4, 5, 6, 7, or 10 to Q27, skip to Q37. If answered 9 to Q27 then go to Qs28-30, then skip to Q36.*

*If DK skip to Q37.*

28. (b28; b28dkr) What is his main job? \_\_\_\_\_

29. (b29) Does he work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

30. (b30; b30dkr) How many hours per week does he usually work?

\_\_\_\_\_ ENTER AMOUNT IN HOURS

*If answered 9 to Q27, skip to Q36.*

31. (b31) 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

32. (b32) Was he in paid work continuously over the last 6 months?

- 1 YES
- 2 NO

*If answered 2 to Q32, continue to Q33. If answered 1 to Q32, skip to Q34.*

33. For how long was he not in paid work over the last 6 months?

Fill in as:

(b33a) \_\_\_\_\_ weeks OR (b33b) \_\_\_\_\_ months

34. (b34) Roughly how much does he earn, on average, in his job(s)?

\_\_\_\_\_ ENTER AMOUNT IN EUROS

35. (b35) Is this amount

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

*If answered 3 or 9 to Q27 continue to Q36. Otherwise, skip to Q37.*

36. (b36; b36dkr) 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 ^childname.**

37. (b37) Do you use any type of childcare for ^childname?

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

- 1 YES
- 2 NO

*If answered 1 to Q37 continue to Q38. If answered 2 to Q37 skip to Module C: Your Health*

38. (b38; b38other) 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)

*If answered 4 to Q38, go to Q39. Otherwise go to Q40.*

39. (b39; b39dkr) What is the name of the childcare centre your child is attending?

\_\_\_\_\_

40. (b40; b40dkr) For how many hours per week is ^childname in this type of childcare?

\_\_\_\_\_ HOURS PER WEEK

41. (b41; b41dkr) What age was ^childname when he/she started this type of childcare?

\_\_\_\_\_ MONTHS OLD

42. (b42) Do you pay for this type of childcare?

- 1 YES
- 2 NO

*If answered 1 to Q42 continue to Q43. If answered 2 to Q42 skip to Q43.*

43. (b43) How much do you pay for childcare for ^childname?

\_\_\_\_\_ EUROS

44. (b44) Is this amount

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

45. (b45) 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 10**

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

46. (b46) Does your child spend time in any other form of childcare?

- 1 YES
- 2 NO

*If answered 1 to Q46 continue to Q47. If answered 2 to Q46 skip to Module C: Your Health.*

47. What other type of childcare does your child use and how many hours per week does your child spend in this type of care?

| Type   | Hours/Week |
|--|------------|
| (b47a) Child's Grandparent                               | (b47ahrs)  |
| (b47b) Partner (not biological father)/Friends/Relatives | (b47bhrs)  |
| (b47c) Nanny/Child Minder                                | (b47chrs)  |
| (b47d) Nursery/Creche/Preschool/Montesorri               | (b47dhrs)  |
| (b47e) Child's Biological Father                         | (b47ehrs)  |
| (b47f) Other (please specify)                            | (b47fhrs)  |

**THAT'S THE END OF SECTION B.**

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

## SECTION C: YOUR HEALTH

| Module C    | Construct   | Where Used        |
|-------------|---|-------------------|
| Your Health | Mother's General Health Status  | PFL BL, 12mo      |
|             | Mother's GP Visits  | PFL 6mo, 12mo     |
|             | Mother's Health Service Use in Last 12months                                  | PFL BL            |
|             | Mother's Current Cigarette Use  | PFL BL, 6mo, 12mo |
|             | Mother's Current Alcohol Use  | PFL BL, 6mo, 12mo |
|             | Mother's Current Drug Use   | PFL BL, 6mo, 12mo |
|             | Family Planning   | PFL12mo           |
|             | Mother's Birth Control Practices  | PFL BL, 12mo      |
|             | Baumeister Self-Control Measure (SC1)   |                   |
|             | Psychological Well-being<br><i>Edinburgh Postnatal Depression Scale (SC1)</i> | PFL 6mo           |
|             | Rosenberg Self Esteem Scale (SC1)   | PFL BL            |

**Part 1: Your Health**

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

1. (c1) 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

2. (c2; c2dkr) How many times have you been to your GP in the last 6 months (not including visits for ^childname)?

\_\_\_\_\_TIMES

**Now I'm going to ask you a couple of questions on the health services you may have used in the last while.**

3. Please look at CARD 11 and tell me if you have used any of the services listed in the last 12 months. There are some more options on the next page.

*Please mark "NO" for the services not mentioned by the participant  
Pretick all as no*

**SHOW CARD 11**

| Health Service  | YES | NO |
|---|-----|----|
| a. (c3a) Hospital as an inpatient   |     |    |
| b. (c3b) Hospital as a day patient  |     |    |
| c. (c3c) Hospital as an outpatient  |     |    |
| d. (c3d) A&E (Accident and emergency)                                       |     |    |
| e. (c3e) GP (General practitioner) services                                 |     |    |
| f. (c3f) Mental Health Services (including non-acute Psychiatric hospitals) |     |    |
| g. (c3g) Public health nurse  |     |    |
| h. (c3h) Physiotherapist  |     |    |
| i. (c3i) Occupational Therapist   |     |    |
| j. (c3j) Psychology Services  |     |    |

|   |  |  |
|---|--|--|
| k. (c3k) Social Worker  |  |  |
| l. (c3l) Community Welfare Officer  |  |  |
| m. (c3m) Home help services   |  |  |
| n. (c3n) Chiropody/Podiatry   |  |  |
| o. (c3o) Drug/Alcohol Outreach services   |  |  |
| p. (c3p) Speech Therapy   |  |  |
| q. (c3q) Dietician  |  |  |
| r. (c3r) Ophthalmologist (eye doctor)   |  |  |
| s. (c3s) Audiology  |  |  |
| t. (c3t) Dental Services  |  |  |
| u. (c3u) Residential services for the intellectual/physical or sensory disabled |  |  |
| v. (c3v) Day services for the intellectual/physical or sensory disabled         |  |  |
| w. (c3w) Respite services for the intellectual/physical or sensory disabled     |  |  |
| x. (c3x) Home support for the intellectual/physical or sensory disabled         |  |  |

4. (c4) 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. (c5; c5dkr) How many cigarettes per day do you smoke now?

\_\_\_\_\_ CIGARETTES PER DAY

6. (c6) Does any other person smoke in the house?

- 1 YES
- 2 NO

7. (c7) Have you drank 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. (c8) 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. (c9; c9other) What did you usually drink? Please use CARD 12 to tell me the option that best applies.

*Probe: The type of drink you drink the most.*

**SHOW CARD 12**

- 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. (c10; c10dkr) In general, on the days that you drink alcohol, about how many drinks do you usually have?

\_\_\_\_\_ DRINKS

11. (c11) Please look at CARD 13 and tell me if you have you 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 13 (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. (c12) Overall, about how often?

**SHOW CARD 14**

- 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

**The next few questions are about your family plans.**

13. (c13) Are you pregnant now?

- 1 YES
- 2 NO

*If answered yes to Q13 continue to Q14. If answered no to Q13, skip to Q16.*

14. (c14; c14dkr) When is your baby's due date?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

15. (c15) Was this pregnancy planned or did it just happen?

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

16. (c16a) ***If participant not currently pregnant:*** Have you been pregnant since the birth of ^childname?

(c16b) ***If participant is currently pregnant:*** Have you been pregnant since the birth of ^childname other than your current pregnancy?

- 1 YES
- 2 NO

*If answered 1 to Q16 continue to Q17. If answered 2 to Q16 skip to Q18.*

17. (c17) How did that pregnancy end?  
(interviewer do not read out responses)

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

*Only ask Q18 if answered 2 to Q13. If answered 1 to Q13 automatically fill in Q18 as 3.*

18. (c18) Are you currently using any type of birth control or doing anything to keep from getting pregnant?

- 1 YES
- 2 NO
- 3 N/A BECAUSE CURRENTLY PREGNANT

*If answered yes to Q18, continue to Q19. If answered no to Q18 automatically fill in Q19 as 1 and skip to Part 2: Self Control(self completion section 1).*

19. (c19; c19other) Which type of birth control are you using? Please use CARD 15 to help you choose all options that apply.

**SHOW CARD 15**

- 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) (c19other)
- 9 DON'T KNOW
- 10 REFUSE

**Part 2: Self-Control (csc1-13)**

**The next section is about how you have been feeling. These questions are for you to answer on your own or if you prefer I can read them out loud. Which would you prefer?**

**SELF COMPLETION SECTION 1**

(sc1)

- 1 Self-completion accepted
- 2 Self-completion administered by the 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.*

***Blurb 1 (self completion accepted)***

Please hand laptop to participant.

Using the scale provided, please indicate how much each of the following statements reflects how you typically are.

***Blurb 2 (self completion administered by interviewer)***

Now I am going to read some statements about how you react to situations. Please tell me how true each question is of you by telling me the option between 1 and 4 that best applies. Please use CARD 16 to help you answer.

**SHOW CARD 16**

- 1 Not at All
- 2
- 3
- 4
- 5 Very Much

| STATEMENT   | 1<br>Not at All | 2 | 3 | 4 | 5<br>Very Much |
|---|-----------------|---|---|---|----------------|
| 1. (csc1) I am good at resisting temptation.                        |                 |   |   |   |                |
| 2. (csc2) I have a hard time breaking bad habits.                   |                 |   |   |   |                |
| 3. (csc3) I am lazy.  |                 |   |   |   |                |
| 4. (csc4) I say inappropriate things.                               |                 |   |   |   |                |
| 5. (csc5) I do certain things that are bad for me, if they are fun. |                 |   |   |   |                |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 6. (csc6) I refuse things that are bad for me. |  |  |  |  |  |
| 7. (csc7) I wish I had more self-discipline.   |  |  |  |  |  |

**Blurb 1 (self completion accepted)**

Using the scale provided, please indicate how much each of the following statements reflects how you typically are.

**Blurb 2 (self completion administered by interviewer)**

For the next few questions, please tell me how much each of the statements reflects how you typically are.

| STATEMENT   | 1<br>Not at All | 2 | 3 | 4 | 5<br>Very Much |
|---|-----------------|---|---|---|----------------|
| 8. (csc8) People would say that I have strong self-discipline.                              |                 |   |   |   |                |
| 9. (csc9) Pleasure and fun sometimes keep me from getting work done.                        |                 |   |   |   |                |
| 10. (csc10) I have trouble concentrating.   |                 |   |   |   |                |
| 11. (csc11) I am able to work effectively toward long-term goals.                           |                 |   |   |   |                |
| 12. (csc12) Sometimes I can't stop myself from doing something, even if I know it is wrong. |                 |   |   |   |                |
| 13. (csc13) I often act without thinking through all the alternatives.                      |                 |   |   |   |                |

### **Part 3: How Are You Doing? (ceps1-10)**

***Blurb 1(self completion accepted):***

Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

We would like to know how you are feeling. Please tick the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

For example if you have felt happy most of the time in the past 7 days, and you were shown the options below, you would tick “2 Yes, most of the time”

I have felt happy:

- 1 Yes, all the time
- √ 2 Yes, most of the time
- 3 No, not very often
- 4 No, not at all

**Just a reminder these questions are about how you have felt IN THE PAST 7 DAYS.**

***Blurb 2 (self completion administered by interviewer):***

We would like to know how you are feeling. Please tell me the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

For example if you have felt happy most of the time in the past 7 days, and I showed you the following options, you would say “2 Yes, most of the time”

I have felt happy:

- 1 Yes, all the time
- √ 2 Yes, most of the time
- 3 No, not very often
- 4 No, not at all

Please answer the follow questions in the same way.

Just a reminder these questions are about how you have felt IN THE PAST 7 DAYS.

**In the past 7 days:**

1. (ceps1) I have been able to laugh and see the funny side of things.

**SHOW CARD 17**

- 1 As much as I always could
- 2 Not quite so much now
- 3 Definitely not so much now
- 4 Not at all

2. (ceps2) I have looked forward with enjoyment to things.  
**SHOW CARD 18**  
1 As much as I ever did  
2 Rather less than I used to  
3 Definitely less than I used to  
4 Hardly at all
3. (ceps3) I have blamed myself unnecessarily when things went wrong.  
**SHOW CARD 19**  
1 Yes, most of the time  
2 Yes, some of the time  
3 Not very often  
4 No, never
4. (ceps4) I have been anxious or worried for no good reason.  
**SHOW CARD 20**  
1 No, not at all  
2 Hardly ever  
3 Yes, sometimes  
4 Yes, very often
5. (ceps5) I have felt scared or panicky for no very good reason.  
**SHOW CARD 21**  
1 Yes, quite a lot  
2 Yes, sometimes  
3 No, not much  
4 No, not at all
6. (ceps6) Things have been getting on top of me.  
**SHOW CARD 22**  
1 Yes, most of the time I haven't been able to cope at all  
2 Yes, sometimes I haven't been coping as well as usual  
3 No, most of the time I have coped quite well  
4 No, I have been coping as well as ever
7. (ceps7) I have been so unhappy that I have had difficulty sleeping.  
**SHOW CARD 23**  
1 Yes, most of the time  
2 Yes, sometimes  
3 Not very often  
4 No, not at all

8. (cepbs8) I have felt sad or miserable.  
**SHOW CARD 24**  
1 Yes, most of the time  
2 Yes, quite often  
3 Not very often  
4 No, not at all
9. (cepbs9) I have been so unhappy that I have been crying.  
**SHOW CARD 25**  
1 Yes, most of the time  
2 Yes, quite often  
3 Only occasionally  
4 No, never
10. (cepbs10) The thought of harming myself has occurred to me.  
**SHOW CARD 26**  
1 Yes, quite often  
2 Sometimes  
3 Hardly ever  
4 Never

**Part 4: How Are You Doing (crosen1-6)?**

***Blurb 1(self completion accepted):***

The next statements are about how you feel about yourself. Please show how much you agree or disagree with each of the following statements by marking the option that best represents how you feel about yourself.

***Blurb 2(self completion administered by interviewer):***

The next statements are about how you feel about yourself. Please tell me how much you agree or disagree with each of the following statements by saying the option that best represents how you feel about yourself. Use CARD 27 to help you answer.

**SHOW CARD 27**

- 1 Strongly Agree  
2 Agree  
3 Disagree  
4 Strongly Disagree



| STATEMENT   | STRONGLY AGREE<br>1 | AGREE<br>2 | DISAGREE<br>3 | STRONGLY DISAGREE<br>4 |
|---|---------------------|------------|---------------|------------------------|
| 1. (crosen1) On the whole, I am satisfied ( <i>content or happy</i> ) with myself.    |                     |            |               |                        |
| 2. (crosen2) At times I think I am no good at all.                                    |                     |            |               |                        |
| 3. (crosen3) I am able to do things as well as most other people.                     |                     |            |               |                        |
| 4. (crosen4) I certainly feel useless at times.                                       |                     |            |               |                        |
| 5. (crosen5) All in all, I am inclined ( <i>I tend</i> ) to feel that I am a failure. |                     |            |               |                        |
| 6. (crosen6) I take a positive attitude toward myself.                                |                     |            |               |                        |

*Blurb 1(self completion accepted):*

**Please Hand Laptop Back to Interviewer!**

*Blurbs 1 and 2:*

**THAT'S THE END OF SECTION C.**

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.  
THE NEXT SECTION IS ABOUT YOUR SOCIAL SUPPORT NETWORK.**

## SECTION D: YOUR SOCIAL SUPPORT NETWORK

| Module D       | Construct   | Where Used    |
|----------------|---|---------------|
| Social Support | Level of support from family, partner, friends, neighbours, work colleagues | PFL BL, 6mo   |
|                | Mother Contact with other people in programme                               | PFL 6mo, 12mo |
|                | Frequency Meet IO/Mentor  | PFL 6mo, 12mo |
|                | Mother share Programme Information  | PFL 6mo, 12mo |
|                | Influences Parenting Decisions  | PFL 6mo, 12mo |
|                | Frequency Father Involvement  | PFL 6mo, 12mo |
|                | Father Maintenance  | PFL 12mo      |
|                | Frequency Partner Involvement (if different than father)                    | PFL 6mo, 12mo |
|                | <i>Maternal Social Support Index, MSSI (adapted)</i>                        |               |
|                | Service Use (SC2)   | PFL BL, 6mo   |

**This may be a busy time in your life because ^childname is about 1 and a half years 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. How would you rate the support you are getting from those in your household, and from family, friends, neighbours and people in your workplace? CARD 28 may help you choose the option that best describes how much support you are getting from each of the people I mention.

**SHOW CARD 28**

For each below, answer as:

- 1 = Does not apply to me
- 2 = No support
- 3 = Little support
- 4 = Some support
- 5 = A lot of support

*If answered 2 (married), 3 (co-habiting), or 4 (boyfriend/partner not living together) to Q4, Module B continue to Qd1a. If answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to Q4, Module B, automatically fill this statement as 1 (i.e., does not apply to me), and skip to Qd1b.*

*If answered 3 (unemployed), 4 (student), 5 (looking after home/family), 6 (retired), 7 (not able to work due to permanent disability/sickness) or 10 (other) to Q7, Module B automatically fill in d1f (i.e., people in your workplace) as 1 (does not apply to me).*

*If answered 1 (yes) to Q5. Module B (Is your partner ^childname biological father) automatically fill in Qd1g with the same response given for d1a.*

*If answered 2 (no) to Q5 in module B then ask both “from your spouse partner” and “from the baby’s father”*

| Person                                  | Does Not Apply to Me | No Support | Little Support | Some Support | A lot of support |
|---|----------------------|------------|----------------|--------------|------------------|
| a. (d1a) Spouse/partner                 |                      |            |                |              |                  |
| b. (d1b) Parents                        |                      |            |                |              |                  |
| c. (d1c) Other close relatives          |                      |            |                |              |                  |
| d. (d1d) Friends                        |                      |            |                |              |                  |
| e. (d1e) Neighbours                     |                      |            |                |              |                  |
| f. (d1f) People in your Workplace       |                      |            |                |              |                  |
| g. (d1g) ^childname’s biological father |                      |            |                |              |                  |

2. (d2) 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\_Control = 1 (i.e., PFL) continue to Q3. If PFL\_Control = 2 (i.e., LFP) automatically fill in Q3 as 6 (not applicable) and Q4 as 3 (not applicable) and skip to Q5.*

3. (d3; d3other) 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)
- 6 NOT APPLICABLE

4. (d4) 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

5. (d5; d5other) Who most helps you make choices about caring for your child?

**SHOW CARD 29**

- 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 B, or if answered 2 (married) or 3(co-habiting) to Q4, module 3 AND 2(partner is not biological father) to Q5 Module B continue to Q6.

If answered 2(married) or 3(co-habiting) to Q4, Module B AND 1 to (partner is biological father) Q5, Module B automatically fill in Q6 as 1 and skip to Q7. Answer Qs7-9, then skip to Part 2: MSSSI.

If answered 7 (widowed) to Q4, Module B skip to Part 2: MSSSI.

6. (d6) Is ^childname's father a part of his/her life?

1 YES  
2 NO

If answered 1 to Q6 continue to Q7 and then skip to Q9. If answered 2 to Q6 skip to Q8.

7. (d7) How often does the father have contact with ^childname?  
(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

8. (d8; d8other) 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)

If answered 2(married) or 3(co-habiting) to Q4, Module B AND 1 to (partner is biological father) Q5, Module B automatically fill in Q9 as 3 and skip to Q11. Otherwise (if respondent is not married to or cohabitating with the child's father) go to Q9.

9. (d9) Does ^childname's biological father contribute any money to his/her maintenance?

1 YES  
2 NO  
3 N/A

*If answered 1 to Q9 continue to Q10. If answered 2 or 3 to Q9 skip to Q11.*

10. (d10) Does he make regular or irregular payments?

- 1 REGULAR
- 2 IRREGULAR

*FOR PARTNER (IF DIFFERENT THAN FATHER)*

11. (d11) Is your partner a part of ^childname's life?

- 1 YES
- 2 NO

*If answered 1 to Q11 go to Q12. If answered 2 to Q11 go to Q13.*

12. (d12) 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

*If answered 2 (no) to Q11 ask Q13, if answered 1(yes) to Q11 skip to Part 2: MSS1.*

13. (d13; d13other) 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: Maternal Social Support Index (MSSI) (dmssi1-9)**

Now I am going to read out some common household chores and activities that you may do in your home. Please respond to the next several questions by saying who generally does the task. The responses are:

- 1 No One
- 2 You Generally Do it
- 3 Someone else Generally Does It
- 4 Someone else and You Generally Do it

Please use **CARD 30** to help you answer.

**CARD 30**

- 1 No One
- 2 I Generally Do it
- 3 Someone else Generally Does It
- 4 Someone else and I Generally Do it

| Task  | No one | Mother Generally Does it | Someone else Generally Does it | Mother and someone else does it |
|---|--------|--------------------------|--------------------------------|---------------------------------|
| 1. (dmssi1) Who fixes meals?                                      |        |                          |                                |                                 |
| 2. (dmssi2) Who does the grocery shopping?                        |        |                          |                                |                                 |
| 3. (dmssi3) Who lets your children know what is right or wrong?   |        |                          |                                |                                 |
| 4. (dmssi4) Who fixes things around the house or apartment?       |        |                          |                                |                                 |
| 5. (dmssi5) Who does the inside cleaning?                         |        |                          |                                |                                 |
| 6. (dmssi6) Who works outside around the house or apartment?      |        |                          |                                |                                 |
| 7. (dmssi7) Who pays the bills?                                   |        |                          |                                |                                 |
| 8. (dmssi8) Who takes your child to the doctor if he/she is sick? |        |                          |                                |                                 |
| 9. (dmssi9) Who sees to it that your child/children go to bed?    |        |                          |                                |                                 |

### **Part 3: Service Use (dserv1-63)**

*If PFL\_Control = 1 continue to self completion section 2. If PFL\_Control = 2 skip to Module E.*

**I am now going to ask a few questions about how your use of services in the area. These questions are for you to answer on your own or if you prefer I can read them out loud. Which would you prefer?**

#### **SELF COMPLETION SECTION 2**

(sc2)

- 1 Self-completion accepted
- 2 Self-completion administered by the 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.*

***Blurb 1 (self completion accepted):***

**PLEASE HAND LAPTOP TO INTERVIEWEE**

***Blurbs 1 AND 2:***

18. We would now like to find out about the services you use within and outside your community. This information will help us see if these services are useful to the people in your community. Have you ever used any of the following services? For each, please answer as:

- 1 Never
- 2 Within the last year
- 3 More than 1 year ago



## EMERGENCY SERVICES

| SERVICE                                       | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|---|------------|------------------------------|------------------------------|
| (dserv1) Neighbourhood Policing Unit          |            |                              |                              |
| (dserv2) Dublin City Council Emergency Number |            |                              |                              |
| (dserv3) CARI Helpline – Childhood Abuse      |            |                              |                              |
| (dserv4) Childline                            |            |                              |                              |
| (dserv5) Parentline                           |            |                              |                              |
| (dserv6) Rape Crisis Centre                   |            |                              |                              |
| (dserv7) Sexual Assault Unit Rotunda Hospital |            |                              |                              |
| (dserv8) Samaritans                           |            |                              |                              |
| (dserv9) Drugs HIV Helpline                   |            |                              |                              |
| (dserv10) Women’s Aid                         |            |                              |                              |
| (dserv11) First Contact – Men’s Helpline      |            |                              |                              |
| (dserv12) D.DOC                               |            |                              |                              |

## HEALTH SERVICES

| SERVICE                         | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|---------------------------------|------------|------------------------------|------------------------------|
| (dserv13) Health Centre         |            |                              |                              |
| (dserv14) HSE Dublin North East |            |                              |                              |
| (dserv15) Coolock Health Centre |            |                              |                              |
| (dserv16) Well Woman Centre     |            |                              |                              |
| (dserv17) Alcoholics Anonymous  |            |                              |                              |
| (dserv18) Coolmine House        |            |                              |                              |
| (dserv19) Gamblers Anonymous    |            |                              |                              |

## CHILDREN/FAMILY SERVICES

| SERVICE   | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|---|------------|------------------------------|------------------------------|
| (dserv20) Childcare Bureau                        |            |                              |                              |
| (dserv21) HSE Dublin North East                   |            |                              |                              |
| (dserv22) Mater Child & Adolescent Services       |            |                              |                              |
| (dserv23) Community Mother's Programme            |            |                              |                              |
| (dserv24) Doras Bui Parents Alone Resource Centre |            |                              |                              |
| (dserv25) Jigsaw Childcare                        |            |                              |                              |
| (dserv26) Moatview Day Nursery                    |            |                              |                              |
| (dserv27) New Life Centre                         |            |                              |                              |
| (dserv28) Turas Family Centre                     |            |                              |                              |
| (dserv29) Parents Training Together               |            |                              |                              |
| (dserv30) Springboard Project                     |            |                              |                              |
| (dserv31) Preparing for Life                      |            |                              |                              |
| (dserv32) St. Francis Community Playgroup         |            |                              |                              |

## EMPLOYMENT SERVICES

| SERVICE                                       | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|---|------------|------------------------------|------------------------------|
| (dserv33) Jobs Club                           |            |                              |                              |
| (dserv34) Northside Centre for the Unemployed |            |                              |                              |
| (dserv35) Local Employment Service            |            |                              |                              |

## COMMUNITY INFORMATION/SERVICES

| SERVICE   | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|---|------------|------------------------------|------------------------------|
| (dserv36) Darndale / Belcamp Resource Centre                |            |                              |                              |
| (dserv37) Priorswood Community Development Project          |            |                              |                              |
| (dserv38) TRAVACT Community Development Programme           |            |                              |                              |
| (dserv39) Dublin North East Drugs Taskforce                 |            |                              |                              |
| (dserv40) Drugs Awareness Support                           |            |                              |                              |
| (dserv41) Dublin Northeast MABS                             |            |                              |                              |
| (dserv42) Friendly Call Service                             |            |                              |                              |
| (dserv43) Beaumont Hospital Bereavement Counselling Service |            |                              |                              |
| (dserv44) Northside Citizens Information Service            |            |                              |                              |
| (dserv45) Northside Community Law Centre                    |            |                              |                              |
| (dserv46) Northside Counselling Service                     |            |                              |                              |
| (dserv47) Northside Partnership                             |            |                              |                              |
| (dserv48) SPHERE 17   |            |                              |                              |
| (dserv49) RASP Programme                                    |            |                              |                              |
| (dserv50) Active Age Group                                  |            |                              |                              |
| (dserv51) Community Sports Hall                             |            |                              |                              |
| (dserv52) PACE Training for Employment Project              |            |                              |                              |
| (dserv53) Youthreach – Bonnybrook                           |            |                              |                              |

## RESIDENTS ASSOCIATIONS

| SERVICE                                  | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|--|------------|------------------------------|------------------------------|
| (dserv54) Belcamp Estate                 |            |                              |                              |
| (dserv55) Darndale Residents Association |            |                              |                              |
| (dserv56) Moatview/Fairfield             |            |                              |                              |

## ADULT EDUCATION SERVICES

| SERVICE  | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|--|------------|------------------------------|------------------------------|
| (dserv57) Discovery Centre Community Training Centre Darndale Village Centre |            |                              |                              |
| (dserv58) Media Initiative Collective  |            |                              |                              |
| (dserv59) Traveller Adult Training Centre                                    |            |                              |                              |
| (dserv60) T.A.R.G.E.T  |            |                              |                              |
| (dserv61) Coolock/Darndale Adult Literacy & Basic Education                  |            |                              |                              |
| (dserv62) KLEAR  |            |                              |                              |

## USEFUL SERVICES

| SERVICE                               | NEVER<br>1 | WITHIN THE<br>LAST YEAR<br>2 | MORE THAN A<br>YEAR AGO<br>3 |
|---------------------------------------|------------|------------------------------|------------------------------|
| (dserv63) Social Welfare Local Office |            |                              |                              |

*If self completion completed by respondent continue to Blurb 1, otherwise skip to end of section:*  
**Blurb 1: Thank you for answering those questions. Please hand laptop back to interviewer.**

**THAT'S THE END OF SECTION D.**

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.  
THE NEXT SECTION IS MORE ABOUT YOUR CHILD'S  
DEVELOPMENT.**

## SECTION E: YOUR CHILD’S DEVELOPMENT: PART 2

| Module E                                | Construct   | Where Used  |
|---|---|---|
| <b>Your Child’s Development: Part 2</b> | Language Development: MacArthur-Bates Communicative Inventories (CDI)                       | NICHD 15mo Words and Gestures Form-<br><i>For mother to complete at the beginning while interviewer setting up computer</i> |
|   | 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: Cognitive Development (edpcog1-38)**

**In this next section, I am going to ask some questions about things ^childname does or has done. For each statement, please tell me if ^childname 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 18 month survey, start administering with item 1. **Stop when 5 consecutive items are scored 0.***

*Pretick all items as ‘No.’*

**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>

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

| QUESTION  | YES | NO |
|---|-----|----|
| 1. (edpcog1) The Developmental Profile 3 item 1 |     |    |
| 2. (edpcog2) The Developmental Profile 3 item 2 |     |    |
| 3. (edpcog3) The Developmental Profile 3 item 3 |     |    |
| 4. (edpcog4) The Developmental Profile 3 item 4 |     |    |
| 5. (edpcog5) The Developmental Profile 3 item 5 |     |    |
| 6. (edpcog6) The Developmental Profile 3 item 6 |     |    |
| 7. (edpcog7) The Developmental Profile 3 item 7 |     |    |
| 8. (edpcog8) The Developmental Profile 3 item 8 |     |    |
| 9. (edpcog9) The Developmental Profile 3 item 9 |     |    |

|  |  |  |
|--|--|--|
| 10. (edpcog10) The Developmental Profile 3 item 10 |  |  |
| 11. (edpcog11) The Developmental Profile 3 item 11 |  |  |
| 12. (edpcog12) The Developmental Profile 3 item 12 |  |  |
| 13. (edpcog13) The Developmental Profile 3 item 13 |  |  |
| 14. (edpcog14) The Developmental Profile 3 item14  |  |  |
| 15. (edpcog15) The Developmental Profile 3 item 15 |  |  |
| 16. (edpcog16) The Developmental Profile 3 item 16 |  |  |
| 17. (edpcog17) The Developmental Profile 3 item 17 |  |  |
| 18. (edpcog18) The Developmental Profile 3 item 18 |  |  |
| 19. (edpcog19) The Developmental Profile 3 item 19 |  |  |
| 20. (edpcog20) The Developmental Profile 3 item 20 |  |  |



|  |  |  |
|--|--|--|
| 21. (edpcog21) The Developmental Profile 3 item 21 |  |  |
| 22. (edpcog22) The Developmental Profile 3 item 22 |  |  |
| 23. (edpcog23) The Developmental Profile 3 item 23 |  |  |
| 24. (edpcog24) The Developmental Profile 3 item 24 |  |  |
| 25. (edpcog25) The Developmental Profile 3 item 25 |  |  |
| 26. (edpcog26) The Developmental Profile 3 item 26 |  |  |
| 27. (edpcog27) The Developmental Profile 3 item 27 |  |  |
| 28. (edpcog28) The Developmental Profile 3 item 28 |  |  |
| 29. (edpcog29) The Developmental Profile 3 item 29 |  |  |
| 30. (edpcog30) The Developmental Profile 3 item 30 |  |  |
| 31. (edpcog31) The Developmental Profile 3 item 31 |  |  |

|  |  |  |
|--|--|--|
| 32. (edpcog32) The Developmental Profile 3 item 32 |  |  |
| 33. (edpcog33) The Developmental Profile 3 item 33 |  |  |
| 34. (edpcog34) The Developmental Profile 3 item 34 |  |  |
| 35. (edpcog35) The Developmental Profile 3 item 35 |  |  |
| 36. (edpcog36) The Developmental Profile 3 item 36 |  |  |
| 37. (edpcog37) The Developmental Profile 3 item 37 |  |  |
| 38. (edpcog38) The Developmental Profile 3 item 38 |  |  |

**Part 2: Social Emotional (ebitsea1-42)**

**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.’

Please use CARD 31 to help you answer.

**SHOW CARD 31**

- 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/<br>RARELY | SOMEWHAT<br>TRUE/<br>SOMETIMES | VERY TRUE/<br>OFTEN | NO CONTACT<br>WITH OTHER<br>CHILDREN<br>(ONLY FOR<br>QS 19 & 27) |
|--|---------------------|--------------------------------|---------------------|--|
| 1. (ebitsea1) Brief Child-Toddler Social and Emotional Assessment item 1 |                     |                                |                     |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 2. (ebitsea2) Brief Child-Toddler Social and Emotional Assessment item 2    |  |  |  |  |
| 3. (ebitsea3) Brief Child-Toddler Social and Emotional Assessment item 3    |  |  |  |  |
| 4. (ebitsea4) Brief Child-Toddler Social and Emotional Assessment item 4    |  |  |  |  |
| 5. (ebitsea5) Brief Child-Toddler Social and Emotional Assessment item 5    |  |  |  |  |
| 6. (ebitsea6) Brief Child-Toddler Social and Emotional Assessment item 6    |  |  |  |  |
| 7. (ebitsea7) Brief Child-Toddler Social and Emotional Assessment item 7    |  |  |  |  |
| 8. (ebitsea8) Brief Child-Toddler Social and Emotional Assessment item 8    |  |  |  |  |
| 9. (ebitsea9) Brief Child-Toddler Social and Emotional Assessment item 9    |  |  |  |  |
| 10. (ebitsea10) Brief Child-Toddler Social and Emotional Assessment item 10 |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 11. (ebitsea11) Brief Child-Toddler Social and Emotional Assessment item 11 |  |  |  |  |
| 12. (ebitsea12) Brief Child-Toddler Social and Emotional Assessment item 12 |  |  |  |  |
| 13. (ebitsea13) Brief Child-Toddler Social and Emotional Assessment item 13 |  |  |  |  |
| 14. (ebitsea14) Brief Child-Toddler Social and Emotional Assessment item 14 |  |  |  |  |
| 15. (ebitsea15) Brief Child-Toddler Social and Emotional Assessment item 15 |  |  |  |  |
| 16. (ebitsea16) Brief Child-Toddler Social and Emotional Assessment item 16 |  |  |  |  |
| 17. (ebitsea17) Brief Child-Toddler Social and Emotional Assessment item 17 |  |  |  |  |
| 18. (ebitsea18) Brief Child-Toddler Social and Emotional Assessment item 18 |  |  |  |  |
| 19. (ebitsea19) Brief Child-Toddler Social and Emotional Assessment item 18 |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 20. (ebitsea20) Brief Child-Toddler Social and Emotional Assessment item 19 |  |  |  |  |
| 21. (ebitsea21) Brief Child-Toddler Social and Emotional Assessment item 20 |  |  |  |  |
| 22. (ebitsea22) Brief Child-Toddler Social and Emotional Assessment item 21 |  |  |  |  |
| 23. (ebitsea23) Brief Child-Toddler Social and Emotional Assessment item 22 |  |  |  |  |
| 24. (ebitsea24) Brief Child-Toddler Social and Emotional Assessment item 23 |  |  |  |  |
| 25. (ebitsea25) Brief Child-Toddler Social and Emotional Assessment item 24 |  |  |  |  |
| 26. (ebitsea26) Brief Child-Toddler Social and Emotional Assessment item 25 |  |  |  |  |
| 27. (ebitsea27) Brief Child-Toddler Social and Emotional Assessment item 26 |  |  |  |  |
| 28. (ebitsea28) Brief Child-Toddler Social and Emotional Assessment item 27 |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 29. (ebitsea29) Brief Child-Toddler Social and Emotional Assessment item 28 |  |  |  |  |
| 30. (ebitsea30) Brief Child-Toddler Social and Emotional Assessment item 29 |  |  |  |  |
| 31. (ebitsea31) Brief Child-Toddler Social and Emotional Assessment item 30 |  |  |  |  |
| 32. (ebitsea32) Brief Child-Toddler Social and Emotional Assessment item 31 |  |  |  |  |
| 33. (ebitsea33) Brief Child-Toddler Social and Emotional Assessment item 32 |  |  |  |  |
| 34. (ebitsea34) Brief Child-Toddler Social and Emotional Assessment item 33 |  |  |  |  |
| 35. (ebitsea35) Brief Child-Toddler Social and Emotional Assessment item 34 |  |  |  |  |
| 36. (ebitsea36) Brief Child-Toddler Social and Emotional Assessment item 35 |  |  |  |  |
| 37. (ebitsea37) Brief Child-Toddler Social and Emotional Assessment item 36 |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 38. (ebitsea38) Brief Child-Toddler Social and Emotional Assessment item 37 |  |  |  |  |
| 39. (ebitsea39) Brief Child-Toddler Social and Emotional Assessment item 38 |  |  |  |  |
| 40. (ebitsea40) Brief Child-Toddler Social and Emotional Assessment item 39 |  |  |  |  |
| 41. (ebitsea41) Brief Child-Toddler Social and Emotional Assessment item 40 |  |  |  |  |
| 42. (ebitsea42) Brief Child-Toddler Social and Emotional Assessment item 41 |  |  |  |  |

THAT’S THE END OF SECTION E.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION IS ABOUT ^CHILDNAME AND OTHER CHILDREN.



## SECTION F: YOUR *PFL* CHILD & OTHER CHILDREN

| Module F  | Construct  | Where Used                                |
|---|--|---|
| <b>Your <i>PFL</i> Child &amp; Other Children</b> | Child's weight at last dr. visit                                       | PFL 12mo                                  |
|   | Child's current weight   | PFL 6mo, 12mo                             |
|   | Child's health in last 6 months  | PFL 6mo, 12mo                             |
|   | Medical visits in last 6 months  | PFL 6mo, 12mo                             |
|   | Hospital inpatient visits in last 6 months                             | PFL 6mo, 12mo                             |
|   | Accidents and injuries that require medical attention in last 6 months | PFL 6mo, 12mo                             |
|   | Immunizations  | PFL 6mo, 12mo                             |
|   | Breastfeeding Practices  | PFL 12mo                                  |
|   | Nutrition  | Combination of PFT and Lifeways, PFL 12mo |
|   | Services Child Receiving   | PFL 12mo                                  |
|   | Behavioural Questions (siblings)                                       | Lifeways, PFL 6mo, 12mo                   |

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

1. (f1; f1dkr) What age was ^childname at his/her last doctor visit?

\_\_\_\_\_MONTHS

2. (f2dkr) What weight was ^childname when he/she last saw a doctor?

ENTER WEIGHT IN EITHER STONES (f2stones) AND POUNDS (f2stoneslbs)  
**OR** KILOGRAMS (f2kg) **OR** POUNDS (f2lbs) AND OUNCES (f2ozs)

3. (f3dkr) What is ^childname's current weight?

ENTER WEIGHT IN EITHER STONES (f3stones) AND POUNDS (f3stoneslbs)  
**OR** KILOGRAMS (f3kg) **OR** POUNDS (f3lbs) AND OUNCES (f3ozs)

4. (f4) How would you say ^childname'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. (f5\*; f5other) Has ^childname 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 32? Please tell me all that apply.

**SHOW CARD 32**

- 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. (f6) During the last 6 months, has ^childname 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. (f7; f7dkr) How many times?

\_\_\_\_\_TIMES

8. (f8\*; f8othsurg f8othnosurg ) For what main reasons? Please look at CARD 33 and tell me all that apply.

**SHOW CARD 33**

- 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 EARDRUM 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. (f9\*; f9other) What type of injury or accident did ^childname have that required medical attention? Please look at CARD 34 and tell me all that apply.

**SHOW CARD 34**

- 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 ^childname received? Please look at CARD 35 and tell me all that apply.

**SHOW CARD 35**

| 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)<br><br>6 in 1 + Men C + PCV | (f10a) YES/NO                     |
| 12 months                     | MMR<br><i>(MMR vaccine is a combined vaccine against measles, mumps and rubella)</i>  | (f10b) YES/NO                     |
| 12 months                     | PCV<br><i>(Pneumococcal Conjugate Vaccine)</i>  | (f10c) YES/NO                     |
| 13 months                     | Hib+Men C<br><i>(Haemophilus Influenzae B + Meningococcal C Vaccine)</i>  | (f10d) YES/NO                     |
| (f10eAge) Enter Age in Months | Swine Flu Vaccine   | (f10e) YES/NO                     |
| (f10fAge) Specify Other Age   | (f10fVaccine) Specify other vaccine and Description (f10fDescription)   | (f10f) YES/NO                     |

11. (f11) Did you ever try to breastfeed ^childname?

- 1 YES
- 2 NO

*If answered 1 to Q11 go to Q12. If answered 2 to Q11 go to Q15.*

12. (f12) Are you still breastfeeding ^childname?

- 1 YES
- 2 NO

13. (f13dkr) How old was ^childname when you stopped exclusively feeding him/her breast milk? That is, you continued to breastfeed ^childname, but also gave him/her other food or drink.

\_\_\_\_\_ WEEKS (f13wk )/MONTHS (f13mnth)

If answered 2 to Q12 continue to Q14. If answered 1 to Q12 skip to Q15.

14. (f14dkr) How old was ^childname when you completely stopped breast-feeding?

\_\_\_\_\_ MONTH(S) (f14mnth) or \_\_\_\_\_ WEEKS(S) (f14wk)

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

15. I am going to ask you how often ^childname eats different types of food. Please use CARD 36 to tell me how often, on average, your child eats the foods.

**SHOW CARD 36**

- 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 |
|---|-------|--------------------------|-------------------------|----------------------|-----------|------------|-------------------|-------------------|---------------------------|
| (f15a) Grains (e.g., cereals, pastas, breads) |       |                          |                         |                      |           |            |                   |                   |                           |
| (f15b) Vegetables (including juices)          |       |                          |                         |                      |           |            |                   |                   |                           |
| (f15c) Fruits (including juices)              |       |                          |                         |                      |           |            |                   |                   |                           |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| (f15d) Protein (e.g., meats, nuts, beans, eggs, etc.)                                       |  |  |  |  |  |  |  |  |  |
| (f15e) Dairy (milk, cheese, yogurt, ice cream, etc.)<br>(not including breast milk/formula) |  |  |  |  |  |  |  |  |  |
| (f15f) Other foods (sugars and fats, etc., sweets, crisps, chips)                           |  |  |  |  |  |  |  |  |  |
| (f15g) Formula or breast milk   |  |  |  |  |  |  |  |  |  |

16. (f16) Are there any foods that ^childname really likes?

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17. (f17) Are there any foods that you can't get ^childname to eat?

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18. (f18) What does ^childname really like to drink?

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19. (f19) Are there any things you can't get ^childname to drink?

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20. (f20) Is ^childname 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 Q20 continue to Q21. If answered 2 to Q20 skip to Q23.*



21. (f21\*; f21other) What additional services is ^childname 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

22. (f22; f22dkr; f22notes) How long has ^childname been receiving these services?

\_\_\_\_\_MONTHS

INCLUDE TEXT BOX HERE FOR NOTES RELATED TO THIS Q

23. (f23) How worried are you about your child's language development?

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

24. (f24) 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

*If indicated that any other children (PFL child's siblings) are aged 4 in Q.3, module B (ages of children) continue to blurb. If not, skip to Module G.*

*Note that if parent has more than one child aged 4, ask mother to answer these questions for 1 child (rather than the average of the two children). We do not need to know which child this is rather, just that the responses are all given in regards to 1 specific child.*

THAT'S THE END OF SECTION F.

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

## SECTION G: THOUGHTS ON PARENTING

| Module G              | Construct                                      | Where Used |
|-----------------------|--|------------|
| Thoughts on Parenting | Parenting Daily Hassles (SC3)                  |            |
|                       | <i>Maternal Separation Anxiety Scale (SC3)</i> |            |
|                       | Activities with Child                          | PFL 6mo    |

**This next part of our interview is about you and your child are getting on. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own using this computer. However, if you prefer I can read them out loud. Which would you prefer?**

### **SELF COMPLETION SECTION 3**

(sc3)

- 1 Self-completion accepted (if selected show participant example on Part 1)
- 2 Self-completion administered by the 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 1: Feelings About Parenting (gpdha1-20; gpdhb1-20)**

***Blurb 1 (self completion accepted):***

**The statements on the next several pages describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and mark how often it happens to you (rarely, sometimes, a lot, or constantly) AND then circle how much of a ‘hassle’ you feel that it has been for you FOR THE PAST 6 MONTHS. If you have more than one child, these events can include any or all of your children.**

***Blurb 2 (self completion administered by interviewer):***

**Now I am going to read you some statements that describe events that routinely occur in families with young children. These events sometimes make life difficult. Please tell me how often it happens to you (rarely, sometimes, a lot, or constantly) AND how much of a ‘hassle’ you feel that it has been for you FOR THE PAST 6 MONTHS. If you have more than one child, these events can include any or all of your children.**

**Please use CARD 37 to help you answer.**

### **SHOW CARD 37**

- 1 RARELY
- 2 SOMETIMES
- 3 A LOT
- 4 CONSTANTLY

***Blurbs 1 and 2: Example***

*Note to Interviewer: Walk through example with participant even if self completion accepted.*

| Event                                    | How Often it Happens? |           |       |            | Hassle (low to high) |   |   |   |                       |
|--|-----------------------|-----------|-------|------------|----------------------|---|---|---|-----------------------|
|  | Rarely                | Sometimes | A lot | Constantly | 1<br>(low<br>hassle) | 2 | 3 | 4 | 5<br>(high<br>hassle) |
| a. Waking up in the middle of the night. |                       |           |       |            |                      |   |   |   |                       |



|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 10. (gpdh10a; gpdh10b) The kids are constantly underfoot ( <i>in the way</i> ), interfering with other chores.                    |  |  |  |  |  |  |  |  |  |
| 11. (gpdh11a; gpdh11b) The need to keep a constant eye on where the kids are and what they are doing.                             |  |  |  |  |  |  |  |  |  |
| 12. (gpdh12a; gpdh12b) The kids interrupt adult conversations or interactions.  |  |  |  |  |  |  |  |  |  |
| 13. (gpdh13a; gpdh13b) Having to change your plans because of unprecedented ( <i>unusual</i> ) child needs.                       |  |  |  |  |  |  |  |  |  |
| 14. (gpdh14a; gpdh14b) The kids get dirty several times a day requiring changes of clothing.                                      |  |  |  |  |  |  |  |  |  |
| 15. (gpdha15; gpdhb15) Difficulties in getting privacy (e.g., in the bathroom)  |  |  |  |  |  |  |  |  |  |
| 16. (gpdh16a; gpdh16b) The kids are hard to manage in public (grocery store, shopping centre, restaurant).                        |  |  |  |  |  |  |  |  |  |
| 17. (gpdh17a; gpdh17b) Difficulties in getting kids ready for outings and leaving on time.  |  |  |  |  |  |  |  |  |  |
| 18. (gpdh18a; gpdh18b) Difficulties in leaving kids for a night out or at school or day care.                                     |  |  |  |  |  |  |  |  |  |
| 19. (gpdh19a; gpdh19b) The kids have difficulties with friends (e.g., fighting, trouble, getting along, or no friends available). |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 20. (gpdh20a; gpdh20b)<br>Having to run extra errands to meet the kids needs. |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

**Blurb 1 (self completion accepted):**  
Please hand laptop to participant.

**Blurb 2 (self completion administered by interviewer.)**  
Do you have any questions before we move on?

**Part 2: Parental Care (gmsas1-21)**

**Blurb 1 (self completion accepted):**

The following statements describe things that sometimes concern parents. Not all people feel the same way about them. Answer the statements as you are feeling now. Read each statement and mark the response that shows how much YOU agree or disagree with that statement.

**Blurb 2 (self completion administered by the interviewer):**

Now I am going to read some statements that describe things that sometimes concern parents. Not all people feel the same way about them. Answer the statements as you are feeling now. Read each statement and tell me the response that shows how much YOU agree or disagree with that statement. Please use CARD 38 to help you answer.

**SHOW CARD 38**

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

| Statement  | Strongly Disagree<br>1 | Disagree<br>2 | Somewhat Agree<br>3 | Agree<br>4 | Strongly Agree<br>5 |
|--|------------------------|---------------|---------------------|------------|---------------------|
| 1. (gmsas1) I miss holding or cuddling my child when I am away from him/her. |                        |               |                     |            |                     |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. (gmsas2) My child is happier with me than with babysitters or teachers.  |  |  |  |  |  |
| 3. (gmsas3) Children will be afraid in a new place without their mother.  |  |  |  |  |  |
| 4. (gmsas4) When away from my child, I often wonder if his/her physical needs (dry nappies, enough to eat, etc.) are being met. |  |  |  |  |  |
| 5. (gmsas5) Holding and cuddling my child makes me feel so good that I really miss the physical closeness when I'm away.        |  |  |  |  |  |
| 6. (gmsas6) I am more concerned with my child's physical safety than a babysitter or teacher.                                   |  |  |  |  |  |
| 7. (gmsas7) It will be difficult for my child to adjust to someone else taking care of him/her.                                 |  |  |  |  |  |
| 8. (gmsas8) When I am away from my child, I feel lonely and miss him/her a great deal.  |  |  |  |  |  |
| 9. (gmsas9) Only a mother just naturally knows how to comfort her distressed child.   |  |  |  |  |  |
| 10. (gmsas10) A child is likely to get upset when he/she is left with a babysitter.   |  |  |  |  |  |
| 11. (gmsas11) I like to have my child close to me most of the time.   |  |  |  |  |  |
| 12. (gmsas12) I am naturally better at keeping my child safe than any other person.   |  |  |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13. (gmsas13) I believe that my child misses me when I have to let someone else take care of him/her for a while.                                       |  |  |  |  |  |
| 14. (gmsas14) I don't like to leave my child.   |  |  |  |  |  |
| 15. (gmsas15) My child prefers to be with me more than anyone else.   |  |  |  |  |  |
| 16. (gmsas16) My child is afraid and sad when he/she is not with me.  |  |  |  |  |  |
| 17. (gmsas17) When I am separated from my child, I wonder whether he/she is crying and missing me.  |  |  |  |  |  |
| 18. (gmsas18) I don't enjoy myself when I am away from my child.  |  |  |  |  |  |
| 19. (gmsas19) I worry that my child is never completely comfortable in an unfamiliar setting if I am not with him/her.                                  |  |  |  |  |  |
| 20. (gmsas20) I worry when someone else cares for my child.   |  |  |  |  |  |
| 21. (gmsas21) When away from my child, I worry about whether or not the babysitter is able to soothe and comfort my child if he/she is lonely or upset. |  |  |  |  |  |

***Blurb 1 (self completion accepted):***

Thank you for answering those questions.

Please hand laptop back to interviewer.

***Blurb 2 (self completion administered by interviewer):***

*Continue to Part 3: Activities with Your Child*

### **Part 3: Activities with Your Child (gact1-16)**

Next, I'd like to ask you some questions about things that you might do when spending time with ^childname. I'm going to ask how many times in the past month you have done any of the following activities with ^childname.

Please use CARD 39 to help you answer.

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

*Probe: In the last 30 days.*

#### **SHOW CARD 39**

5 = More than once a day

4 = About once a day

3 = A few times a week

2 = A few times a month

1 = Rarely

0 = Not at all

*Note that above is what the information on the show card looks like, but if the respondent selects 'Not at all' it gets entered into the database as 6.*

| Activity   | More than<br>once a day<br>5 | About<br>once a day<br>4 | A few<br>times a<br>week<br>3 | A few<br>times a<br>month<br>2 | Rarely<br>1 | Not at all<br>0 |
|--|------------------------------|--------------------------|-------------------------------|--------------------------------|-------------|-----------------|
| 1. (gact1) Play peek-a-boo with ^childname?                                      |                              |                          |                               |                                |             |                 |
| 2. (gact2) Sing nursery rhymes like “Jack and Jill” with him/her?                |                              |                          |                               |                                |             |                 |
| 3. (gact3) Sing songs with him/her?  |                              |                          |                               |                                |             |                 |
| 4. (gact4) Dance with him/her?   |                              |                          |                               |                                |             |                 |
| 5. (gact5) Read stories to ^childname ?  |                              |                          |                               |                                |             |                 |
| 6. (gact6) Tell stories to him/her?  |                              |                          |                               |                                |             |                 |
| 7. (gact7) Play outside in the garden, a park, or playground with him/her?       |                              |                          |                               |                                |             |                 |
| 8. (gact8) Play chasing games?   |                              |                          |                               |                                |             |                 |
| 9. (gact9) Have relatives visit you?   |                              |                          |                               |                                |             |                 |
| 10. (gact10) Take ^childname with you to visit relatives?                        |                              |                          |                               |                                |             |                 |
| 11. (gact11) Take ^childname food shopping with you?                             |                              |                          |                               |                                |             |                 |
| 12. (gact12) Take ^childname with you to a religious service or religious event? |                              |                          |                               |                                |             |                 |
| 13. (gact13) Take ^childname with you to an activity at a community centre?      |                              |                          |                               |                                |             |                 |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 14. (gact14) Go to a restaurant or out to eat with ^childname ?   |  |  |  |  |  |  |
| 15. (gact15) Go to a public place like a zoo or museum with ^childname ? (other examples include: park, playground) |  |  |  |  |  |  |
| 16. (gact16) Try to tease ^childname to get him/her to laugh?   |  |  |  |  |  |  |

17. (g17) Do you do any activities with ^childname to help his/her language development?  
*Probe: What type of activities do you do?*

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18. (g18) Do you do any activities with ^childname to help his/her hand-eye coordination?  
*Probe: What type of activities do you do?*

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THAT'S THE END OF SECTION G.

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

## SECTION H: ENVIRONMENT

| Module H | Construct                                       | Where Used |
|----------|---|------------|
|          | Injury Prevention Farmingham Safety Survey      | PFL 6mo    |
|          | Household Material Deprivation Assessment (SC4) | PFL BL     |
|          | <i>Difficult Life Circumstances</i> (SC4)       | PFT        |
|          | HOME Inventory + SHIF                           | PFL 6mo    |

## Part 1: Farmingham Safety Survey

**In this next section, I am going to ask you some questions about ^childname's surroundings.**

1. Do you use any of the following items?

Please score each safety item as follows:

| Safety Item                  | Yes<br>1 | No<br>2 | N/A<br>3 |
|------------------------------|----------|---------|----------|
| (h1a) Safety Gate/Barrier    |          |         |          |
| (h1b) Fire Guard             |          |         |          |
| (h1c) Smoke Alarm            |          |         |          |
| (h1d) Electric Socket Covers |          |         |          |
| (h1e) Child Car Seats        |          |         |          |

2. (h2) Do you leave your child alone at home?  
1 Frequently  
2 Occasionally  
3 Never
3. (h3) Are any of your babysitters younger than 13 years?  
1 Yes  
2 No  
997 Don't Know
4. (h4) Do you keep plastic wrappers, plastic bags, and balloons away from your children?  
1 Always  
2 Sometimes  
3 Never
5. (h5) Do you know how to prevent your child from choking?  
1 Yes  
997 Don't Know
6. (h6) Do you have child locks on your windows?  
1 All windows  
2 Some windows  
3 No windows
7. (h7) Is your child in the garden while the lawn mower is in use?  
1 Never  
2 Sometimes  
3 N/A because have no mower

8. (h8) Do you place gates at the entrance to stairways?
  - 1 Always
  - 2 Sometimes
  - 3 Never
  
9. (h9) Is your child's cot/bed near a curtain?
  - 1 Yes
  - 2 No
  
10. (h10) Do you check for safety hazards in homes of friends or relatives where your child may play?
  - 1 Always
  - 2 Sometimes
  - 3 Never
  
11. (h11) Do you keep household products, medicines, and sharp objects out of reach of your child?
  - 1 Always
  - 2 Sometimes
  - 3 Never
  
12. (h12) Do you dispose of old medicines?
  - 1 Always
  - 2 Sometimes
  - 3 Never
  
13. (h13) Do you still have the safety caps on all bottles of medicine?
  - 1 Always
  - 2 Sometimes
  - 3 Never
  
14. (h14) Does your child chew on paint chips or window sills?
  - 1 Frequently
  - 2 Occasionally
  - 3 Never
  
15. (h15) Do you have the number of the Poison Help Line by your phone?
  - 1 Yes
  - 2 No
  
16. (h16) How frequently is the heating system checked where you live?
  - 1 Never
  - 2 At least once a year
  - 997 Don't Know



**Part 2: Household Material Deprivation Scale**

**I am now going to ask a few questions about how your finances may or may not impact your day to day life and other problems that may be going on in your life. These questions are for you to answer on your own or if you prefer I can read them out loud. Which would you prefer?**

**SELF COMPLETION SECTION 4**

(sc4)

- 1 Self-completion accepted
- 2 Self-completion administered by the 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.*

***Blurb 1 (self completion accepted)***

Please hand laptop to participant.

The next few pages describe ways in which your finances may or may not impact your day to day life. Please read each one and mark ‘yes because we can’t afford,’ ‘yes for another reason,’ or ‘no.’

***Blurb 2 (self completion administered by interviewer)***

Next I am going to describe ways in which your finances may or may not impact your day to day life. After I read each one, please answer by answering ‘yes because we can’t afford,’ ‘yes for another reason,’ or ‘no.’ Please use CARD 40 to help you answer.

**Please use CARD 40 to help you answer.**

**SHOW CARD 40**

- 1 Yes
- 2 No-because cannot afford
- 3 No-because other reason

| <b>Question</b>  | <b>YES<br/>1</b> | <b>NO –<br/>CAN’T<br/>AFFORD<br/>2</b> | <b>NO –<br/>OTHER<br/>REASON<br/>3</b> |
|--|------------------|--|--|
| 1. (h17) Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) every second day? |                  |  |  |

|  |  |  |  |
|--|--|--|--|
| 2. (h18) Does your household have a roast joint (or its equivalent, such as roast beef, a ham, or a roast chicken) once a week?                  |  |  |  |
| 3. (h19) Do household members buy new rather than second-hand clothes?   |  |  |  |
| 4. (h20) Does each household member possess a warm waterproof coat?  |  |  |  |
| 5. (h21) Does each household member possess two pairs of strong shoes?   |  |  |  |
| 6. (h22) Does the household replace any worn out furniture?  |  |  |  |
| 7. (h23) Does the household keep the home adequately warm?   |  |  |  |
| 8. (h24) Does the household have family or friends for a drink or meal once a month?   |  |  |  |
| 9. (h25) Did you have a morning, afternoon or evening out in the last fortnight (two weeks), for your entertainment (something that cost money)? |  |  |  |
| 10. (h26) Does the household buy presents for family or friends at least once a year?  |  |  |  |

11. (h27) Have you ever had to go without heating during the last 12 months because of a lack of money? For example, have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because there was no money for coal/fuel?

1 YES  
2 NO

### Part 3: Life Circumstances (hdlc1-15)

#### ***Blurb 1 (self completion accepted)***

The next few pages have a list of problems people sometimes have. Please read each one and mark if it is a particular problem for you by marking 'yes' or 'no.' If any questions make you uncomfortable, you don't have to answer.

#### ***Blurb 2 (self completion administered by interviewer)***

Next I am going to read a list of problems people sometimes have. After I read each one, please tell me if it is a particular problem for you by answering 'yes' or 'no.' If any questions make you uncomfortable, you don't have to answer.

**SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE:** The Difficult Life Circumstances scale (DLC; Johnson, Booth, & Barnard, 1989)

| Problem  | YES | NO |
|--|-----|----|
| 1. (hdlc1) Difficult Life Circumstances item 1 |     |    |
| 2. (hdlc2) Difficult Life Circumstances item 2 |     |    |
| 3. (hdlc3) Difficult Life Circumstances item 3 |     |    |
| 4. (hdlc4) Difficult Life Circumstances item 4 |     |    |
| 5. (hdlc5) Difficult Life Circumstances item 5 |     |    |
| 6. (hdlc6) Difficult Life Circumstances item 6 |     |    |

|   |  |  |
|---|--|--|
| 7. (hdlc7) Difficult Life Circumstances item 7    |  |  |
| 8. (hdlc8) Difficult Life Circumstances item 8    |  |  |
| 9. (hdlc9) Difficult Life Circumstances item 9    |  |  |
| 10. (hdlc10) Difficult Life Circumstances item 10 |  |  |
| 11. (hdlc11) Difficult Life Circumstances item 11 |  |  |
| 12. (hdlc12) Difficult Life Circumstances item 12 |  |  |
| 13. (hdlc13) Difficult Life Circumstances item 13 |  |  |
| 14. (hdlc14) Difficult Life Circumstances item 14 |  |  |
| 15. (hdlc15) Difficult Life Circumstances item 15 |  |  |

***Blurb 1 (self completion accepted)***

Please Hand Laptop Back to Interviewer!

***For Interviewer to Read:***

Now we are going to do something a bit different. I am going to ask you some questions about your family and your home. These questions might seem to jump around a bit, so just bear with me. After this, we are almost done with the interview!

***Blurb 2 (self completion administered by interviewer)***

Now we are going to do something a bit different. I am going to ask you some questions about your family and your home. These questions might seem to jump around a bit, so just bear with me. After this, we are almost done with the interview!

**Part 4: HOME Inventory**

**HOME INVENTORY HERE + SHIF**

THAT'S THE END OF SECTION H.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. WE WILL NOW MOVE ON TO THE LAST SECTION WHICH IS ABOUT ^CHILDNAME.

## I: Closing

| <b>Module I</b> | <b>Construct</b>  | <b>Where Used</b> |
|-----------------|---|-------------------|
| <b>Closing</b>  | Age Related Questions                                     | PFL 12mo          |
|                 | Important Events Since Last Interview (Mother's View)     | PFL 6mo           |
|                 | Relevant Notes About Interview (completed by interviewer) | PFL 6mo, 12mo     |

**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. (i1) What do you like most about being the mam of a 1 and a half year old?

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2. (i2) What don't you like about being the mam of a 1 and a half year old?

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3. (i3) 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.

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4. (i4) Are there any important events that have happened since our last interview that may have had an effect in your family that you would like to share with us?

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**INTERVIEWER PLEASE WRITE ANY RELEVANT NOTES ABOUT THE INTERVIEW HERE:**

(PFL4InterviewNotes)

THAT'S THE END OF SECTION I.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THAT IS THE END OF THE QUESTIONNAIRE.

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 ^childname is about a two years old. When you complete the next research questionnaire, you will receive another voucher. Do you have any questions before I leave?**