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PFL 48 MONTH SURVEY



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

- 997 Don't Know
- 998 Refuse

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

INTERVIEW DETAILS

Module 0	Construct Measured	
Interview Details	RA (Interviewer) Initials	
	ID Number	
	Date of Interview	
	Child's Name (not permanently stored)	
	Multiple Birth	
	Location of Interview	
	Survey Method	
	Child Present	

WELCOME TO THE 48 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
8. (ChildPresent) Is child present?
 - 1 YES
 - 2 NO

Thank you for meeting with me today. This questionnaire will be 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 year. This information will help us understand how mothers and children are doing during early childhood.

Please remember that all of your answers will be kept private and confidential. If any question is not clear to you or if you don't understand a question, please ask me to repeat it. If you do not want to answer a question, let me know and we can skip that question. 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 and a half, but some people take longer and some people finish the questionnaire more quickly. During the interview we can move at a comfortable pace for you and take breaks if you need them. If you need to go to the toilet, 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 Measured	Previous <i>PFL</i> Surveys Used
Your Child’s Development: Part 1	Child’s Development - Communication: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Child’s Development – Gross Motor: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Child’s Development – Fine Motor: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Child’s Development – Problem Solving: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Child’s Development – Personal-Social: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Child’s Development – Social-Emotional: <i>Ages and Stages Questionnaire</i> (ASQ:SE; Squires, Bricker, & Twombly, 2003)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo

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

Note: Directly assess any item indicated in bold below if child is present.

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): Communication Item 1			
(aasqcomm2) Ages & Stages Questionnaire (ASQ): Communication Item 2			
(aasqcomm3) Ages & Stages Questionnaire (ASQ): Communication Item 3			

<p>(aasqcomm4) Ages & Stages Questionnaire (ASQ): Communication Item 4</p>			
<p>(aasqcomm5) Ages & Stages Questionnaire (ASQ): Communication Item 5</p>			
<p>(aasqcomm6) Ages & Stages Questionnaire (ASQ): Communication Item 6</p>			

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			
1. (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): Problem Solving Item 1			
(aasqprob2) Ages & Stages Questionnaire (ASQ): Problem Solving Item 2			
(aasqprob3) Ages & Stages Questionnaire (ASQ): Problem Solving Item 3			
(aasqprob4) Ages & Stages Questionnaire (ASQ): Problem Solving Item 4			
(aasqprob5) Ages & Stages Questionnaire (ASQ): Problem Solving Item 5			
(aasqprob6) Ages & Stages Questionnaire (ASQ): Problem Solving Item 6			

Part 5: Personal Social (aasqpers1-6)

STATEMENT	Yes	Some- times	Not Yet
(aasqpers1) Ages & Stages Questionnaire (ASQ): Personal-Social Item 1			
(aasqpers2) Ages & Stages Questionnaire (ASQ): Personal-Social Item 2			
(aasqpers3) Ages & Stages Questionnaire (ASQ): Personal-Social Item 3			
(aasqpers4) Ages & Stages Questionnaire (ASQ): Personal-Social Item 4			
(aasqpers5) Ages & Stages Questionnaire (ASQ): Personal-Social Item 5			
(aasqpers6) Ages & Stages Questionnaire (ASQ): Personal-Social Item 6			

Part 6: Social Emotional (aasqse1-31)

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,’ or ‘Rarely or Never’)

AND

2. If that behaviour is a concern for you

Please use **CARD 1** to help you answer

Note to 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

Pretick ‘tick if this is a concern’ to ‘no’ for all items

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

STATEMENT	Most of the Time	Sometimes	Rarely or Never	Tick if this is a Concern
(aasqse1) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 1				(aasqse1a)

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

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

(aasqse20) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 20				(aasqse20a)
(aasqse21) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 21				(aasqse21a)
(aasqse22) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 22				(aasqse22a)
(aasqse23) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 23				(aasqse23a)
(aasqse24) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 24				(aasqse24a)
(aasqse25) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 25				(aasqse25a)
(aasqse26) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 26				(aasqse26a)
(aasqse27) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 27				(aasqse27a)
(aasqse28) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 28				(aasqse28a)

(aasqse29) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 29				(aasqse29a)
(aasqse30) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 30				(aasqse30a)

THAT’S THE END OF SECTION A.

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

SECTION B: UPDATE ON YOUR LIFE

Module B	Construct Measured	Previous <i>PFL</i> Surveys Used
Update on Your Life	Household Composition	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Relationship Status	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Is Partner Biological Father	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Mother's Work Status	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Mother's Occupation	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Mother's Work Hours	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Mother's Job Stability	<i>PFL</i> 12mo, 18mo, 24mo, 36 mo
	Mother's Wage	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Mother's Unemployment Info	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Mother's Education	<i>PFL</i> 24mo, 36 mo
	Partner's Work Status	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Partner's Occupation	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Partner's Work Hours	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Partner's Job Stability	<i>PFL</i> 12mo, 18mo, 24mo, 36 mo
	Partner's Wage	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Partner's Unemployment Info	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Indicator of Social Welfare Payments (Detailed)	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Household Weekly Income	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Family Finances	<i>PFL</i> 36 mo
	Economic Perceptions (retrospective/prospective)	<i>PFL</i> 12mo, 18mo, 24mo, 36 mo
	Mother's Saving Habits	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo
	Primary School Attendance	New
	Primary School Planning	<i>PFL</i> 36 mo
	School Readiness Traits	New
Childcare Use/Type/Satisfaction	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36 mo	
Voting Behaviour	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36 mo	

In this section, I am going to ask you some questions about your family, education, work life and finances, your use of childcare for ^childname, and your thoughts about education. 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 year.

1. (b1) Are you and ^childname currently living in the same home as each other?

- 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. (b3) For each person in your home, could you please tell me their relationship to ^childname as well as their age and gender?

Note to interviewer: If mother states siblings are living in the house, determine if they are natural, step, half, or foster siblings.

	Person #	Relationship to <u>PFL Child</u> (use codes below)	Gender (F/M)	Age (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_

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

The next couple of questions are about your relationship status.

4. (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 (more specifically, the text before 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 3 years 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 a year 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 STATE SUPPORTED TRAINING (PAID) (e.g. FAS, JobBridge, etc.)
- 9 STATE SUPPORTED TRAINING (UNPAID) (e.g. FAS, JobBridge, etc.)
- 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 blurb before 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?

Note to interviewer: Do not read out responses

- 1 FIXED
- 2 VARIABLE

If answered 9 to Q8, skip to Q17.

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

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 year?

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 the blurb before Q18.

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

_____ MONTHS

The next few questions are about your education.

18. (b18) Are you still in any type of education?

1 YES

2 NO

If answered 1 to Q18 continue to Q19. If answered 2 to Q18 skip to Q20.

19. (b19; b19dkr) What type of education are you currently enrolled in?

20. (b20) Have you enrolled in or completed any courses in the last year?

- 1 YES
- 2 NO

If answered yes to Q20, continue to Q21. If answered no to Q20 skip to the blurb before Q23

21. (b21; b21dkr) How many courses did you enrol in? This can include both courses you completed as well as those that are in process or ones that you started, but didn't complete.

_____ COURSES

If Q21 > 0, then display corresponding number of table rows in Q22.

22. For each course, please tell me how long you were enrolled in the course and if you were enrolled full time or part time and if you completed the course.

	<i>Course Duration for person (years)</i>	<i>Part time/Full Time</i>	<i>Course completed</i>	<i>Currently Enrolled</i>
(b22a_1_) Course 1 (text box)	b22b_1_	b22c_1_	b22d_1_	b22e_1_
(b22a_2_) Course 2 (text box)	b22b_2_	b22c_2_	b22d_2_	b22e_2_
(b22a_3_) Course 3 (text box)	b22b_3_	b22c_3_	b22d_3_	b22e_3_
(b22a_4_) Course 4 (text box)	b22b_4_	b22c_4_	b22d_4_	b22e_4_
(b22a_5_) Course 5 (text box)	b22b_5_	b22c_5_	b22d_5_	b22e_5_
(b22a_6_) Course 6 (text box)	b22b_6_	b22c_6_	b22d_6_	b22e_6_
(b22a_7_) Course 7 (text box)	b22b_7_	b22c_7_	b22d_7_	b22e_7_
(b22a_8_) Course 8 (text box)	b22b_8_	b22c_8_	b22d_8_	b22e_8_
(b22a_9_) Course 9 (text box)	b22b_9_	b22c_9_	b22d_9_	b22e_9_
(b22a_10_) Course 10 (text box)	b22b_10_	b22c_10_	b22d_10_	b22e_10_

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 Q6, continue to Q23. If answered 2 to Q6, skip to Q24.

23. (b23) Have there been any changes in his work status since our last interview with you about a year ago?

- 1 YES
- 2 NO

If answered 1 to Q23 continue to Q24. If answered 2 to Q23 skip to statement before Q34.

24. (b24; b24other) What is his current work status? Please use CARD 3 to tell me the best option that 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, or 8 to Q24, continue to question 25. If answered 3 to Q24, skip to Q33. If answered 4, 5, 6, 7, or 10 to Q24, skip to statement before Q34. If answered 9 to Q24 then go to Qs25-7, then skip to Q33.

If DK skip to statement before Q34

25. (b25; b25dkr) What is his main job? _____

26. (b26) Does he work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

27. (b27; b27dkr) How many hours per week does he usually work?

_____ ENTER AMOUNT IN HOURS

If answered 9 to Q24, skip to statement before Q34.

28. (b28) 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

29. (b29) Was he in paid work continuously over the last 12 months?

- 1 YES
- 2 NO

If answered 2 to Q29, continue to Q30. If answered 1 to Q29, skip to Q31.

30. For how long was he not in paid work over the last 12 months?

Fill in as:

(b30a) _____ weeks OR (b30b) _____ months

31. (b31) Roughly how much does he earn, on average, in his job(s)?

_____ ENTER AMOUNT IN EUROS

32. (b32) Is this amount

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

If answered 3 or 9 to Q24 continue to Q33. Otherwise, skip to statement before Q34.

33. (b33; b33dkr) For how long has he been without paid work (in months)?

_____ MONTHS

The next few questions are about your household income.

34. First, I'd like to ask if you or anyone in the household receives any Social Welfare payments. 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)

SHOW CARD 4

Note to interviewer: There are multiple show cards for this question. Be sure respondent looks at all cards.

Unemployment Payments

Social Welfare Payment	Yes	No
1.(b34a) Jobseeker's Benefit		
2.(b34b) Jobseeker's Allowance or Unemployment Assistance		

Employment Supports

Social Welfare Payment	Yes	No
3.(b34c) Family Income Supplement		
4.(b34d) Back to Work Enterprise Allowance		
5.(b34e) Farm Assist		
6.(b34f) Part-time Job Incentive Scheme		
7.(b34g) Back to Work Allowance (Employees)		
8.(b34h) Back to Education Allowance		
9.(b34i) Supplementary Welfare Allowance (SWA)		

One-Parent Family/Widower Payments

Social Welfare Payment	Yes	No
10.(b34j) Widow's or Widower's (Contributory) Pension		
11.(b34k) Deserted Wife's Allowance		
12.(b34l) Deserted Wife's Benefit		
13.(b34m) Prisoner's Wife Allowance		
14.(b34n) Widowed Parent Grant		
15.(b34o) One-parent Family Payment		
16.(b34p) Widow's or Widower's (Non-contributory) Pension		

Child Related Payments

Social Welfare Payment	Yes	No
17.(b34q) Maternity Benefit		
18.(b34r) Health and Safety Benefit		
19.(b34s) Adoptive Benefit		
20.(b34t) Guardian's Payment (Contributory)		
21.(b34u) Guardian's Payment (Non-Contributory)		

Disability and Caring Payments

Social Welfare Payment	Yes	No
22.(b34v) Illness Benefit		
23.(b34w) Injury Benefit		
24.(b34x) Invalidity Pension		
25.(b34y) Incapacity Supplement		
26.(b34z) Disability Allowance		
27.(b34aa) Disablement Benefit		
28.(b34bb) Blind Pension		
29.(b34cc) Medical Care Scheme		
30.(b34dd) Carer's Benefit		
31.(b34ee) Medical Card		
32.(b34ff) GP Visit Card		
33.(b34gg) Constant Attendance Allowance		
34.(b34hh) Domiciliary Care Allowance		
35.(b34ii) Death Benefits (Survivor's Benefits)		
36.(b34jj) Partial Capacity Benefit		
37.(b34kk) Carer's Allowance		
38.(b34ll) Mobility Allowance		
39.(b34mm) Dependent Persons Pension		

Retirement Payments

Social Welfare Payment	Yes	No
40. (b34nn) State Pension (Transition)		
41. (b34oo) State Pension (Non-Contributory)		
42. (b34pp) State Pension (Contributory)		
43. (b34qq) Pre-Retirement Allowance		

35. (b35) 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 of the survey and CARD 5 shows the letters in parentheses next to the numbers, but the data are entered 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 |

36. (b36) Overall, how satisfied are you with your financial situation? Please use CARD 6 to help you answer.

SHOW CARD 6

- 1 VERY DISSATISFIED
- 2 SORT OF DISSATISFIED
- 3 MIXED FEELINGS
- 4 SORT OF SATISFIED
- 5 VERY SATISFIED

37. (b37) How often do you worry about financial matters? Please use CARD 7 to help you answer.

SHOW CARD 7

- 1 ALMOST NEVER
- 2 ONCE IN A WHILE
- 3 SOMETIMES
- 4 OFTEN
- 5 ALMOST ALL OF THE TIME

38. (b38) How many people are being supported by your total household income?

Note to interviewer: Enter number of people

NUMERIC FIELD HERE: _____

39. (b39) Compared to 12 months ago, do you think that your household's current financial situation has:

SHOW CARD 8

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

40. (b40) How do you think the financial situation of your household will change over the next 12 months?

SHOW CARD 9

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

41. (b41) Do you save money regularly?

- 1 YES
- 2 NO

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

42. (b42) Has ^childname commenced school?

- 1 YES
- 2 NO

If answered 1 to Q42 continue to Q43. If answered 2 to Q42 skip to Q45.

43. (b43) What is the name of the school your child is attending?

_____ (INCLUDE TEXT BOX HERE)

44. (b44; b47dkr) What age was ^childname when he/she started school?

_____ MONTHS OLD

If answered 1 to Q42 skip to Q48. If answered 2 to Q42 continue to Q45.

45. (b45) Do you currently have ^childname listed on a waiting list for primary school?

- 1 YES
- 2 NO

If answered 1 to Q45 continue to Q46. If answered 2 to Q45 skip to Q47.

46. (b46) What school list or lists did you put your child's name on?

SCHOOL NAME	Duration on List (In Months)	Tick if on list before birth
(b46a_1_) School 1 (text box)	b46b_1_	b46c_1_
(b46a_2_) School 2 (text box)	b46b_2_	b46c_2_
(b46a_3_) School 3 (text box)	b46b_3_	b46c_3_

47. (b47; b47other) What kind of traits/skills do you think are important for getting children ready for school? Please mark all that apply.

(interviewer do not read out responses)

(b47s1) 1 PHYSICAL HEALTH AND WELL-BEING

(e.g. Health status, Growth, Disabilities, Motor skills)

(b47s2) 2 SOCIAL COMPETENCE

(e.g. Ability to get on with peers, Readiness to explore new things, responsibility)

(b47s3) 3 EMOTIONAL MATURITY

(Comforting others, Overall behaviour, Attention, Avoiding physical conflict, Absence of fear or anxiety)

(b47s4) 4 LANGUAGE AND COGNITIVE DEVELOPMENT

(Interest in numbers and words, Knowledge of numbers or words)

(b47s5) 5 COMMUNICATION SKILLS AND GENERAL KNOWLEDGE

(Ability to communicate/talk/nonverbal skills, General knowledge)

(b47s6) 6 OTHER (text box)

48. (b48) 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 Q48 continue to Q49. If answered 2 to Q48 skip to Q59.

49. (b49; b49other) What type of childcare do you mainly use?

Note to interviewer: Read out options

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

If answered 4 to Q49, go to Q50. Otherwise go to Q53.

50. (b50; b50dkr) What is the name of the childcare centre your child is attending?

_____ (INCLUDE TEXT BOX HERE)

51. (b51; b51dkr) For how many hours per week is ^childname in this type of childcare?

_____ HOURS PER WEEK

52. (b52; b52dkr) What age was ^childname when he/she started this type of childcare?

_____ MONTHS OLD

53. (b53) Do you pay for this type of childcare?

- 1 YES
- 2 NO

If answered 1 to Q53 continue to Q54. If answered 2 to Q53 skip to Q56.

54. (b54; b54dkr) How much do you pay for childcare for ^childname?

_____ EUROS

55. (b55) Is this amount

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

56. (b56) How satisfied are you with this type of childcare? Please use CARD 10 to help you answer.

SHOW CARD 10

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

57. (b57) Does your child spend time in any other form of childcare?

- 1 YES
- 2 NO

If answered 1 to Q57 continue to Q58. If answered 2 to Q57 skip to Q59.

58. 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
(b58a) Child's Grandparent	(b58ahrs)
(b58b) Partner (not biological father)/Friends/Relatives	(b58bhrs)
(b58c) Nanny/Child Minder	(b58chrs)
(b58d) Nursery/Crèche/Preschool/Montessori	(b58dhrs)
(b58e) Child's Biological Father	(b58ehrs)
(b58f; b58foth) Other (please specify)	(b58fhrs)

The final three questions in this section are about the most recent elections.

59. (b59; b59other) Did you vote in the last General Election?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE BECAUSE WAS NOT 18 AT LAST ELECTION
- 4 NOT APPLICABLE (PLEASE SPECIFY)

60. (b60; b60other) Did you vote in the last local elections and European elections?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE BECAUSE WAS NOT 18 AT LAST ELECTION
- 4 NOT APPLICABLE (PLEASE SPECIFY)

61. (b61; b61other) Did you vote in the last Presidential election?

1 YES

2 NO

3 NOT APPLICABLE BECAUSE WAS NOT 18 AT LAST ELECTION

4 NOT APPLICABLE (PLEASE SPECIFY)

THAT'S THE END OF SECTION B.

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

SECTION C: YOUR THOUGHTS ON PARENTING: PART 1

Module C	Construct Measured	Previous <i>PFL</i> Surveys Used
Thoughts on Parenting: Part 1	Parenting Stress (SC1): <i>Parenting Daily Hassles Scale</i> (PDH; Crnic & Greenberg, 1990)	<i>PFL</i> 18mo, 36mo
	Feelings about Parenting: <i>Parenting Stress Index (SC1)</i> (PSI; Abidin, 1995)	<i>PFL</i> 6mo, 24mo
	Parenting (SC1): <i>Parenting Styles and Dimensions Questionnaire</i> (PSDQ; Robinson, Mandleco, Olsen, & Hart, 2001)	<i>PFL</i> 36mo
	Activities with Baby/Child: <i>Home Learning Environment</i> (HLE; Melhuish, Phan, Sylva, Sammons, Siraj-Blatchford, & Taggart, 2008)	New
	Parental Monitoring of TV	<i>PFL</i> 36mo

This next part of our interview is about how 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 1

(sc1)

- 1 SELF-COMPLETION ACCEPTED (if selected show participant example on Part 1)
- 2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

If self-completion accepted use Blurb 1 (self-completion accepted). DO NOT HAND LAPTOP TO PARTICIPANT UNTIL EXAMPLE SHOWN.

If self-completion administered by interviewer use Blurb 2 (self-completion administered by interviewer).

Part 1: Feelings About Parenting (cpdha1-20; cpdhb1-20)

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 mark 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. I will do an example with you.

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

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 11 to help you answer.

SHOW CARD 11

- 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)				
	1 Rarely	2 Sometimes	3 A lot	4 Constantly	1 (low hassle)	2	3	4	5 (high hassle)
a. Waking up in the middle of the night.									

Blurb 1 (self-completion accepted):

Do you have any questions before you complete this on your own? Interview answer as appropriate to be sure correct completion.

PLEASE HAND THE LAPTOP TO PARTICIPANT.

Blurb 2 (self-completion administered by interviewer)

Do you have any questions before we move on?

EVENT	How Often it Happens? (a)				Hassle (low to high) (b) 1 = Not Much of A Hassle 5 = A Big Hassle				
	1 Rarely	2 Some- times	3 A Lot	4 Constant- ly	1	2	3	4	5
1. (cpdh1a; cpdh1b) Continually cleaning up messes of toys or food.									
2. (cpdh2a; cpdh2b) Being nagged, whined at, complained to.									
3. (cpdh3a; cpdh3b) Meal-time difficulties with picky eaters, complaining, etc.									
4. (cpdh4a; cpdh4b) The kids won't listen or do what they are asked without being nagged.									
5. (cpdh5a; cpdh5b) Baby-sitters are hard to find.									
6. (cpdh6a; cpdh6b) The kids schedules (like pre-school) or other activities interfere with meeting your own household needs.									
7. (cpdh7a; cpdh7b) Sibling arguments or fights require a 'referee.'									
8. (cpdh8a; cpdh8b) The kids demand that you entertain them or play with them.									
9. (cpdh9a; cpdh9b) The kids resist or struggle with you over bed time.									

EVENT	How Often it Happens? (a)				Hassle (low to high) (b) 1 = Not Much of A Hassle 5 = A Big Hassle				
	1 Rarely	2 Some- times	3 A Lot	4 Constant- ly	1	2	3	4	5
10. (cpdh10a; cpdh10b) The kids are constantly underfoot (<i>in the way</i>), interfering with other chores.									
11. (cpdh11a; cpdh11b) The need to keep a constant eye on where the kids are and what they are doing.									
12. (cpdh12a; cpdh12b) The kids interrupt adult conversations or interactions.									
13. (cpdh13a; cpdh13b) Having to change your plans because of unprecedented (<i>unusual</i>) child needs.									
14. (cpdh14a; cpdh14b) The kids get dirty several times a day requiring changes of clothing.									
15. (cpdha15a; cpdha15b) Difficulties in getting privacy (e.g., in the bathroom).									
16. (cpdh16a; cpdh16b) The kids are hard to manage in public (grocery store, shopping centre, restaurant).									
17. (cpdh17a; cpdh17b) Difficulties in getting kids ready for outings and leaving on time.									
18. (cpdh18a; cpdh18b) Difficulties in leaving kids for a night out or at school or day care.									

	How Often it Happens? (a)				Hassle (low to high) (b) 1 = Not Much of A Hassle 5 = A Big Hassle				
EVENT	1 Rarely	2 Some- times	3 A Lot	4 Constant- ly	1	2	3	4	5
19. (cpdh19a; cpdh19b) The kids have difficulties with friends (e.g., fighting, trouble, getting along, or no friends available).									
20. (cpdh20a; cpdh20b) Having to run extra errands to meet the kids needs.									

Part 2. Your Feelings about Parenting (cpsi1-36)

Blurb 1 (self-completion accepted):

The questions on the following pages ask you to mark an answer which best describes your feelings. Please read each statement carefully. For each statement mark the response that best represents your opinion. The options are:

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

While you may not find a response that exactly states your feelings, please choose the response that comes the closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.** Choose only one response for each statement, and respond to all statements.

Blurb 2 (self-completion administered by interviewer):

The questions on the following pages ask you to tell me an answer which best describes your feelings. Please listen carefully. For each statement tell me the response that best represents your opinion. The options are:

SHOW CARD 12

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

While you may not find a response that exactly states your feelings, please tell me the response that comes the closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.** Choose only one response for each statement, and respond to all statements.

(cpsi1- cpsi36)

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Short version of the Parenting Stress Index (PSI; Abidin, 1995)
<http://www4.parinc.com/>

Question	Strongly Agree 1	Agree 2	Not Sure 3	Disagree 4	Strongly Disagree 5
1(<i>cps1</i>) Parenting Stress Index Item 1	1	2	3	4	5
2(<i>cps2</i>) Parenting Stress Index Item 2	1	2	3	4	5
3(<i>cps3</i>) Parenting Stress Index Item 3	1	2	3	4	5
4(<i>cps4</i>) Parenting Stress Index Item 4	1	2	3	4	5
5(<i>cps5</i>) Parenting Stress Index Item 5	1	2	3	4	5
6(<i>cps6</i>) Parenting Stress Index Item 6	1	2	3	4	5
7(<i>cps7</i>) Parenting Stress Index Item 7	1	2	3	4	5
8(<i>cps8</i>) Parenting Stress Index Item 8	1	2	3	4	5
9(<i>cps9</i>) Parenting Stress Index Item 9	1	2	3	4	5
10(<i>cps10</i>) Parenting Stress Index Item 10	1	2	3	4	5

11(<i>cp_{si}11</i>) Parenting Stress Index Item 11	1	2	3	4	5
12(<i>cp_{si}12</i>) Parenting Stress Index Item 12	1	2	3	4	5
13(<i>cp_{si}13</i>) Parenting Stress Index Item 13	1	2	3	4	5
14(<i>cp_{si}14</i>) Parenting Stress Index Item 14	1	2	3	4	5
15(<i>cp_{si}15</i>) Parenting Stress Index Item 15	1	2	3	4	5
16(<i>cp_{si}16</i>) Parenting Stress Index Item 16	1	2	3	4	5
17(<i>cp_{si}17</i>) Parenting Stress Index Item 17	1	2	3	4	5
18(<i>cp_{si}18</i>) Parenting Stress Index Item 18	1	2	3	4	5
19(<i>cp_{si}19</i>) Parenting Stress Index Item 19	1	2	3	4	5
20(<i>cp_{si}20</i>) Parenting Stress Index Item 20	1	2	3	4	5
21(<i>cp_{si}21</i>) Parenting Stress Index Item 21	1	2	3	4	5

For the next statement, please choose your response from the choices below.

(cpsi22) Parenting Stress Index Item 22

23(<i>cpsi23</i>) Parenting Stress Index Item 23	1	2	3	4	5
24(<i>cpsi24</i>) Parenting Stress Index Item 24	1	2	3	4	5
25(<i>cpsi25</i>) Parenting Stress Index Item 25	1	2	3	4	5
26(<i>cpsi26</i>) Parenting Stress Index Item 26	1	2	3	4	5
27(<i>cpsi27</i>) Parenting Stress Index Item 27	1	2	3	4	5
28(<i>cpsi28</i>) Parenting Stress Index Item 28	1	2	3	4	5
29(<i>cpsi29</i>) Parenting Stress Index Item 29	1	2	3	4	5
30(<i>cpsi30</i>) Parenting Stress Index Item 30	1	2	3	4	5
31(<i>cpsi31</i>) Parenting Stress Index Item 31	1	2	3	4	5

For the next 2 statements, please choose your response from the choices below.

22. *(cpsi32)* Parenting Stress Index Item 32

23. (cpsi33) Parenting Stress Index Item33

34(cpsi) Parenting Stress Index Item 34	1	2	3	4	5
35(cpsi35) Parenting Stress Index Item 35	1	2	3	4	5
36(cpsi36) Parenting Stress Index Item 36	1	2	3	4	5

Part 3. Parenting (cpsdq1-32)

Blurb 1 (self-completion accepted):

The next set of statements ask about how often you take part in certain activities with your child. For each statement, please mark how often you take part in each activity described. The response options are *Never, Once in a While, About Half of the Time, Very Often, or Always.*

Blurb 2 (self-completion administered by interviewer):

The next set of statements ask about how often you take part in certain activities with your child. For each statement, please tell me how often you take part in each activity described. The response options are *Never, Once in a While, About Half of the Time, Very Often, or Always.* Please use CARD 13 to help you answer.

SHOW CARD 13

- 1 NEVER
- 2 ONCE IN A WHILE
- 3 ABOUT HALF THE TIME
- 4 VERY OFTEN
- 5 ALWAYS

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: The Parenting Styles and Dimensions Questionnaire (PSDQ; Robinson et al., 1995)

http://www.academia.edu/13707474/The_parenting_styles_and_dimensions_questionnaire_PSDQ

STATEMENT	Never	Once in a While	About Half the Time	Very Often	Always
1. (cpsdq1) Parenting Styles and Dimensions Questionnaire item 1					
2. (cpsdq2) Parenting Styles and Dimensions Questionnaire item 2					
3. (cpsdq3) Parenting Styles and Dimensions Questionnaire item 3					
4. (cpsdq4) Parenting Styles and Dimensions Questionnaire item 4					
5. (cpsdq5) Parenting Styles and Dimensions Questionnaire item 5					
6. (cpsdq6) Parenting Styles and Dimensions Questionnaire item 6					
7. (cpsdq7) Parenting Styles and Dimensions Questionnaire item 7					
8. (cpsdq8) Parenting Styles and Dimensions Questionnaire item 8					
9. (cpsdq9) Parenting Styles and Dimensions Questionnaire item 9					
10. (cpsdq10) Parenting Styles and Dimensions Questionnaire item 10					

11. (cpsdq11) Parenting Styles and Dimensions Questionnaire item 11					
12. (cpsdq12) Parenting Styles and Dimensions Questionnaire item 12					
13. (cpsdq13) Parenting Styles and Dimensions Questionnaire item 13					
14. (cpsdq14) Parenting Styles and Dimensions Questionnaire item 14					
15. (cpsdq15) Parenting Styles and Dimensions Questionnaire item 15					
16. (cpsdq16) Parenting Styles and Dimensions Questionnaire item 16					
17. (cpsdq17) Parenting Styles and Dimensions Questionnaire item 17					
18. (cpsdq18) Parenting Styles and Dimensions Questionnaire item 18					
19. (cpsdq19) Parenting Styles and Dimensions Questionnaire item 19					
20. (cpsdq20) Parenting Styles and Dimensions Questionnaire item 20					
21. (cpsdq21) Parenting Styles and Dimensions Questionnaire item 21					
22. (cpsdq22) Parenting Styles and Dimensions Questionnaire item 22					
23. (cpsdq23) Parenting Styles and Dimensions Questionnaire item 23					
24. (cpsdq24) Parenting Styles and Dimensions Questionnaire item 24					
25. (cpsdq25) Parenting Styles and Dimensions Questionnaire item 25					
26. (cpsdq26) Parenting Styles and Dimensions Questionnaire item 26					
27. (cpsdq27) Parenting Styles and Dimensions Questionnaire item 27					

28. (cpsdq28) Parenting Styles and Dimensions Questionnaire item 28					
29. (cpsdq29) Parenting Styles and Dimensions Questionnaire item 29					
30. (cpsdq30) Parenting Styles and Dimensions Questionnaire item 30					
31. (cpsdq31) Parenting Styles and Dimensions Questionnaire item 31					
32. (cpsdq32) Parenting Styles and Dimensions Questionnaire item 32					

Burb 1 (self-completion accepted):

Thank you for answering those questions. Please hand the laptop back to interviewer.

These next few questions are just about things you do when spending time with ^childname

1. (chle1) Does anyone at home ever read to ^childname?

- 1 YES
- 2 NO

If answered 1 to Q1 continue to Q2. If answered 2 to Q1, skip to Q3.

2. (chle2) How often does someone at home read to ^childname?

SHOW CARD 14

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK
- 2 ONCE A WEEK
- 3 SEVERAL TIMES A WEEK
- 4 ONCE A DAY
- 5 MORE THAN ONCE A DAY

3. (chle3) Does anyone at home ever take ^childname to the library?

- 1 YES
- 2 NO

If answered 1 to Q3 continue to Q4. If answered 2 to Q3, skip to Q5.

4. (chle4) How often does someone at home take ^childname to the library?

SHOW CARD 15

- 1 ON SPECIAL OCCASIONS
- 2 ONCE A MONTH
- 3 ONCE A FORTNIGHT
- 4 ONCE A WEEK

5. (chle5) Does anyone at home ever teach ^childname a sport, dance or physical activities?

- 1 YES
- 2 NO

If answered 1 to Q5 continue to Q6. If answered 2 to Q5, skip to Q7.

6. (chle6) How often does someone at home teach ^childname a sport, dance or physical activities?

SHOW CARD 16

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK
- 2 ONE OR TWO TIMES A WEEK
- 3 THREE TIMES A WEEK
- 4 FOUR TIMES A WEEK
- 5 FIVE TIMES A WEEK
- 6 SIX TIMES A WEEK
- 7 SEVEN TIMES A WEEK/CONSTANTLY

7. (chle7) Does ^childname ever play with letters at home?

- 1 YES
- 2 NO

If answered 1 to Q7 continue to Q8. If answered 2 to Q7, skip to Q9.

8. (chle8) How often does ^childname play with letters at home?

SHOW CARD 16

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK
- 2 ONE OR TWO TIMES A WEEK
- 3 THREE TIMES A WEEK
- 4 FOUR TIMES A WEEK
- 5 FIVE TIMES A WEEK
- 6 SIX TIMES A WEEK
- 7 SEVEN TIMES A WEEK/CONSTANTLY

9. (chle9) Does anyone at home ever help ^childname to learn the ABC or the alphabet?

- 1 YES
- 2 NO

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

10. (chle10) How often does someone at home help ^childname to learn the ABC or the alphabet?

SHOW CARD 16

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK
- 2 ONE OR TWO TIMES A WEEK
- 3 THREE TIMES A WEEK
- 4 FOUR TIMES A WEEK
- 5 FIVE TIMES A WEEK
- 6 SIX TIMES A WEEK
- 7 SEVEN TIMES A WEEK/CONSTANTLY

11. (chle11) Does anyone at home ever teach ^childname numbers or counting?

- 1 YES
- 2 NO

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

12. (chle12) How often does someone at home teach ^childname numbers or counting?

SHOW CARD 16

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK
- 2 ONE OR TWO TIMES A WEEK
- 3 THREE TIMES A WEEK
- 4 FOUR TIMES A WEEK
- 5 FIVE TIMES A WEEK
- 6 SIX TIMES A WEEK
- 7 SEVEN TIMES A WEEK/CONSTANTLY

13. (chle13) Does anyone at home ever teach ^childname any songs, poems or nursery rhymes?

- 1 YES
- 2 NO

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

14. (chle14) How often does someone at home teach ^childname songs, poems or nursery rhymes?

SHOW CARD 16

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK

- 2 ONE OR TWO TIMES A WEEK
- 3 THREE TIMES A WEEK
- 4 FOUR TIMES A WEEK
- 5 FIVE TIMES A WEEK
- 6 SIX TIMES A WEEK
- 7 SEVEN TIMES A WEEK/CONSTANTLY

15. (chle15) Does ^childname ever paint or draw at home?

- 1 YES
- 2 NO

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

16. (chle16) How often does ^childname paint or draw at home?

SHOW CARD 16

- 1 OCCASIONALLY OR LESS THAN ONCE A WEEK
- 2 ONE OR TWO TIMES A WEEK
- 3 THREE TIMES A WEEK
- 4 FOUR TIMES A WEEK
- 5 FIVE TIMES A WEEK
- 6 SIX TIMES A WEEK
- 7 SEVEN TIMES A WEEK/CONSTANTLY

Theses next few questions ask about TV and the time ^childname spends watching TV

1. (c1hrs, c1mins) How much time does ^childname spend watching television/DVDs or videos per day?

_____ HOURS _____ MINUTES

2. (c2) Do you limit ^childname's amount of television/video watching?

- 1 YES
- 2 NO

If answered 1 to Q2, continue to Q3. If answered 2 to Q2 skip to Q4.

3. (c3hrs, c3mins) What is the maximum amount of time you allow him/her to watch television/videos?

_____ HOURS _____ MINUTES

4. (c4) Do you watch television **with** your child?

- 1 YES
- 2 NO

If answered 1 to Q4, continue to Q5. If answered 2 to Q4 skip to Q7.

5. (c5) Do you talk about the television shows **with** your child?

- 1 YES
- 2 NO

6. (c6hrs, c6mins) On average, how long do you watch TV **with** ^childname?

_____ HOURS _____ MINUTES

7. (c7hrs, c7mins) On average, how long does ^childname watch TV by him/herself?

_____ HOURS _____ MINUTES

8. (c8hrs, c8mins) On average, how long is the TV on in your home per day?

_____ HOURS _____ MINUTES

9. (c9hrs, c9mins) How much time does ^childname spend playing computer games or using a hand-held device (DS or PSP)?

_____ HOURS _____ MINUTES

10. (c10) Do you limit ^childname's amount of computer gaming?

- 1 YES
- 2 NO

If answered 1 to Q10, continue to Q11. If answered 2 to Q10 skip to End of Section C.

11. (c11hrs, c11mins) What is the maximum amount of time you allow him/her to play computer games or use a hand-held device?

_____ HOURS _____ MINUTES

**THAT'S THE END OF SECTION C.
THANK YOU FOR ANSWERING THOSE QUESTIONS. THE
NEXT SECTION IS ABOUT YOUR SOCIAL SUPPORT
NETWORK.**

SECTION D: YOUR SOCIAL SUPPORT NETWORK

Module D	Construct Measured	Previous <i>PFL</i> Surveys Used
Social Support	Level of Support from Family, Partner, Friends, Neighbours, Work Colleagues, <i>PFL</i>	<i>PFL</i> BL, 6mo, 18mo, 24mo, 36mo
	Frequency Meet IO/Mentor (<i>PFL only</i>)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Mother's Frequency Meeting Friends/Relatives	<i>PFL</i> BL, 6mo, 12mo, 36mo
	Mother Number of Neighbours with Child	<i>PFL</i> 6mo, 18mo, 24mo, 36mo
	Mother Contact with Other People in Programme	<i>PFL</i> 6mo, 12mo, 18mo, 36mo
	Mother Share Programme Information	<i>PFL</i> 6mo, 18mo, 24mo, 36mo
	Influences Parenting Decisions	<i>PFL</i> 6mo, 18mo, 24mo, 36mo
	Father's Involvement with Child	<i>PFL</i> BL, 6mo, 18mo, 24mo, 36mo
	Father Maintenance	<i>PFL</i> 6mo, 12mo, 24mo
	Satisfaction with Father Involvement	<i>PFL</i> 6mo, 12mo
	Partner's Involvement with Child (if different than father)	<i>PFL</i> BL, 6mo, 18mo, 24mo, 36mo
	Satisfaction with Partner's Involvement (if different than father)	<i>PFL</i> 6mo, 12mo

This may be a busy time in your life because ^childname is about four 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.

If PFL_Control = 1 (i.e., PFL) continue to Q1. If PFL_Control = 2 (i.e., LFP) automatically fill in Q1 as 3 and Q2 as 6 (not applicable) and skip to Q3.

1. (d1) Do you still meet with your mentor/information officer?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE

If answered 1 to Q1 continue to Q2. If answered 2 to Q1 skip to Q3.

2. (d2; d2other) How often do you meet with your mentor/information officer?

Note to 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

3. (d3) How often do you meet friends or relatives who are not living in your household?

Note to interviewer: Do not read out responses

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

4. (d4) Thinking about the neighbours in your area, how many people would you say you know that have a child around the same age as ^childname?

Note to interviewer: Do not read out responses

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

5. (d5) Thinking about your neighbours in the area, how many people do you know that are taking part in this programme/study?

Note to interviewer: Do not read out responses

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

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

6. (d6) 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

If answered 1 to Q6, continue to Q7. If answered 2 to Q6 skip to Q8.

7. (d7) What kind of information do you share? Please mark all that apply.

(interviewer do not read out responses)

- 1 GIVE TIPSHEETS (*e.g. I give the tip sheet to others*)
- 2 TALK ABOUT TIP SHEETS (*I talk about the information on the tip sheets with others, like nutrition, developmental milestones etc.*)
- 3 MENTOR INFORMATION (*e.g. I talk about things the mentor discusses with others*)
- 4 TRIPLE P (*e.g. I give people information from the parenting course*)
- 5 DEVELOPMENTAL TOYS (*I tell people about the toys and how useful they are*)
- 6 STRESS CONTROL PROGRAMME, HEALTHY FOOD MADE EASY, BABY MASSAGE (*I tell others about what I learned on the courses*)
- 7 INFORMATION OFFICER (*I pass on information from the information officer gives me*)
- 8 GENERAL PROGRAMME INFORMATION (*e.g. I tell people that I'm in the programme, doing the research*)
- 9 OTHER (include text box)
(*Any other type of information that they pass on/discuss*)

8. (d8; d8other) Who most helps you make choices about caring for your child?

SHOW CARD 17

- 1 PARTNER
- 2 FRIENDS
- 3 PARENTS

- 4 SIBLINGS
- 5 OTHER FAMILY MEMBERS
- 6 PROGRAMME
- 7 NONE OF THE ABOVE
- 8 OTHER (PLEASE SPECIFY)

D1a – D1h.

IF PFL: How would you rate the support you are getting from those in your household, and from family, friends, neighbours, people in your workplace, and the *PFL* programme? CARD 18 may help you choose the option that best describes how much support you are getting from each of the people I mention.

IF LFP: 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 18 may help you choose the option that best describes how much support you are getting from each of the people I mention.

SHOW CARD 18

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 Q8, Module B automatically fill in d1f (i.e., people in your workplace) as 1 (does not apply to me). If Q8, Module B was skipped ask Qd1f.

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 child’s father”

If PFL_Control = 2 (i.e., LFP) automatically fill in Qd1h as ‘does not apply to me.’

If answered 1 (yes) to Q1. Module D (Do you still meet with your mentor/IO) automatically fill in Qd1h as ‘does not apply to me.’

PERSON	1 Does Not Apply to Me	2 No Support	3 Little Support	4 Some Support	5 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					
h. (d1h) PFL programme (PFL only)					

If answered 1 (single), 4 (boyfriend/partner not living together), 5 (divorced), or 6 (legally separated) to Q4, module B then continue to Q9.

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 1 and skip to Q10. Answer Qs10-14, then skip to End of Section C.

If answered 2 or 3 to Q4, module B AND 2 (partner is not biological father) to Q5, module B then ask questions 9-18. If answered 7 (widowed) to Q4, module B, then skip to End of Section C.

9. (d9) Is ^childname's father a part of his/her life?

- 1 YES
- 2 NO

If answered 1 to Q9 continue to Q10-13 and then skip to Q15. If answered 2 to Q9 skip to Q14.

10. (d10) 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

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 Q10 as 3 and skip to Q13. Otherwise (if respondent is not married to or cohabitating with the child's father) go to Q11.

11. (d11) Does ^childname's biological father contribute any money to his/her maintenance?

- 1 YES
- 2 NO
- 3 N/A

If answered 1 to Q11 continue to Q12. If answered 2 or 3 to Q11 skip to Q13.

12. (d12) Does he make regular or irregular payments?

- 1 REGULAR
- 2 IRREGULAR

13. Please look at CARD 19. This card shows ways in which ^childname's father might be involved in his/her life. Please tell me if he provides any of the following types of support for you and ^childname and how satisfied you are with that type of support he is providing.

SHOW CARD 19

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

Type of Support	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Neither/ Neutral	4 Somewhat Satisfied	5 Very Satisfied	6 He does not help in this way
(d13a) Provides emotional support to you						
(d13b) Helps with basic caretaking needs for child (<i>bathing, feeding, puts child to sleep</i>)						
(d13c) Plays with/interacts with the child (<i>peek a boo, read to, play with</i>)						
(d13d) Helps with household chores						
(d13e) Provides support when you feel overwhelmed						
(d13f) Supports you in your parenting decisions						
(d13g) Provides financial or part-financial support (<i>help pay for things such as rent, toys, clothes, childcare, etc</i>)						
(d13h) Provides gifts, food, etc.						
(d13i) Helps with childcare on a regular basis (<i>child minding, babysitting</i>)						
(d13j) Visits (<i>spends time with</i>) the child						
(d13k) Helps with transportation						
(d13l) His family helps take care of the child						

Type of Support	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Neither/ Neutral	4 Somewhat Satisfied	5 Very Satisfied	6 He does not help in this way
(d13m)Acts as a role model						
(d13n)Overall support provided by child's father						
(d13o)Other ((c13oother)please describe_____)						

If answered 2 (no) to Q9 ask Q14, if answered 1(yes) to Q9 skip to Q15.

14. (d14; d14other)Why isn't he a part of your child's life?
(Interviewer do not read out responses)

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

If answered 1 (yes) to Q5 Module 3(Is your partner ^childname's biological father?) or if answered if answered 1(single), 5 (divorced), or 6 (legally separated) to Q4, module, then skip to End of Section C.

FOR PARTNER (IF DIFFERENT THAN FATHER)

15. (d15)Is your partner a part of ^childname's life?

- 1 YES
- 2 NO

If answered 1 to Q15 go to Q16. If answered 2 to Q15 go to Q18.

16. (d16)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

17. Please look at CARD 19. This card shows ways in which your partner might be involved in ^childname's life. Please tell me if your partner provides any of the following types of support for you and ^childname and how satisfied you are with that type of support he is providing.

SHOW CARD 19

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

Type of Support	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Neither/ Neutral	4 Somewhat Satisfied	5 Very Satisfied	6 He does not help in this way
(d17a) Provides emotional support to you						
(d17b) Helps with basic caretaking needs for child (<i>bathing, feeding, puts child to sleep</i>)						
(d17c) Plays with/interacts with the child (<i>peek a boo, read to, play with</i>)						
(d17d) Helps with household chores						
(d17e) Provides support when you feel overwhelmed						
(d17f) Supports you in your parenting decisions						
(d17g) Provides financial or part-financial support (<i>help pay for things such as rent, toys, clothes, childcare, etc</i>)						
(d17h) Provides gifts, food, etc.						
(d17i) Helps with childcare on a regular basis (<i>child minding, babysitting</i>)						
(d17j) Visits (<i>spends time with</i>) the child						
(d17k) Helps with transportation						
(d17l) His family helps take care of the child						

Type of Support	1 Very Dissatisfied	2 Somewhat Dissatisfied	3 Neither/ Neutral	4 Somewhat Satisfied	5 Very Satisfied	6 He does not help in this way
(d17m)Acts as a role model						
(d17n)Overall support provided by your partner						
(d17o)Other ((c17oother)please describe_____)						

If answered 2 no to Q15 ask Q18, if answered 1yes to Q15 skip to End of Section D.

18. (d18; d18other)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)

THAT'S THE END OF SECTION D.

THANK YOU FOR ANSWERING THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR HEALTH & HOW YOU'RE DOING.

SECTION E: YOUR HEALTH & HOW YOU ARE DOING

Module E	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Health	Mother's General Health Status	<i>PFL</i> BL, 12mo, 18mo, 24mo, 36mo
	Mother's GP Visits	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Family Planning	<i>PFL</i> 12mo, 18mo, 24mo, 36mo
	Mother's Birth Control Practices	<i>PFL</i> BL, 12mo, 18mo, 24mo, 36mo
	Mother's Current Cigarette Use	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36mo
	Mother's Current Alcohol Use	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36mo
	Mother's Current Drug Use	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo, 36mo
	Maternal Self-Efficacy: <i>Pearlin Self-Efficacy scale (SC2)</i>	<i>PFL</i> BL, 12mo, 24mo
	Maternal Self-Esteem: <i>Rosenberg Self-Esteem scale (SC2)</i>	<i>PFL</i> BL, 18mo, 24mo
	Psychological Well-being (SC2): <i>Edinburgh Postnatal Depression Scale</i> (EPDS; Cox, Holden, & Sagovsky, 1987)	<i>PFL</i> 6mo, 18mo, 24mo, 36mo
	Maternal Psychological Well-Being (SC2): <i>WHO-5 Index</i> (World Health Organisation: Regional Office for Europe, 1998)	<i>PFL</i> BL, 6mo, 12mo, 36mo

Part 1: Your Health

This part of our interview is about your health.

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

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

2. (e2; e2dkr) How many times have you been to your GP in the last 12 months (not including visits for ^childname)?

_____TIMES

The next few questions are about your family plans.

3. (e3) Are you pregnant now?

- 1 YES
- 2 NO

If answered 1 to Q3 continue to Q4. If answered 2 to Q3, skip to Q6.

4. (e4; e4dkr) When is your baby's due date?

_____ / _____ / _____

5. (e5) Was this pregnancy planned or did it just happen?

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

6. (e6) *If participant not currently pregnant:* Have you been pregnant since the birth of ^childname?

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 Q6 continue to Q7. If answered 2 to Q6 skip to Q8.

7. (e7) How did that pregnancy end?
Note to interviewer: Do not read out responses

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

Only ask Q8 if answered 2 to Q3. If answered 1 to Q3 automatically fill in Q8 as 13.

8. (e8) Are you currently using any type of birth control or doing anything to keep from getting pregnant?

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

If answered 1 to Q8, continue to Q9. If answered 2 to Q8 automatically fill in Q9 as 1 and skip to Q10.

9. (e9; e9other) Which type of birth control are you using? Please use CARD 20 to help you choose all options that apply.

SHOW CARD 20

- 1 NOTHING
- 2 ABSTINENCE (I TRY NOT TO HAVE SEX)
- 3 BARRIER (MALE CONDOM, FEMALE CONDOM, DIAPHRAGM)
- 4 REGULAR USE OF BIRTH CONTROL PILLS/CONTRACEPTIVE PATCH
- 5 OCCASIONAL USE OF BIRTH CONTROL PILLS/CONTRACEPTIVE PATCH
- 6 CONTRACEPTIVE INJECTION/BAR/IMPLANT
- 7 WITHDRAWAL
- 8 INTRAUTERINE DEVICE (THE COIL, MIRENA)
- 9 DOUCHING/SPERMICIDE
- 10 RHYTHM METHOD
- 11 OTHER

10. (e10) Do you currently smoke?

- 1 YES
- 2 NO

If answered 1 to Q10 continue to Q11, if answered 2 to Q10 skip to Q12.

11. (e11; e11dkr) How many cigarettes per day do you smoke now?

_____ CIGARETTES PER DAY

12. (e12) Does any other person smoke in the house?

- 1 YES
- 2 NO

13. (e13) Have you drank alcohol in the past 12 months?

- 1 YES
- 2 NO

If answered 1 to Q13 continue to Q14, if answered 2 to Q13 skip to Q17.

14. (e14) On average, how often did you drink alcohol in the past 12 months?

Note to 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

15. (e15; e15other) What did you usually drink? Please use CARD 21 to tell me the option that best applies.

Probe: The type of drink you drink the most.

SHOW CARD 21

- 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)

16. (e16; e16dkr) In general, on the days that you drink alcohol, about how many drinks do you usually have?

_____ DRINKS

17. (e17) Please look at CARD 22 and tell me if you have you used any of these drugs in the past year?

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 22 (show card showing list of drugs)

- 1 YES
- 2 NO

If answered 1 to Q17 continue to Q18, if answered 2 to Q17 skip to Section E, Part 1: How are you doing.

18. (e18) Overall, about how often?

SHOW CARD 23

- 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

This next part of our interview is about you. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own. However, 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.

Part 1: How are you Doing (epearlin1-13)?

Blurb 1 (self completion accepted)

The next statements are about how you feel about yourself. Using the scale provided, 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)

Now I am going to read some statements about how 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. Please use CARD 24A to help you answer.

SHOW CARD 24A

- 1 Strongly Agree
- 2 Agree
- 3 Not Sure
- 4 Disagree

5 Strongly Disagree

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

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

Part 2: How Are You Doing (erosen1-6)?

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 24 to help you answer.

SHOW CARD 24

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

STATEMENT	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
1. (erosen1) On the whole, I am satisfied (<i>content or happy</i>) with myself.				
2. (erosen2) At times I think I am no good at all.				
3. (erosen3) I am able to do things as well as most other people.				
4. (erosen4) I certainly feel useless at times.				
5. (erosen5) All in all, I am inclined (<i>I tend</i>) to feel that I am a failure.				
6. (erosen6) I take a positive attitude toward myself.				

Part 3: How Are You Doing 3? (eepds1-10)

Next Page:

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.

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

Note to programmer: do not have 'show cards' appear for self-complete = 1.

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.

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

In the past 7 days:

1. (eepds1) I have been able to laugh and see the funny side of things.

SHOW CARD 25

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

2. (eepds2) I have looked forward with enjoyment to things.

SHOW CARD 26

- 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. (eepds3) I have blamed myself unnecessarily when things went wrong.

SHOW CARD 27

- 1 Yes, most of the time
- 2 Yes, some of the time
- 3 Not very often
- 4 No, never

4. (eepds4) I have been anxious or worried for no good reason.

SHOW CARD 28

- 1 No, not at all
- 2 Hardly ever
- 3 Yes, sometimes
- 4 Yes, very often

5. (eepds5) I have felt scared or panicky for no very good reason.

SHOW CARD 29

- 1 Yes, quite a lot
- 2 Yes, sometimes
- 3 No, not much
- 4 No, not at all

6. (eepds6) Things have been getting on top of me.

SHOW CARD 30

- 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. (eepds7) I have been so unhappy that I have had difficulty sleeping.

SHOW CARD 31

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

8. (eepds8) I have felt sad or miserable.

SHOW CARD 32

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

9. (eepds9) I have been so unhappy that I have been crying.

SHOW CARD 33

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Only occasionally
- 4 No, never

10. (eepds10) The thought of harming myself has occurred to me.

SHOW CARD 34

- 1 Yes, quite often
- 2 Sometimes
- 3 Hardly ever
- 4 Never

Part 4: How Are You Doing? (ewho1-5)

Blurb 1(self-completion accepted):

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

Blurb 2 (self-completion administered by interviewer):

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

Please use CARD 35 to help you answer.

SHOW CARD 35

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

MIMIC CODES

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

Over the last two weeks...

STATEMENT	At No Time	Some of the Time	Less Than Half of the Time	More Than Half of the Time	Most of the Time	All of the Time
1. (ewho1)I have felt cheerful and in good spirits.						
2. (ewho2)I have felt calm and relaxed.						
3. (ewho3)I have felt active and vigorous (<i>full of life and energy</i>).						
4. (ewho4)I woke up feeling fresh and rested.						
5. (ewho5)My daily life has been filled with things that interest me.						

Blurb 1(self completion accepted):

Please Hand Laptop Back to Interviewer!

THAT'S THE END OF SECTION E.

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

SECTION F: YOUR CHILD'S DEVELOPMENT: PART 2

Module F	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Child's Development: Part 2 <i>CBCL is given to mother to complete at the beginning of the interview.</i>	Child Behaviour: <i>Child Behaviour Checklist Preschool Form</i> (CBCL; Achenbach, 2000)	<i>PFL</i> 24mo, 36mo
	Contamination Questions	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo (different questions)
	Reading/Books	<i>PFL</i>
	Special Services Child is Receiving	<i>PFL</i> 12mo, 18mo, 24mo, 36mo
	Maternal Developmental Concerns	<i>PFL</i> 12mo, 36mo
	Toilet Training: <i>Developmental Milestones (toilet training Q)</i>	New
	Bogus Question	<i>PFL</i> 36mo
	Cognitive Development: <i>Developmental Profile -3 (cognitive section)</i> (DP-3; Alpern, 2007)	<i>PFL</i> 12mo, 18mo, 24mo, 36mo
	Peer Interactions: <i>Strengths & Difficulties Questionnaire (peer problems and prosocial scale)</i> (SDQ; Goodman, 1997)	New

This next section is more about ^childname and raising children.

If answered 1 to Section C HLE Q1 continue to Q1. If answered 2 to Section C HLE Q1 skip to Q2.

1. (f1) What are some of your favourite books to read to your child?
(note to interviewer: parent can list any number of books here)

2. (f2) Have you heard of The Feeling Wheel?

- 1 YES
2 NO

If answered 1 to Q2 continue to Q3. If answered 2 to Q2, skip to Q4.

3. (f3) Can you tell me what The Feeling Wheel is?

(f3a) *Note to interviewer:* tick here if appropriate example

Note to interviewer: The feeling wheel is a circular chart, with cartoon faces showing different emotions.

4. (f4) How worried are you about your child's language development?

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

5. (f5) 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

6. (f6) Do you have any concerns about your child's development?

7. (f7) 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 Q7 continue to Q8. If answered 2 to Q7 skip to Q10.

8. (f8*; f8other) What services is ^childname receiving?

Note to 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)
- 8 DON'T KNOW
- 9 REFUSE

9. (f9; f9dkr; f9notes) How long has ^childname been receiving these services?

_____ MONTHS

INCLUDE TEXT BOX HERE FOR NOTES RELATED TO THIS Q

10. (f10) Is ^childname completely toilet trained?

- 1 YES
- 2 NO

If answered 1 to Q10 continue to Q11. If answered 2 to Q10 skip to Q13.

11. (f11yrs, f11mth) At about what age was ^childname completely toilet trained?

_____ YEARS _____ MONTHS

For this next question please look at card 36

12. (f12) At what stage was ^childname completely toilet trained in comparison to other children?

- 1 MUCH SOONER
- 2 SOME WHAT SOONER
- 3 ABOUT THE SAME TIME
- 4 SOMEWHAT LATER
- 5 MUCH LATER

13. (f13) Have you heard of the ladder of learning?

- 1 YES
- 2 NO

If answered 1 to Q13 continue to Q14. If answered 2 to Q13, skip to Section F, Part 1: Cognitive Development.

14. (f14) Can you tell me what the ladder of learning is?

Part 1: Cognitive Development (fdpcog1-38)

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.

ADMINISTRATION GUIDELINES FOR INTERVIEWER

Start Rule: Ages 4-0 to 5-11: Start at Item 16.

Reverse Rule: A basal level of five consecutive items scored ‘Yes’ MUST be established. To do this, begin at item 16 and administer five items (including item 16). If all five items (items 16-20) are scored ‘Yes,’ a basal level is established and testing may continue until the stop rule is satisfied. If one or more of those first five items are scored ‘No,’ you must go backward to establish a basal level of five consecutive ‘Yes’ responses. Go to the item immediately prior to the start item (item 15) and administer it. Continue to administer items in reverse order until there are five consecutive ‘Yes’ scores. Then resume testing forward from the highest item completed.

Stop Rule: Stop when five consecutive items are scored ‘No.’

Pretick items 1-15 as ‘Yes’
Pretick items 16-38 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>

QUESTION	YES	NO
1. (gdpcog1) The Developmental Profile 3 item 1		

2. (gdpcog2) The Developmental Profile 3 item 2		
3. (gdpcog3) The Developmental Profile 3 item 3		
4. (gdpcog4) The Developmental Profile 3 item 4		
5. (gdpcog5) The Developmental Profile 3 item 5		
6. (gdpcog6) The Developmental Profile 3 item 6		
7. (gdpcog7) The Developmental Profile 3 item 7		
8. (gdpcog8) The Developmental Profile 3 item 8		
9. (gdpcog9) The Developmental Profile 3 item 9		
10. (gdpcog10) The Developmental Profile 3 item 10		
11. (gdpcog11) The Developmental Profile 3 item 11		
12. (gdpcog12) The Developmental Profile 3 item 12		

13. (gdpcog13) The Developmental Profile 3 item 13		
14. (gdpcog14) The Developmental Profile 3 item 14		
15. (gdpcog15) The Developmental Profile 3 item 15		
16. (gdpcog16) The Developmental Profile 3 item 16		
17. (gdpcog17) The Developmental Profile 3 item 17		
18. (gdpcog18) The Developmental Profile 3 item 18		
19. (gdpcog19) The Developmental Profile 3 item 19		
20. (gdpcog20) The Developmental Profile 3 item 20		
21. (gdpcog21) The Developmental Profile 3 item 21		
22. (gdpcog22) The Developmental Profile 3 item 22		
23. (gdpcog23) The Developmental Profile 3 item 23		

24. (gdpcog24) The Developmental Profile 3 item 24		
25. (gdpcog25) The Developmental Profile 3 item 25		
26. (gdpcog26) The Developmental Profile 3 item26		
27. (gdpcog27) The Developmental Profile 3 item 27		
28. (gdpcog28) The Developmental Profile 3 item 28		
29. (gdpcog29) The Developmental Profile 3 item 29		
30. (gdpcog30) The Developmental Profile 3 item 30		
31. (gdpcog31) The Developmental Profile 3 item 31		
32. (gdpcog32) The Developmental Profile 3 item 32		
33. (gdpcog33) The Developmental Profile 3 item 33		
34. (gdpcog34) The Developmental Profile 3 item 34		

35. (gdpcog35) The Developmental Profile 3 item 35		
36. (gdpcog36) The Developmental Profile 3 item 36		
37. (gdpcog37) The Developmental Profile 3 item 37		
38. (gdpcog38) The Developmental Profile 3 item 38		

Part 2: Peer Interactions (fsdq1-10)

The next several questions are about ^childname's interactions with other children. For each item, please tell me whether the behaviour is 'not true,' 'somewhat true' or 'certainly true' for ^childname. Please give your answers on the basis of the child's behaviour over the last six months.

SHOW CARD 37

- 1 NOT TRUE
- 2 SOMEWHAT TRUE
- 3 CERTAINLY TRUE

STATEMENT	Not True	Somewhat True	Certainly True
1. (fsdq1) Considerate of other people's feelings			
2. (fsdq2) Shares readily with other children (treats, toys, pencils etc.)			
3. (fsdq3) Rather solitary, tends to play alone			

4. (fsdq4) Helpful if someone is hurt, upset or feeling ill			
5. (fsdq5) Has at least one good friend			
6. (fsdq6) Generally liked by other children			
7. (fsdq7) Kind to younger children			
8. (fsdq8) Picked on or bullied by other children			
9. (fsdq9) Often volunteers to help others (parents, teachers, other children)			
10. (fsdq10) Gets on better with adults than with other children			

THAT’S THE END OF SECTION F.

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

SECTION G. FAMILY ENVIRONMENT

Module G	Construct Measured	Previous <i>PFL</i> Surveys Used
Family Environment	Indicators of Household Domestic Social/Emotional Risk	<i>PFL</i> BL, 12mo, 24mo
	Child Protective Services Involvement	<i>PFL</i> 12mo, 24mo, 36mo
	Safety: <i>Injury Prevention Program Framingham Safety Survey</i> (FSS; American Academy of Pediatrics, 1991)	<i>PFL</i> 6mo, 18mo

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

1. (g1*; g1other) In the past year, have any of the following issues been a difficulty for you or anyone in your house? Please mark all that apply.

SHOW CARD 38

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

2. (g2) Is there a social worker working with your family?

- 1 YES
- 2 NO

If answered 1 to Q2 continue to Q3. If answered 2 to Q2 skip to Section G, Part 1: Farmingham Safety Survey.

3. (g3) What was the first date of involvement?

_____ / _____ / _____

Part 1: Farmingham Safety Survey

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

4. Do you use any of the following items?

Please score each safety item as follows:

Safety Item	Yes 1	No 2	N/A 3
(g4a) Fire Guard			
(g4b) Smoke Alarm			
(g4c) Electric Socket Covers			
(g4d) Child Booster/Car Seat			

5. (g5) Do you leave your child alone at home?

- 1 Frequently
- 2 Occasionally
- 3 Never

6. (g6) Are any of your babysitters younger than 13 years?

- 1 Yes
- 2 No
- 997 Don't Know

7. (g7) Do you keep plastic wrappers, plastic bags, and balloons away from your children?

- 1 Always
- 2 Sometimes
- 3 Never

8. (g8) Do you know how to prevent your child from choking?

- 1 Yes
- 2 No
- 997 Don't Know

9. (g9) Do you have child locks on your windows?

- 1 All windows
- 2 Some windows
- 3 No windows

10. (g10) Is your child in the garden while the lawn mower is in use?

- 1 Never
- 2 Sometimes
- 3 N/A because have no mower

11. (g11) Is your child's bed near a curtain?

- 1 Yes

2 No

12. (g12) Do you check for safety hazards in homes of friends or relatives where your child may play?
- 1 Always
 - 2 Sometimes
 - 3 Never
13. (g13) Do you keep household products, medicines, and sharp objects out of reach of your child?
- 1 Always
 - 2 Sometimes
 - 3 Never
14. (g14) Do you dispose of old medicines?
- 1 Always
 - 2 Sometimes
 - 3 Never
15. (g15) Do you still have the safety caps on all bottles of medicine?
- 1 Always
 - 2 Sometimes
 - 3 Never
16. (g16) Does your child chew on paint chips or window sills?
- 1 Frequently
 - 2 Occasionally
 - 3 Never
17. (g17) Do you have the number of the Poison Help Line by your phone?
- 1 Yes
 - 2 No
18. (g18) How frequently is the heating system checked where you live?
- 1 Never
 - 2 At least once a year
 - 997 Don't Know

THAT'S THE END OF SECTION G.

THANK YOU FOR ANSWERING THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR CHILD'S HEALTH.

SECTION H: YOUR CHILD'S HEALTH

Module H	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Child's Health <i>RA assessed child height and weight is done at the end of the interview.</i>	Child's Current Height & Weight (Mother Report)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Child's Current Height & Weight (RA Assessed)	<i>PFL</i> 24mo, 36mo
	Child's Health in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Any Diagnosed Chronic Illness	<i>PFL</i> 36mo
	Any Diagnosed Physical Disability	<i>PFL</i> 36mo
	Medical Visits in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Hospital Inpatient Visits in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Accidents and Injuries that Required Medical Attention in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo
	Nutrition	<i>PFL</i> 12mo, 18mo, 24mo, 36mo
	Child Sleep Routine (SC3): <i>Children's Sleep Habits Questionnaire</i> (CSHQ; Owens, Spirito & McGuinn, 2000)	New

In this section of the questionnaire, I'd like just a brief update on ^childname's health in the last year.

First, I am going to ask you about ^childname's height and weight.

1. (h1dkr) What is ^childname's current weight (mother reported)?

ENTER WEIGHT IN EITHER STONES (h1stones) AND POUNDS (h1stoneslbs)
OR KILOGRAMS (h1kg) **OR** POUNDS (h1lbs) AND OUNCES (h1ozs)

2. (h2feet, h2inches) What is ^childname's height now (mother reported)?

_____ FEET _____ INCHES

If it's ok with you I have a scales and measuring stick here would you mind if I checked their weight and height now?

3. (h3dkr) What is ^childname's current weight (mother reported)?

ENTER WEIGHT IN EITHER STONES (h1stones) AND POUNDS (h1stoneslbs)
OR KILOGRAMS (h1kg) **OR** POUNDS (h1lbs) AND OUNCES (h1ozs)

Tick box if child not present

4. (h4feet, h4inches) What is ^childname's height now (mother reported)?

_____ FEET _____ INCHES

Tick box if child not present

5. (h5) How would you say ^childname's health has been in the last 12 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

6. (h6) Does ^childname have asthma?

1 YES

- 2 NO
- 3 CURRENTLY BEING ASSESSED

If answered 1 to Q6 continue to Q7. If answered 2 or 3 to Q6 skip to Q9.

7. (h7yrs, h7mth) When was ^childname diagnosed with asthma?

_____ YEARS _____ MONTHS

8. (h8) Are ^childname's daily activities limited by his/her asthma?

- 1 NO
- 2 YES, TO SOME EXTENT
- 3 YES, SEVERELY

9. (h9) Does ^childname have any other ongoing diagnosed chronic illness?

- 1 YES
- 2 NO

If answered 1 to Q9 continue to Q10. If answered 2 to Q9 skip to Q13.

10. (h10) What is this illness?

Note to interviewer: Obtain the specific diagnosis, not symptoms

_____ (INCLUDE TEXT BOX HERE)

11. (h11yrs, h11mth) When was ^childname diagnosed with this illness?

_____ YEARS _____ MONTHS

12. (h12) Are ^childname's daily activities limited by this illness?

- 1 NO
- 2 YES, TO SOME EXTENT
- 3 YES, SEVERELY

13. (h13) Does ^childname have any diagnosed physical disability?

- 1 YES
- 2 NO

If answered 1 to Q13 continue to Q14. If answered 2 to Q13 skip to Q17.

14. (h14) What is this disability?

*Note to interviewer: Obtain the **specific** diagnosis, not symptoms*

_____ (INCLUDE TEXT BOX HERE)

15. (h15yrs, h15mth) When was ^childname diagnosed with this disability?

_____ YEARS _____ MONTHS

16. (h16) Are ^childname's daily activities limited by this disability?

- 1 NO
- 2 YES, TO SOME EXTENT
- 3 YES, SEVERELY

17. (h17*; h17other) Has ^childname ever been taken to the GP, Health Centre, or to Casualty during the last year for any of the health problems listed on CARD 39? Please tell me all that apply.

SHOW CARD 39

- 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

18. (h18) During the last 12 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 Q18 go to Q19. If answered 2 to Q18 go to Q21 (more specifically, routing before question 21).

19. (h19, h19dkr) How many times?

_____TIMES

20. (h20*; h20othsurg; h20othnosurg) For what main reasons? Please look at CARD 40 and tell me all that apply.

SHOW CARD 40

- 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 Q17 or option 11(accident) to Q20 go to Q21. Otherwise skip to the blurb before Q22.

21. (h21*; h21other) What type of injury or accident did ^childname have that required medical attention? Please look at CARD 41 and tell me all that apply.

SHOW CARD 41

- 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

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

22. I am going to ask you how often ^childname eats different types of food. Please use CARD 42 to tell me how often, on average, your child eats the foods.

SHOW CARD 42

- 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 Per Week	Most Days	Once a Day	2-3 Times Per Day	4-5 Times Per day	More Than 6 Times Per Day
(h22a) Grains (e.g., cereals, pastas, breads)									
(h22b) Vegetables (including vegetable juices)									

(h22c) Fruits (including fruit juices)									
(h22d) Protein (e.g., meats, nuts, beans, eggs, etc.)									
(h22e) Dairy (milk, cheese, yogurt, ice cream, etc.)									
(h22f) Other foods (sugars and fats, etc., sweets, crisps, chips, biscuits)									

23. (h23) Are there any foods that ^childname really likes?

24. (h24) Are there any foods that you can't get ^childname to eat?

25. (h25) What does ^childname really like to drink?

26. (h26) Are there any things you can't get ^childname to drink?

This next part of our interview is about ^childname's sleep habits.

27. (h27) What is ^childname's usual bedtime on weeknights?

- 1 _____:_____ (24HR FORMAT)
- 2 Child does not have a standard bedtime (Include text box for further detail)
- 3 Other

28. (h28) What is ^childname's usual bedtime at weekends?

- 1 _____:_____ (24HR FORMAT)
- 2 Child does not have a standard bedtime (Include text box for further detail)
- 3 Other

29. (h29) Does ^childname nap during the day?

- 1 YES
- 2 NO

If answered 1 to Q29 go to Q30. If answered 2 to Q29 go to Q31.

30. (h30mins) How long does ^childname usually nap for?

_____ MINUTES

31. (h31hrs, h31mins) What is ^childname's usual amount of sleep each day (*combining night time sleep and naps*)?

_____ HOURS _____ MINUTES

32. (h32) What time does ^childname's usually wake up in the morning on weekdays?

- 1 _____:_____ (24HR FORMAT)
- 2 Child does not have a standard wake time (Include text box for further detail)
- 3 Other

33. (h33) What time does ^childname's usually wake up in the morning on weekends?

- 1 _____:_____ (24HR FORMAT)
- 2 Child does not have a standard wake time (Include text box for further detail)
- 3 Other

This next part of our interview is more about ^childname's sleep habits. 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

2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

If self-completion accepted use Blurb 1 (self-completion accepted).

If self-completion administered by interviewer use Blurb 2 (self-completion administered by interviewer).

Children's Sleep Habits (hcshq 1-22)

Blurb 1 (self-completion accepted):

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the PAST WEEK in your life when you answer the questions. If last week was unusual for a specific reason, choose the most recent typical week. Unless noted, mark *Always* if something occurs every night, *Usually* if it occurs 5 or 6 times a week, *Sometimes* if it occurs 2 to 4 times a week, *Rarely* if it occurs once a week, and *Never* if it occurs less than once a week.

Blurb 2 (self-completion administered by interviewer):

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the PAST WEEK in your life when you answer the questions. If last week was unusual for a specific reason, choose the most recent typical week. Please tell me how often each event happened. The responses are: *Always* if something occurs every night, *Usually* if it occurs 5 or 6 times a week, *Sometimes* if it occurs 2 to 4 times a week, *Rarely* if it occurs once a week, and *Never* if it occurs less than once a week.

Please use CARD 43 to help you answer.

SHOW CARD 43

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

Part 1. Bedtime (hcshq 1-9)

(hcshq1- hcshq9)

STATEMENT	1 ALWAYS	2 USUALLY	3 SOME TIMES	4 RARELY	5 NEVER
1. <i>(hcshq1)</i> Child goes to bed at the same time at night.					
2. <i>(hcshq2)</i> Child falls asleep within 20 minutes after going to bed.					
3. <i>(hcshq3)</i> Child falls asleep alone in own bed.					
4. <i>(hcshq4)</i> Child falls asleep in parent's or sibling's bed.					
5. <i>(hcshq5)</i> Child falls asleep with rocking or rhythmic movements.					
6. <i>(hcshq6)</i> Child needs special object to fall asleep (doll, special blanket, stuffed animal, etc).					
7. <i>(hcshq7)</i> Child needs parent in the room to fall asleep.					
8. <i>(hcshq8)</i> Child resists going to bed at bedtime.					
9. <i>(hcshq9)</i> Child is afraid of sleeping in the dark.					

Part 2. Sleep Behaviour (hcsq 10-16)

(hcsq10- hcsq16)

STATEMENT	1 ALWAYS	2 USUALLY	3 SOME TIMES	4 RARELY	5 NEVER
10. <i>(hcsq10)</i> Child sleeps about the same amount each day.					
11. <i>(hcsq11)</i> Child is restless and moves a lot during sleep.					
12. <i>(hcsq12)</i> Child moves to someone else's bed during the night (parent, sibling, etc.).					
13. <i>(hcsq13)</i> Child grinds teeth during sleep (your dentist may have told you this).					
14. <i>(hcsq14)</i> Child snores loudly.					
15. <i>(hcsq15)</i> Child awakens during the night and is sweating, screaming, and inconsolable.					
16. <i>(hcsq16)</i> Child naps during the day.					

Part 3. Waking During the Night (hcshq 17-18)

(hcshq17-hcshq18)

STATEMENT	1 ALWAYS	2 USUALLY	3 SOME TIMES	4 RARELY	5 NEVER
17. <i>(hcshq17)</i> Child wakes up once during the night.					
18. <i>(hcshq18)</i> Child wakes up more than once during the night.					

Part 4. Morning Wake Up (hcshq 19-22)

(hcshq19- hcshq22)

STATEMENT	1 ALWAYS	2 USUALLY	3 SOME TIMES	4 RARELY	5 NEVER
19. <i>(hcshq19)</i> Child wakes up by him/herself.					
20. <i>(hcshq20)</i> Child wakes up very early in the morning (or, earlier than necessary or desired).					
21. <i>(hcshq21)</i> Child seems tired during the daytime.					
22. <i>(hcshq22)</i> Child falls asleep while involved in activities.					

Blurb 1 (self-completion accepted):

Thank you for answering those questions. Please hand the laptop back to interviewer.

THAT'S THE END OF SECTION H.

THANK YOU FOR ANSWERING THOSE QUESTIONS. THE NEXT SECTION IS OUR LAST SECTION.

SECTION I: CLOSING

Module I	Construct Measured	Previous <i>PFL</i> Surveys Used
Closing	Age Related Questions	<i>PFL</i> 12mo, 18mo, 24mo, 36mo
	Thoughts on being a Mam	<i>PFL</i> 6mo, 24mo
	Family Strengths and Qualities (Mother's View)	<i>PFL</i> 24mo
	Important Events Since Last Interview	<i>PFL</i> 6mo, 18mo, 36mo
	Relevant Notes about Interview (<i>not asked, interviewer recorded</i>)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo, 36mo

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

1. (i1) What do you like most about being the mam of a 4 year old?

2. (i2) What don't you like about being a mam of a 4 year old?

3. (i3) Is there anything you want to tell us about how you feel about being a mam? This can be both good and bad things.

4. (i4) Almost all families face some problems. Currently, is your family having some problems that you think may make your child's development more difficult? If so, please tell us about these:

Probe: What else?

5. (i5) Some families have strengths and qualities. Would you like to tell me if you feel your family has any positive qualities and strengths?

Probe: Please could you tell me a bit more about that? What else?

6. (i6) 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?

INTERVIEWER PLEASE WRITE ANY RELEVANT NOTES ABOUT THE INTERVIEW HERE:

(pfl7InterviewNotes)

INTERVIEWER CHECKS OF ADDITIONAL MATERIALS/MEASURES:

1. HAVE YOU MEASURED THE CHILD'S HEIGHT AND WEIGHT???
2. HAVE YOU DONE THE CBCL???

THAT'S THE END OF SECTION I.

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

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

This is the last *PFL* Evaluation interview. Thank you for taking part in the evaluation of *PFL*. The UCD research team would like to keep your name and contact details as we may like to talk to you again about how you and your child are getting on in life.

If you agree to let the UCD research team keep your contact details you are not required to participate in any future research. Rather, you will be contacted and we will ask you to give your consent to joining any new research.

Taking part in any future research will be completely voluntary and you may refuse to take part for any reason and this will not affect your usual services outside of this programme or your participation in this programme.

Do you give consent for the UCD research team to keep your name and contact details so that we may contact you again regarding new *PFL* research?

YES (pfl7FutureConsent)

NO (pfl7FutureConsent)