



# MOTHER SUPPLEMENT

FOR CHILDREN AGE 4-14

ROUND 19

NLSY79 - 2000

THE NATIONAL LONGITUDINAL SURVEY OF YOUTH

NORC  
UNIVERSITY OF CHICAGO

CENTER FOR HUMAN RESOURCE RESEARCH  
THE OHIO STATE UNIVERSITY

## INTERVIEWER USE ONLY

CODE ONE:

SELF-ADMINISTERED ..... 1

INTERVIEWER ADMINISTERED ..... 2

TELEPHONE ADMINISTERED ..... 3

STAFF ID

CASE ID

 - 

CHILD NAME \_\_\_\_\_

# Table of Contents

**Section 1: THE HOME**

Part A ..... 3  
 Part B ..... 11  
 Part C ..... 21

**Section 2: CHILD BEHAVIOR..... 31**

**Section 3: HOW MY CHILD ACTS.....35**

**Section 4: INTERVIEWER REMARKS.....39**

**MS CHART**

<b>Child Age</b>	<b>The Home</b>	<b>Child Behavior</b>	<b>How Child Acts</b>	<b>Interviewer Remarks</b>
4 years old	Section 1A	Section 2	Section 3	Section 4
5 years old	Section 1A	Section 2	Section 3	Section 4
6 years old	Section 1B	Section 2	Section 3	Section 4
7 - 9 years old	Section 1B	Section 2		Section 4
10-14 years old	Section 1C	Section 2		Section 4

**NLSY79 Round 19**  
**Permission to Interview Child**

I have been requested by the staff of NORC to permit my child, \_\_\_\_\_,  
to participate in a study of the development of the children of the NLS respondents.

This study will focus on the mathematical, language, and social development of each participating child.

I understand that my child's identity and any information that could identify him/her will be held strictly confidential, will be solely used by persons conducting this study, and will not be disclosed or released to other persons for any purpose.

I consent to my child's participation in this study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child ID# | | | | | | | — | | |



***INTERVIEWER: READ TO MOTHER/GUARDIAN!***

**Introduction to the Mother/Guardian**

There are 3 sections for mothers in this booklet. Your child's name is written at the top of the page that begins each section for you to fill out.

If any question is not clear, please circle it and ask me about it when you have finished the booklet.

Now, turn to the part of **SECTION 1: THE HOME** that has your child's name on it:

1. If your child is 4 or 5 years old, start with Section 1-A, pg. 3.
2. If your child is age 6-9 years old, start with Section 1-B, pg. 11.
3. If your child is 10-14 years old, start with Section 1-C, pg. 21.

For \_\_\_\_\_ who is 4 or 5 years old.

### INSTRUCTIONS TO MOTHER/GUARDIAN:

- We are interested in your family's lifestyle and rules.
- Some questions you answer with a word or phrase. Please circle the number that goes with the answer you choose.
- Other questions have space for you to write in an answer.
- If any question is not clear, please circle the question and ask the interviewer about it when you have finished the booklet.

1. About how often do you read stories to your child?

*(Circle Only One)*

- Never ..... 1
- Several times a year ..... 2
- Several times a month ..... 3
- Once a week ..... 4
- At least 3 times a week ..... 5
- Every day ..... 6

2. About how many children's books does your child have?

*(Circle Only One)*

- None ..... 1
- 1 or 2 books ..... 2
- 3 to 9 books ..... 3
- 10 or more books ..... 4

3. About how many magazines does your family get regularly?

*(Circle Only One)*

- None ..... 1  
One ..... 2  
Two ..... 3  
Three ..... 4  
Four or more ..... 5
- 

4. Does your child have the use of a CD player, or tape deck, or tape recorder, or record player here at home and at least 5 children's CDs, tapes, or records? (May be shared with sister or brother.)

- Yes ..... 1  
No ..... 0
- 

5. Circle the things which you (or another adult or older child) are helping or have helped your child to learn here at home.

*(Circle All That Apply)*

- a. Numbers ..... 1  
b. The alphabet ..... 2  
c. Colors ..... 3  
d. Shapes and sizes ..... 4  
e. None of the above ..... 5

6. How much choice is your child allowed in deciding what foods he/she eats at breakfast and lunch?

*(Circle Only One)*

- A **great deal** of choice ..... 1
- Some** choice ..... 2
- Little** choice ..... 3
- No** choice ..... 4

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

HOURS PER DAY =

- Less than 1 hour per day ..... 0
- Do not have a TV ..... 95

8. Most children get angry at their parents from time to time. If your child got so angry that he/she hit you, what would you do?

*(Circle All That Apply)*

- Hit him/her back ..... 1
- Send him/her to his/her room ..... 2
- Spank him/her ..... 3
- Talk to him/her ..... 4
- Ignore it ..... 5
- Give him/her household chore ..... 6
- Take away his/her allowance ..... 7
- Hold child's hands until he/she was calm..... 8
- Put child in a short "time out" ..... 10
- Other *(Please write what else)*..... 9

9. How often does a family member get a chance to take your child on any kind of outing (shopping, park, picnic, drive-in, and so on)?

*(Circle Only One)*

- A few times a year or less ..... 1  
 About once a month ..... 2  
 About 2 or 3 times a month ..... 3  
 Several times a week ..... 4  
 About once a day ..... 5
- 

10. How often has a family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) **within the past year?**

*(Circle Only One)*

- Never ..... 1  
 Once or twice ..... 2  
 Several times ..... 3  
 About once a month ..... 4  
 About once a week or more often ..... 5
- 

11. Please think about a typical **weekday** for your family.  
 How much time would you say your child spends watching television on a typical **weekday** (either in your home or elsewhere)?

*HOURS PER SINGLE WEEKDAY*

- Less than 1 hour per weekday ..... 0

12. Now, think about a typical **weekend day (Saturday or Sunday)** for your family. How much time would you say your child spends watching television on a typical **weekend day** (either in your home or elsewhere)?

*HOURS PER SINGLE WEEKEND DAY*

Less than 1 hour per weekend day ..... 0

---

13. Does your child ever see his or her father, stepfather, or father-figure?

Yes ..... 1

No ..... 0

---

14. Is this man his/her biological father, stepfather, or a father-figure?

***(Circle Only One)***

Biological father ..... 1

Stepfather ..... 2

Father-figure ..... 3

**No father, stepfather, or father-figure ..... 4**

15. What is his relationship to you?

*(Circle Only One)*

- Your spouse ..... 1
- Your ex-spouse ..... 2
- Your partner ..... 3
- Your ex-partner ..... 4
- Your boyfriend ..... 5
- Your ex-boyfriend ..... 6
- Your fiancé ..... 7
- Your friend ..... 8
- Your father ..... 9
- Your grandfather ..... 10
- Your brother ..... 11
- Your uncle ..... 12
- Someone else (*please write who*) ..... 13
- 
- No father, stepfather, or father-figure ..... 14**

16. Does your child see him on a **daily basis**?

- Yes ..... 1
- No ..... 0
- No father, stepfather, or father-figure ..... 2**

17. How often does your child eat a meal with **both** mother and father?

*(Circle Only One)*

- More than once a day ..... 1
- Once a day ..... 2
- Several times a week ..... 3
- About once a week ..... 4
- About once a month ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7

**Please answer each item.**

18. How close does your child feel toward . . .

- |                                           | <b>Extremely<br/>Close</b> | <b>Quite<br/>Close</b> | <b>Fairly<br/>Close</b> | <b>Not<br/>At All<br/>Close</b> | <b>Does Not<br/>Have This<br/>Parent</b> |
|-------------------------------------------|----------------------------|------------------------|-------------------------|---------------------------------|------------------------------------------|
| a. . . . you? .....                       | 1                          | 2                      | 3                       | 4                               |                                          |
| b. . . . his/her biological father? ..... | 1                          | 2                      | 3                       | 4                               | 5                                        |
| c. . . . his/her stepmother? .....        | 1                          | 2                      | 3                       | 4                               | 5                                        |
| d. . . . his/her stepfather? .....        | 1                          | 2                      | 3                       | 4                               | 5                                        |

19. Sometimes kids mind pretty well and sometimes they don't.  
About how many times, if any, have you had to spank your child in the past week?

*Number of Times* =

Did not spank child last week ..... 0

**PLEASE GO TO SECTION 2, PG. 31.**

For \_\_\_\_\_ who is 6 - 9 years old.

**INSTRUCTIONS TO MOTHER/GUARDIAN:**

- We are interested in your family’s lifestyle and rules.
- Some questions you answer with a word or phrase. Please circle the number that goes with the answer you choose.
- Other questions have space for you to write in an answer.
- If any question is not clear, please circle the question and ask the interviewer about it when you have finished the booklet.

1. About how many books does your child have?

*(Circle Only One)*

- None ..... 1
- 1 or 2 ..... 2
- 3 to 9 ..... 3
- 10 or more ..... 4

2. About how often do you read aloud to your child?

*(Circle Only One)*

- Never ..... 1
- Several times a year ..... 2
- Several times a month ..... 3
- About once a week ..... 4
- At least 3 times a week ..... 5
- Every day ..... 6

3. How often is your child expected to do each of the following?

*(Circle one number for each question)*

**Almost Never      Less Than 1/2 The Time      1/2 The Time      More Than 1/2 The Time      Almost Always**

- a. Make his/her own bed? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- b. Clean his/her own room? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- c. Clean up after spills? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- d. Bathe himself/herself? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5
- e. Pick up after himself/herself? ..... 1 ..... 2 ..... 3 ..... 4 ..... 5

<i>Please circle one answer for each question:</i>	Yes	No
4. Is there a musical instrument (for example, piano, drum, guitar, etc.) that your child can use here at home?	<b>1</b>	<b>0</b>
5. Does your family get a daily newspaper?	<b>1</b>	<b>0</b>

6. About how often does your child read for enjoyment?

*(Circle Only One)*

- Every day ..... 1
- Several times a week ..... 2
- Several times a month ..... 3
- Several times a year ..... 4
- Never ..... 5

7. Does your family encourage your child to start and keep doing hobbies?

- Yes ..... 1
- No ..... 0

8. Does your child get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

- Yes ..... 1
- No ..... 0

<i>Please circle one answer for each question:</i>	Never	Once or twice	Several times	About once a month	About once a week or more
9. How often has a family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) <b>within the past year?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
10. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance <b>within the past year?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

▣ About how often does your whole family get together with relatives or friends?

*(Circle Only One)*

- Once a year or less ..... 1
  - A few times a year ..... 2
  - About once a month ..... 3
  - Two or three times a month ..... 4
  - About once a week or more ..... 5
- 

12. Think for a moment about a typical **weekday** for your family. How much time would you say your child spends watching television on a typical **weekday** (in your home or elsewhere)?

*HOURS PER WEEKDAY*

- Less than 1 hour per weekday ..... 0
- 

13. Now, think for a moment about a typical **weekend day (Saturday or Sunday)** for your family. How much time would you say your child spends watching television on a typical **weekend day** (in your home or elsewhere)?

*HOURS PER SINGLE WEEKEND DAY*

- Less than 1 hour per weekend day ..... 0
- 

14. Does your child ever see his or her father, stepfather, or father-figure?

- Yes ..... 1
- No ..... 0

15. Is this man his/her biological father, stepfather, or a father-figure?

*(Circle Only One)*

- Biological father ..... 1
- Stepfather ..... 2
- Father-figure ..... 3
- No father, stepfather, or father-figure ..... 4**

16. What is his relationship to you?

*(Circle Only One)*

- Your spouse ..... 1
- Your ex-spouse ..... 2
- Your partner ..... 3
- Your ex-partner ..... 4
- Your boyfriend ..... 5
- Your ex-boyfriend ..... 6
- Your fiancé ..... 7
- Your friend ..... 8
- Your father ..... 9
- Your grandfather ..... 10
- Your brother ..... 11
- Your uncle ..... 12
- Someone else *(please write who)* ..... 13
- \_\_\_\_\_
- No father, stepfather, or father-figure ..... 14**

17. About how often does your child spend time with his/her father, stepfather, or father-figure?

*(Circle Only One)*

- Once a day or more often ..... 1
- At least 4 times a week ..... 2
- About once a week ..... 3
- About once a month ..... 4
- A few times a year or less ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7

---

18. About how often does your child spend time with his/her father, stepfather, or father-figure in **outdoor activities**?

*(Circle Only One)*

- Once a day or more often ..... 1
- At least 4 times a week ..... 2
- About once a week ..... 3
- About once a month ..... 4
- A few times a year or less ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7
- Don't know ..... 98

19. How often does your child eat a meal with **both** mother and father?

*(Circle Only One)*

- More than once a day ..... 1
- Once a day ..... 2
- Several times a week ..... 3
- About once a week ..... 4
- About once a month ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7

20. When your family watches TV together, do you or your child's father (or stepfather or father-figure) discuss TV programs with him/her?

- Yes ..... 1
- No ..... 0
- Do not have a TV ..... 2

*Please answer each item.*

21. How close does your child feel toward . . .

	<b>Extremely Close</b>	<b>Quite Close</b>	<b>Fairly Close</b>	<b>Not At All Close</b>	<b>Does Not Have This Parent</b>
A. . . . you? .....	1	2	3	4	
B. . . . his/her biological father? .....	1	2	3	4	5
C. . . . his/her stepmother? .....	1	2	3	4	5
D. . . . his/her stepfather? .....	1	2	3	4	5

22. Sometimes children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. Please check which action(s) you would take if this happened.

***(Circle All That Apply)***

- Grounding ..... 1
- Spanking ..... 2
- Talk with child ..... 3
- Give him or her household chore ..... 4
- Ignore it ..... 5
- Send to room for more than 1 hour ..... 6
- Take away his/her allowance ..... 7
- Take away TV or other privileges ..... 8
- Put child in a short “time out” ..... 10
- Other *(Please write what else)* ..... 9
-

23. If your child brought home a report card with grades lower than expected, how likely would you be to . . .

*(Circle one number for each question).*

	Very Likely	Somewhat Likely	Not Sure How Likely	Somewhat Unlikely	Not At All Likely
a. contact his or her teacher or principal? .....	5	4	3	2	1
b. lecture the child? .....	5	4	3	2	1
c. keep a closer eye on child's activities? .....	5	4	3	2	1
d. punish the child? .....	5	4	3	2	1
e. talk with the child? .....	5	4	3	2	1
f. wait and see if child improves on his/her own? .....	5	4	3	2	1
g. tell child to spend more time on schoolwork? .....	5	4	3	2	1
h. spend more time helping child with schoolwork? .....	5	4	3	2	1
i. limit or reduce child's non-school activities (play, sports, clubs, etc.)? .....	5	4	3	2	1
j. Other <i>(Please write what else you would do)</i> .....					8

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24. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good.

*Please answer each question.*

How many times in the past week have you . . .

# Times In Past Week

a. had to spank your child? .....

b. grounded him/her? .....

c. taken away TV or other privileges? .....

d. praised child for doing something worthwhile? .....

e. taken away his/her allowance? .....

f. shown child physical affection (kiss, hug, stroke hair, etc.)? .....

g. sent child to his/her room? .....

h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about child? .....

**MOTHER/GUARDIAN: PLEASE GO TO SECTION 2, PG. 31.**

For \_\_\_\_\_ who is 10 - 14 years old.

**INSTRUCTIONS TO MOTHER/GUARDIAN:**

- We are interested in your family’s lifestyle and rules.
- Some questions you answer with a word or phrase. Please circle the number that goes with the answer you choose.
- Other questions have space for you to write in an answer.
- If any question is not clear, please circle the question and ask the interviewer about it when you have finished the booklet.

**1  
C**

**1.** About how many books does your child have?

***(Circle Only One)***

- None ..... 1
- 1 to 9 ..... 2
- 10 to 19 ..... 3
- 20 or more ..... 4

2. How often is your child expected to do each of the following?

*(Circle one number for each question.)*

	Almost Never	Less Than 1/2 The Time	1/2 The Time	More Than 1/2 The Time	Almost Always
a. Make his/her own bed? .....	1	2	3	4	5
b. Clean his/her own room? .....	1	2	3	4	5
c. Pick up after himself/herself? .....	1	2	3	4	5
d. Help keep shared living areas clean and straight? .....	1	2	3	4	5
e. Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.? .....	1	2	3	4	5
f. Help manage his/her own time (get up on time, be ready for school, etc.)? .....	1	2	3	4	5

---

3. Is there a musical instrument (for example, piano, drum, guitar, etc.) that your child can use here at home?

Yes ..... 1  
No ..... 0

---

4. Does your family get a daily newspaper?

Yes ..... 1  
No ..... 0

5. About how often does your child read for enjoyment?

*(Circle Only One)*

- Every day ..... 1
- Several times a week ..... 2
- Several times a month ..... 3
- Several times a year ..... 4
- Never ..... 5
- Don't know ..... 8

6. Does your family encourage your child to start and keep doing hobbies?

- Yes ..... 1
- No ..... 0

7. Does your child get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

- Yes ..... 1
- No ..... 0

8. How often has any family member taken or arranged to take your child to any type of museum (children's, scientific, art, historical, etc.) **within the past year?**

*(Circle Only One)*

- Never ..... 1
- Once or twice ..... 2
- Several times ..... 3
- About once a month ..... 4
- About once a week or more often ..... 5

9. How often has a family member taken or arranged to take your child to any type of musical or theatrical performance **within the past year?**

*(Circle Only One)*

- Never ..... 1
- Once or twice ..... 2
- Several times ..... 3
- About once a month ..... 4
- About once a week or more ..... 5

---

10. About how often does your whole family get together with relatives or friends?

*(Circle Only One)*

- Once a year or less ..... 1
- A few times a year ..... 2
- About once a month ..... 3
- Two or three times a month ..... 4
- About once a week or more ..... 5

---

11. Think for a moment about a typical **weekday** for your family. How much time would you say your child spends watching television on a typical **weekday** (in your home or elsewhere)?

*HOURS PER WEEKDAY*

- Less than 1 hour per weekday ..... 0

---

12. Now, think for a moment about a typical **weekend day (Saturday or Sunday)** for your family. How much time would you say your child spends watching television on a typical **weekend day** (in your home or elsewhere)?

*HOURS PER SINGLE WEEKEND DAY*

- Less than 1 hour per weekend day ..... 0

13. Does your child ever see his or her father, stepfather, or father-figure?

Yes ..... 1

No ..... 0

14. Is this man his/her biological father, stepfather, or a father-figure?

*(Circle Only One)*

Biological father ..... 1

Stepfather ..... 2

Father-figure ..... 3

No father, stepfather, or father-figure ..... 4

15. What is his relationship to you?

*(Circle Only One)*

- Your spouse ..... 1
- Your ex-spouse ..... 2
- Your partner ..... 3
- Your ex-partner ..... 4
- Your boyfriend ..... 5
- Your ex-boyfriend ..... 6
- Your fiance ..... 7
- Your friend ..... 8
- Your father ..... 9
- Your grandfather ..... 10
- Your brother ..... 11
- Your uncle ..... 12
- Someone else (*please write who*) ..... 13
- 
- No father, stepfather, or father-figure ..... 14

16. About how often does your child spend time with his/her father, stepfather, or father-figure?

*(Circle Only One)*

- Once a day or more often ..... 1
- At least 4 times a week ..... 2
- About once a week ..... 3
- About once a month ..... 4
- A few times a year or less ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7

17. About how often does your child spend time with his/her father, stepfather, or father-figure in **outdoor activities**?

*(Circle Only One)*

- Once a day or more often ..... 1
- At least 4 times a week ..... 2
- About once a week ..... 3
- About once a month ..... 4
- A few times a year or less ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7
- Don't know ..... 98

18. How often does your child eat a meal with **both** mother and father?

*(Circle Only One)*

- More than once a day ..... 1
- Once a day ..... 2
- Several times a week ..... 3
- About once a week ..... 4
- About once a month ..... 5
- Never ..... 6
- No father, stepfather, or father-figure ..... 7

19. When your family watches TV together, do you or your child's father (or stepfather or father-figure) discuss TV programs with him/her?

- Yes ..... 1
- No ..... 0
- Do not have a TV ..... 2

20. How close does your child feel toward . . .

*Please answer each item.*

	Extremely Close	Quite Close	Fairly Close	Not At All Close	Does Not Have This Parent
A. . . . you? .....	1	2	3	4	
B. . . . his/her biological father? .....	1	2	3	4	5
C. . . . his/her stepmother? .....	1	2	3	4	5
D. . . . his/her stepfather? .....	1	2	3	4	5

21. Sometimes children get so angry at their parents that they say things like “I hate you” or swear in a temper tantrum. Please check which action(s) you would take if this happened.

***(Circle All That Apply)***

- Grounding ..... 1
- Spanking ..... 2
- Talk with child ..... 3
- Give him or her household chore ..... 4
- Ignore it ..... 5
- Send to room for more than 1 hour ..... 6
- Take away his/her allowance ..... 7
- Take away TV, phone, or other privileges ..... 8
- Put child in a short “time out” ..... 10
- Other *(Please write what else)*..... 9

22. If your child brought home a report card with grades lower than expected, how likely would you be to . . .

*(Circle one number for each question.)*

	Very Likely	Somewhat Likely	Not Sure How Likely	Somewhat Unlikely	Not At All Likely
a. contact his or her teacher or principal? .....	5	4	3	2	1
b. lecture the child? .....	5	4	3	2	1
c. keep a closer eye on child's activities? .....	5	4	3	2	1
d. punish the child? .....	5	4	3	2	1
e. talk with the child? .....	5	4	3	2	1
f. wait and see if child improves on his/her own? .....	5	4	3	2	1
g. tell child to spend more time on schoolwork? .....	5	4	3	2	1
h. spend more time helping child with schoolwork? .....	5	4	3	2	1
i. limit or reduce child's non-school activities (play, sports, clubs, etc.)? .....	5	4	3	2	1
j. Other <i>(Please write what else)</i> .....					8

---

23. Sometimes kids mind pretty well and sometimes they don't. Sometimes they do things that make you feel good.

*Please answer each question.*

How many times in the past week have you . . .

Write In # Times In Past Week

- a. had to spank your child? .....
- b. grounded him/her? .....
- c. taken away TV or other privileges? .....
- d. praised your child for doing something worthwhile? .....
- e. taken away his/her allowance? .....
- f. shown child physical affection (kiss, hug, stroke hair, etc.)? .....
- g. sent child to his/her room? .....
- h. told another adult (spouse, friend, co-worker, visitor, relative) something positive about your child? .....

For \_\_\_\_\_ who is 4 - 14 years old.

**INSTRUCTIONS:** These statements are about behavior problems many children have. As you read each item, think about your child's behavior over the last **three months**. Then circle the number that goes best with each item.

2

<i>Please circle one answer for each question:</i>	Often True	Sometimes True	Not True	
My child . . . ... has sudden changes in mood or feeling.	1	2	3	<b>MS2-01.</b>
... feels or complains that no one loves him/her.	1	2	3	<b>MS2-02.</b>
... is rather high strung, tense and nervous.	1	2	3	<b>MS2-03.</b>
... cheats or tells lies.	1	2	3	<b>MS2-04.</b>
... is too fearful or anxious.	1	2	3	<b>MS2-05.</b>
... argues too much.	1	2	3	<b>MS2-06.</b>
... has difficulty concentrating, cannot pay attention for long.	1	2	3	<b>MS2-07.</b>
... is easily confused, seems to be in a fog.	1	2	3	<b>MS2-08.</b>

**SECTION 2****CHILD BEHAVIOR — CHILDREN AGE 4 - 14**

<i>Please circle one answer for each question:</i>	<b>Often True</b>	<b>Sometimes True</b>	<b>Not True</b>	
<b>My child . . .</b>				
... bullies or is cruel or mean to others.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-09.</b>
... is disobedient at home.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-10.</b>
... does not seem to feel sorry after he/she misbehaves.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-11.</b>
... has trouble getting along with other children.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-12.</b>
... is impulsive, or acts without thinking.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-13.</b>
... feels worthless or inferior.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-14.</b>
... is not liked by other children.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-15.</b>
... has a lot of difficulty getting his/her mind off certain thoughts (has obsessions).	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-16.</b>
... is restless or overly active, cannot sit still.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-17.</b>
... is stubborn, sullen, or irritable.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-18.</b>
... has a very strong temper and loses it easily.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-19.</b>
... is unhappy, sad, or depressed.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-20.</b>

<i>Please circle one answer for each question:</i>	Often True	Sometimes True	Not True	
<b>My child . . .</b> ... is withdrawn, does not get involved with others.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-21.</b>
... breaks things on purpose or deliberately destroys his/her own or another's things.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-22.</b>
... clings to adults.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-23.</b>
... cries too much.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-24.</b>
... demands a lot of attention.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-25.</b>
... is too dependent on others.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-26.</b>
... feels others are out to get him/her.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-27.</b>
... hangs around with kids who get into trouble.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-28.</b>
... is secretive, keeps things to himself/herself.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-29.</b>
... worries too much.	<b>1</b>	<b>2</b>	<b>3</b>	<b>MS2-30.</b>

<i>Please circle one answer for each question. Please answer even if school is not in session:</i>	Often True	Sometimes True	Not True	Never Attended School	
<b>My child . . .</b> ... is disobedient at school.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>MS2-31.</b>
... has trouble getting along with teachers.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>MS232.</b>

**MOTHER/GUARDIAN:**

**IF YOUR CHILD IS 4, 5, or 6 YEARS OLD, PLEASE GO TO SECTION 3 ON THE NEXT PAGE.**

**IF YOUR CHILD IS 7 OR OVER, PLEASE LOOK OVER THE PAGES YOU FILLED OUT TO MAKE SURE YOU DID NOT SKIP ANY QUESTIONS. RETURN THE BOOKLET TO THE INTERVIEWER. IF ANY QUESTIONS WERE UNCLEAR, PLEASE ASK THE INTERVIEWER ABOUT THEM.**

**THANK YOU VERY MUCH!**

For \_\_\_\_\_ who is 4 - 6 years old.

**INSTRUCTIONS TO MOTHER/GUARDIAN:**

- We are interested in how your child normally acts during an average day. Please think about your child during the last two weeks.
- If your child was not generally healthy during the last two weeks, think back to the last two-week time period when your child was his or her normal self.
- The following questions ask about how **often** your child acted in a certain way.
- If any question is not clear, please circle the question number and ask the interviewer about it when you have finished the booklet.

**3**

<i>Please circle one answer for each question:</i>	Almost never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost always
1. When it is mealtime, how often does your child eat what you want him/her to eat?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2. When your child doesn't eat what you want him/her to eat and you tell him/her to do so, how often does he/she obey and eat?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
3. When it is your child's bedtime, how often does he/she protest or resist going to bed?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4. When he/she does protest and you tell him/her again to go to bed, how often does he/she do so?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SECTION 3****HOW MY CHILD ACTS — CHILDREN AGE 4 - 6**

<i>Please circle one answer for each question:</i>	<b>Almost never</b>	<b>Less than 1/2 the time</b>	<b>1/2 the time</b>	<b>More than 1/2 the time</b>	<b>Almost always</b>
5. When you tell your child to turn off the TV, how often does he/she do so without protest?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
6. When he/she does protest and you tell him/her again to turn off the TV, how often does he/she do so?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
7. When your child meets a new child about the same age, how often is he/she shy at first?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
8. When your child meets an adult he/she does not know, how often is he/she shy at first?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
9. How often does your child cry when he/she hurts him/herself a little bit?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
10. How often does he/she laugh and smile easily (for example, when no one is touching him/her)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
11. When your child is with other children his/her own age, how often does he/she fight, take toys, hit, and so on?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
12. When your child is with other children his/her own age, how often does he/she willingly share toys?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<i>Please circle one answer for each question:</i>	Almost never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost always
13. How often do you have trouble soothing or calming your child when he/she is upset?	1	2	3	4	5
14. When your child is playing, how often does he/she stay close to you and make sure that he/she can still see you?	1	2	3	4	5
15. How often does he/she try to copy what you do or how you act? (You may not always allow him/her to do this.)	1	2	3	4	5
16. When you leave the room and leave your child alone, how often does he/she get upset?	1	2	3	4	5
17. How often is your child demanding and impatient even when you are busy?	1	2	3	4	5
18. When you get upset about something, how often does your child get worried, or try to help, or make you feel better?	1	2	3	4	5
19. How often does your child want you to help with the things he/she is doing?	1	2	3	4	5
20. During the past year, how often has your child slept through the night?	1	2	3	4	5

PLEASE LOOK OVER THE PAGES YOU FILLED OUT TO MAKE SURE YOU DID NOT SKIP ANY QUESTIONS. RETURN THE BOOKLET TO THE INTERVIEWER. IF ANY QUESTIONS WERE UNCLEAR, PLEASE ASK THE INTERVIEWER ABOUT THEM.

THANK YOU VERY MUCH!

INTERVIEWER:

- REVIEW ALL SECTIONS AND MAKE SURE ALL APPROPRIATE PAGES ARE COMPLETELY FILLED OUT.
- CHECK MS CHART. CROSS OUT SECTION #S OF PARTS COMPLETED.
- FILL OUT FOLLOWING ITEMS.

1. IN WHAT LANGUAGE WAS THIS MOTHER SUPPLEMENT ADMINISTERED?

ENGLISH ..... 1  
OTHER (*SPECIFY*) ..... 3  
\_\_\_\_\_

2. IN GENERAL, WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS . . .

GOOD? ..... 1  
FAIR? ..... 2  
POOR? ..... 3

**SECTION 4**

**INTERVIEWER REMARKS**

3. LIST QUESTIONS THAT CONFUSED, ANGERED, OR CAUSED DISCOMFORT TO THE RESPONDENT OR QUESTIONS THAT YOU FEEL THE RESPONDENT DID NOT ANSWER TRUTHFULLY. *EXPLAIN.*

NONE ..... (GO TO Q.4) ..... 0

OR

SECTION

QUESTION

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

DESCRIBE PROBLEM: \_\_\_\_\_

\_\_\_\_\_

4. PLEASE RECORD YOUR STAFF ID #:

5. PLEASE SIGN YOUR NAME HERE: \_\_\_\_\_

6. PLEASE AFFIX LABEL WITH YOUR SUPERVISOR'S NAME AND ID # BELOW: