

Developmental History

I'd like to talk to you about _____'s experiences with family and friends from birth to now. This will mean talking about your family, _____'s activities, his/her friends, etc... To make it more manageable, I'll ask you to think about _____'s life, so far, as three "eras" or periods: _____'s first year, then from age 1 – 4 (or 4 ½) and finally this past year. The questions will cover a range of topics...some might sound dumb, seem unnecessary, or a little hard to answer. I hope it won't be too hard to remember that far back...just do the best you can and if you can't remember or prefer not to answer, that's O.K. O.K.?

(Check for understanding then start the conversational ball rolling by talking about the children in the family. Talk about the TC last. Use this time to establish rapport and to set the pace. Allow and encourage the parent to talk but keep control of the interview, keep their focus on the questions. Prompt and request elaboration, but be ready to move on if the parent meanders or balks.)

- I. Let's start by talking about the children in the family. Describe each of the children in a few sentences.

Child's Name	Sex	Age	Comments:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(A) Description of TC

1	2	3
Mostly Negative	Mixed, Hard to say	Mostly Positive

(B) Preference for TC

1	2	3
Sib(s) Preferred	None preferred, No siblings	TC Preferred

(C) Distinctiveness of Descriptions

1	2	3
Vague, indistinct	Somewhat distinct	Distinct, insightful

(After a brief discussion of the children, orient the parent to the time of the TC's birth and the first year.)

We'd like to get a history of _____'s development. Think back to the time when (the mother) was pregnant with _____, and that very first year after _____ - was born...

#1. What were the pregnancy, birth, and first few months like? (*probe as is necessary to make this rating, based on parent's response*)

- a. Mother's health 1 2 3
 Healthy Minor/Brief Major
- b. Child's health 1 2 3
 Healthy Minor/Brief Major
- c. Was he/she a planned baby? (*If unplanned, probe:*) How did you (and your partner) feel when you discovered the pregnancy?

- | | | | |
|---------|------------------------------------|---------------------------|-------------------------|
| 1 | 2 | 3 | 4 |
| Planned | Unplanned, but
Under discussion | Unplanned but
accepted | Unplanned
unprepared |

d. At the time of _____'s birth, were you married?

- | | | | | | | | |
|------------------------------|--|---|---|---|--|------------------------------------|-----------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| unmarried
living
alone | unmarried
living
with TC's
parent | unmarried
living
with sig-
nificant
other | unmarried
living
with own
parents or
older
relatives | unmarried
living
with
roommate | married
living
with TC's
parent | married
living
with
other | separated |

#2 MOTHER Did you/_____ 's mother work that first year? (*If yes*) Full or part time? Length of time?

- a. FULL TIME: 0 1 2 3 4
 did not <3 mos 3-6 mos >6-9 mos >9-12 mos
- b. PART TIME: 0 1 2 3 4
 did not <3 mos 3-6 mos >6-9 mos >9-12 mos
- c. Type of work _____
- d. No. of job changes (include additions): *1IB2AC
- e. How old was _____ when you/_____ 's mother went back to work?

- | | | | | |
|---------|---------|----------|-----------|-----|
| 1 | 2 | 3 | 4 | 8 |
| 0-3 mos | >3-6mos | >6-9 mos | >9-12 mos | N/A |

#3 FATHER Did you/_____ 's father work that first year? (*If yes*) Full or part time? Length of time?

- a. FULL TIME: 0 1 2 3 4
 did not <3 mos 3-6 mos >6-9 mos >9-12 mos
- b. PART TIME: 0 1 2 3 4
 did not <3 mos 3-6 mos >6-9 mos >9-12 mos
- c. Type of work _____
- d. No. of job changes (include additions): *1IB2BC

#4 Tell me about _____ as a baby. What was he/she like? What kind of baby was he/she? *(Write in free response)*

(Then, ask if necessary)... So, on the whole, would you say that your child was easy or hard to care for as a baby?...Very, or just mostly?

Child's behavior/ease of care:

1	2	3	4
Easy	Mostly Easy	Mostly Hard	Hard

#5 Who else took care of _____ during the first year? *(Specify:)*

Indicate time child spent in non-parental care. *(Circle the approximate number of hours/wk. Months refer to length of time in care NOT age of TC)*

	<u>Fewer than 7 months duration:</u>			<u>7 to 12 months duration</u>		
0	1	2	3	4	5	6
None	Less than 20 hours	20-30 hours	More than 30 hours	Less than 20 hours	20-30 hours	More than 30 hours

#6 What changes or adjustments occurred in your family during this first year? For example, did you move?...were there any medical problems? *(Check all that the parent spontaneously lists, then prompt from the list. In coding these, consider impact on the family).*

	NONE	MENTIONED	EMPHASIZED, Major
a. moved/major remodel.....	0	1	2
b. medical prob – child.....	0	1	2
c. medical – close family.....	0	1	2
d. death – imp. person.....	0	1	2
e. divorce – TC's parents.....	0	1	2
f. separation – TC's parents.....	0	1	2
g. remarriage/marital reconciliation.....	0	1	2
h. parent-child separation (include chronic long hrs at work).....	0	1	2
i. financial instability.....	0	1	2
j. legal problems.....	0	1	2
k. stress/conflicts in extended family.....	0	1	2
l. sib addition/deletions.....	0	1	2
m. job-related stress.....	0	1	2
n. loss of job.....	0	1	2
o. other (specify).....	0	1	2

#7 What was having a new baby like with everything else that was going on at this time? *(Write in free response)*

#8 Anything else notable about _____'s first year? (Code parent's comments, i.e., parent may reiterate previous material, or add new comments. Code the event(s) which they now mention. Then wrap up this era.)

0 Nothing	1 Mostly positive event(s)	2 Moderately stressful event(s)	3 Very stressful event(s)
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RATING #1: Rating for general family situation.

1 Disorganized, disrupted most of the year	2 Some major problems, part of year dis-organized	3 Hectic, but no major problems	4 Generally smooth	5 Easy
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RATING #2: This rating measures the impact of this child on the family, their adjustment to the baby independent of other family stressors.

1 great difficulty adjusting	2 some difficulty adjusting	3 OK; no major difficulties	4 good	5 wonderful, very enjoyable
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ERA II

Let's move forward. Now think about the time from the end of that first year to about a year ago (give appropriate referents). This covers when _____ was a toddler and a preschooler: age 1 to 4 (or 4½).

#9. MOTHER Were you/ _____'s mother (still) working? (If yes) Full or part time? Length of time?

- a. FULL TIME: 0 did not 1 <1 year 2 1-2 years 3 >2-3 years 4 >3 years
- b. PART TIME: 0 did not 1 <1 year 2 1-2 years 3 >2-3 years 4 >3 years
- c. Type of work _____
- d. No. of job changes (include additions): _____

#10. FATHER Were you/ _____'s father (still) working? (If yes) Full or part time? Length of time?

- a. FULL TIME: 0 did not 1 <1 year 2 1-2 years 3 >2-3 years 4 >3 years
- b. PART TIME: 0 did not 1 <1 year 2 1-2 years 3 >2-3 years 4 >3 years
- c. Type of work _____
- d. No. of job changes (include additions): _____

#11. Who were _____'s main caregivers during this time? (Code each alternative. Indicate the amount of time spent in each type of care. If the child is in two settings within a category, sum across settings and code the total time spent within the category.)

CODES: 0 = not in this type of care
1 = brief care; < 6 mos or < 1x/mo over era
2 = moderate; 6-18 mos or < 1x/wk over era
3 = frequent; 5-20 hrs/wk for > 18 mos, or 1x/wk over era
4 = major; > 20 hrs/wk for more than 18 mos

I.	<u>IN HOME:</u>	<u>Code</u>
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- Mother
- Father
- Older sib(s): Age? _____
- Relative comes in
- Sitter comes in
- Relative lives in home
- Other (specify)

II. OUT OF HOME:

- a. Goes to a relative – Who? _____
- b. Small group sitter – Ratio of caregiver:child _____
Comments: _____

- c. Group daycare – Ratio of caregiver:child _____
Comments: _____

- d. Preschool (structure) – Ratio of caregiver:child _____
Comments: _____

- e. Neighbors/friends
- f. Other (specify) _____

#12. Why did you choose these particular childcare arrangements? (Codes: 0=Not Mentioned/1=Mentioned)

- a. convenience
b. quality
c. affordability
d. educational
e. social
f. other (Specify: _____)

(Use the following probe only if necessary to make Rating #3. Many parents will have spontaneously given enough information.)

Tell me a little about these childcare situations? *(Write in free response.)*

#13. Consistency of nonparental caregiving (Ask if necessary) How many times did you have to change childcare arrangements or caregivers?

8	0	1	2	3	4
only in	no changes	time	times	times	> 3 times
parents' care					

(If changes occurred, ask:) What were the reasons for the changes?

RATING #3

Rating for quality of non parental care.

1	2	3	4	5	8
Inadequate		average		excellent	N/A

Let's talk a little about _____'s involvement with other children.

#14. First, let's talk about him/her as a toddler, AGE 1-2½. Then, we'll talk about him/her as a preschooler, AGE > 2½ to last year.

How often was _____ with (neighborhood kids/sitters etc.) while he/she was a toddler, age 1-2½? (Then ask:) How about when he/she was a preschooler, age 2½ to 4 (or 4½)?

CODES:

- 0 = not in this situation
- 1 = very brief, < 1x/mo over sub-era
- 2 = brief, 1x/mo or more BUT < 1x/wk over sub-era
- 3 = moderate, 1 – 2x/wk over sub-era
- 4 = frequent, 3 – 4x/wk over sub-era
- 5 = very frequent, almost daily, > 4x/wk, over sub-era

I. SUB-ERA I

II. SUB-ERA II

- a. siblings
- b. neighborhood kids
- c. small group sitter
- d. daycare (include Mothers' Day-out)
- e. preschool
- f. play group, Sunday School, dance/soccer, etc.
- g. family gatherings
- h. kids of parents' friends
- i. other (specify)

#15. Has _____ been around any children you would consider to be aggressive, by that we mean starts fights, arguments, or conflicts? (Give visual aid card for codes. Probe for who and how many the children are, what setting they meet in, and how often they meet.)

CODES:	Never 0	Less than once a month 1	About once a month 2	About once a week 3	About every day or more 4
		NONE	1-2	3+	Frequency
a. siblings	0	1	2		
b. neighbor	0	1	2		
c. child(ren) at small group sitter's	0	1	2		
d. daycare	0	1	2		
e. preschool	0	1	2		
f. play group, church, dance/soccer, etc.	0	1	2		
g. relative	0	1	2		
h. kids of parents' friends	0	1	2		
i. other (specify)	0	1	2		

#16. Did _____ have any close friends that he/she talked about, liked to play with, seemed to prefer?

0 no one	1 don't know	2 several, none specific	3 1-2 specific	4 3+ specific
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#17.a. When _____ played/interacted with other children, how often were there conflicts or disagreements?

8 not appl.	0 None	1 hardly ever	2 sometimes	3 most of the time
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b. What were these conflicts like, what did your child usually do? (*decide up*)

8 not appl.	1 don't Know	2 withdrew, gave in	3 discussed, worked it out	4 sought adult help	5 argue	6 physical struggle
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c. How did things usually turn out in the end?

8 not appl.	1 don't Know	2 withdrew, quit	3 resolution by child & peer	4 early adult intervention (to abort)	5 sought adult intervention	6 adults had to intervene
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RATING #4

Rating for peer stability – Potential for friendship and familiarity.

1	2	3	4	5
high turnover, variable low opportunity		some variability moderate opportunity		stable, familiar group high opportunity

RATING #5

Rating for parent's expressed interest, concern, and effort at monitoring and planning their child's social development.

1	2	3	4	5
unaware/no interest, effort	little interest, effort	some interest, effort	moderately high interest, effort	very high interest, effort

The toddler and preschool stages are times when kids change a lot and get more and more independent.
(Orient parent to some developmental changes that occur during this time: e.g. increased mobility, language development, etc...)

#18. Were these years easy times or difficult times for (TC) ____? ...Very or just mostly?

1	2	3	4
easy	mostly easy	mostly hard	hard

#19. AGE 1 – 4 (4½), what kinds of misbehaviors did your child do that you had to deal with during this period? (Allow parent to freely respond. Do not prompt directly from list but probe as follows to job parent's memory:)

Anything else? Other parents mention things like coloring on the walls, not doing what he/she is told, talking back, messing with other people's things, lying, bothering the pet etc...

	<u>No</u>	<u>Yes</u>
a. breaks house rules (e.g. bedtime, chores, loud, rowdy, etc...)	0	1
b. defiance, resistance, stubborn, talking back	0	1
c. tantrums	0	1
d. uses others' stuff w/o permission, steals	0	1
e. harms others' belongings, destroys household items or furnishings or own things	0	1
f. bad language	0	1
g. approach/enter personal danger (e.g. play with matches)	0	1
h. lies, conceals acts	0	1
i. hurts/bothers animals	0	1

- | | | |
|---|---|---|
| j. hits/bothers other children (include sibs) | 0 | 1 |
| k. hits/bothers adults | 0 | 1 |
| l. other (specify) | 0 | 1 |

#19a. In all, how often did your child misbehave? *(give parent visual aid card.)*

- | | | | | |
|-------|---------------------------|-----------------------|----------------------|----------------------------|
| Never | Less than
Once a month | About once
a month | About once
a week | About every
day or more |
| 0 | 1 | 2 | 3 | 4 |

#20. What kinds of things did you or _____'s mother/father have to do to deal with his/her misbehaviors?

(Allow parent to respond – code all that are freely mentioned by the parent with the OCCURRENCE code "2." Then, prompt from the list those not mentioned by the parent. If parent then responds in the affirmative, code that behavior with the OCCURRENCE code "1.")

OCCURRENCE
Code 0 – 2

- a. send to room or stand in corner – time out
- b. deny privilege (TV, dessert, candy)
- c. tell child he/she should not behave that way (i.e. directive)
- d. talk and explain reasons; discuss, share feelings
- e. scold, yell, raise voice, get stern, show anger
- f. grab, shake
- g. spank, hit, slap
- h. get child to apologize or make amends
- i. give child extra chores
- j. threaten child with some punishment
- k. shame/embarrass child
- l. promise treat or privilege for good behavior
- m. other (specify)

#21. Who usually dealt with _____'s misbehavior?

- | | | | |
|-----|-----|------|-------|
| 1 | 2 | 3 | 4 |
| Mom | Dad | Both | Other |

#22. What about when both parents were present?

1	2	3	4
Mom	Dad	Both	Other

#23. MOTHER'S punishment behavior: How often did (you/ _____'s mother) have to physically punish (TC ____) ...such as spank, grab, shake? *(Give visual aid)*

Never	Less than Once a month	About once a month	About once a week	About every day or more
0	1	2	3	4

*(Ask if yes:) How did (you/____'s mother) usually spank _____?

*What was the most severe thing (you/she) had to do during this period?

(Probe gently for how punishment was administered by each parent. Get just enough information to make ratings. Prompt with leading phrases from the scale.)

CODES:

- 0 = did not spank or physically punish
- 1 = mild: a few swats – hand on clothed; slap on hand
- 2 = moderate: a few swats – object on clothed or hand/bare
- 3 = several swats, object/bare
- 4 = repeated swats, object on bare skin or clothed
or any very severe contact e.g. should parent report
some very severe incident like “grabbed TC by the arm
and threw her in the car”

A. Mother's usual method:
B. Mother's most intense method:

#24. FATHER'S punishment behavior: How often did (you/ _____'s father) have to physically punish (TC ____) ...such as spank, grab, shake? *(Give visual aid)*

Never	Less than Once a month	About once a month	About once a week	About every day or more
0	1	2	3	4

*(Ask if yes:) How did (you/____'s father) usually spank _____?

*What was the most severe thing (you/he) ever had to do during this period?

A. Father's usual method:
B. Father's most intense method:

#25. Do you remember any times when ____ was disciplined severely enough that he/she may have been hurt?...like left a mark, bruised, or otherwise harmed. *(Probe if yes) Tell me about it. (Specify who disciplined so severely.)*

0	1	2
No	Minor	Major

#26. Did you ever worry that you or someone else may have harmed _____? *(Probe for agency involvement, removal of child, etc. if necessary. Specify who harmed TC.)*

Circle one:

* No concern	0
* Minor concern; unspecific; unexplained injuries	1

- * Concerned; possible harm by family member 2
- * Definite incident of harm by someone outside the family unit 3
- * Definite incident of harm by family member 4

#27. All families have conflicts, parents and kids. What kinds of conflicts, arguments, or violence was ____ aware of during this time (shouting, physical fights, pushing, etc.)? *(Probe for description of arguments TC witnessed, or agency involvement, if necessary. Write in parent's free response.)*

- * parent – parent:
- * other in-home:
- * outside the home (neighbors, at the park, other family):

RATING #6

Rating for punitive discipline – Parent's use of physical or punitive discipline. *(Non-restrictive can include physical control, e.g. when the child is in danger).*

1	2	3	4	5
non-restrictive, mostly positive guidance		generally moderate, sometimes physical		severe, strict, often physical

RATING #7

Rating for physical harm – rater's judgment about whether or not the target child has been severely harmed.

1	2	3	4	5
extremely unlikely	probably not	suspected, possible	probably occurred	authorities involved

RATING #8

Rating for conflicts with partner – severity of conflicts between partners (note if agency involvement).

8	1	2	3	4	5
No Partner	rarely even shout	mild verbal	major verbal	mild physical major verbal	physical > once

RATING #9

Rating for other in-home conflicts e.g. ex-spouse, sibling fights, parent-child (exclude moderate levels of physical punishment).

1	2	3	4	5
none	mild verbal	major verbal	mild physical major verbal	physical > once

RATING #10

Rating for exposure to conflict or violence outside the home.

1	2	3	4	5
none	mild verbal	major verbal	mild physical major verbal	physical > once

#28. During this time, age 1 – last year, what changes or adjustments occurred?
(Prompt from list. Fill in TC's age at time of occurrence or onset.)

Age No Mentioned, Emphasized,

			<u>minor</u>	<u>major</u>
a. moved/major remodel	___	0	1	2
b. medical prob – child	___	0	1	2
c. medical – close family	___	0	1	2
d. death – imp. person	___	0	1	2
e. divorce – TC's parents	___	0	1	2
f. separation – TC's parents	___	0	1	2
g. remarriage/marital reconciliation	___	0	1	2
h. parent-child separation (include chronic long hrs at work)	___	0	1	2
i. financial instability	___	0	1	2
j. legal problems	___	0	1	2
k. stress/conflicts in extended family	___	0	1	2
l. sib addition/deletions	___	0	1	2
m. job-related stress	___	0	1	2
n. loss of job	___	0	1	2
o. other _____	___	0	1	2

#29. How did these changes affect _____? How did he/she react to these changes or to anything specific?
(Write in free response)

1	2	3	4	5
major impact negative	minor impact negative	neutral	minor impact positive	major impact positive

#30. How were you doing during these years? Did you have chances to get out and do the things you enjoy, with or without the family?

0	1	2	3	4
none	a little, much less than desired	some, wanted more	almost as much as desired, O.K.	as much as desired

#31. In what ways was your partner helpful to you during this time? (Probe for each)

a. First, what about as an emotional support i.e. being “there” for you, understanding your needs etc...?

8	1	2	3	4
no partner	no help	minimal	moderate	good

b. Now, how about in practical ways, e.g. with things that needed to get done (such as childcare, housework, other tasks...)?

8	1	2	3	4
no partner	no help	minimal	moderate	good

#32. In what ways were you helpful to your partner? (Probe as above)

c. First, what about as an emotional support i.e. being “there” for him/her, understanding his/her needs etc...?

8	1	2	3	4
no partner	no help	minimal	moderate	good

- d. Now, how about in practical ways, e.g. with things that needed to get done (such as childcare, housework, other tasks...)?

8	1	2	3	4
no partner	no help	minimal	moderate	good

#33. What friends or relatives were available to you (to spend time with by phone or in person)? (*Circle the appropriate code and indicate an approximate number below.*)

CODES:	0 = no one specific	Write in the
	1 = 1-2 specific people mentioned	absolute #
	2 = 3-4 specific people	# of friends ____
	3 = more than 4	# of relatives ____

#34. When you wanted a shoulder to cry on, or needed to let off steam, to whom, if anyone, did you turn to? (*Do not prompt, code free responses only.*)

	<u>Not mentioned</u>	<u>Mentioned, some help</u>	<u>Mentioned, great help</u>
a. spouse	0	1	2
b. sib	0	1	2
c. parent	0	1	2
d. friend	0	1	2
e. therapist, counselor, clergy	0	1	2
f. meditation, solitude	0	1	2
g. other _____	0	1	2

#35. What did these people do to be helpful? (*No probe. Code each alternative:*)

	<u>Not mentioned</u>	<u>Mentioned</u>	<u>Emphasized</u>
a. listened, shared	0	1	2
b. gave needed advice	0	1	2
c. intervened, gave active help	0	1	2
d. affiliation, recreation	0	1	2
e. other (specify)	0	1	2

#36. Anything else notable happen before a year ago? Anything else you'd like to add?

0	1	2	3
nothing	mostly positive event(s)	moderately event(s)	very stressful event(s)

RATING # 11

Rating for social contact – parent's sense of having support and contact with people. (Note that normal support includes expressing some sense of isolation. Consider previous items for this rating)

1	2	3	4	5
very isolated	somewhat isolated	normal support	well supported	very well supported

RATING # 12

Rating for stressors – extent of stressful, challenging events reported in this era.

- c. Older sib(s): Age? ____
- d. Relative comes in
- e. Sitter comes in
- f. Relative lives in home
- g. Other (specify)

II. OUT OF HOME:

- a. Goes to a relative – Who? _____
- b. Small group sitter – Ratio of caregiver:child ____
Comments: _____

- c. Group daycare – Ratio of caregiver:child ____
Comments: _____

- d. Preschool (structure) – Ratio of caregiver:child ____
Comments: _____

- e. Neighbors/friends
- f. Other (specify) _____

#40. Why did you choose these particular childcare arrangements? (Codes: 0=Not Mentioned/1=Mentioned)

- | | | |
|------------------|----------------|------------------|
| h. convenience | d. educational | |
| i. quality | e. social | |
| j. affordability | f. other | (Specify: _____) |

(Use the following probe only if necessary to make Rating #14. Many parents will have spontaneously given enough information.)

Tell me a little about these childcare situations? (Write in free response.)

#41. Consistency of nonparental caregiving (Ask if necessary) How many times did you have to change childcare arrangements or caregivers this last year?

- | | | | | | |
|---------------|------------|------|-------|-------|-----------|
| 8 | 0 | 1 | 2 | 3 | 4 |
| only in | no changes | time | times | times | > 3 times |
| parents' care | | | | | |

(If changes occurred, ask:) What were the reasons for the changes?

RATING # 14

Rating for quality of non parental care.

1	2	3	4	5	8
Inadequate		average		excellent	N/A

Let's talk a little about _____'s involvement with other children.

#42. In what situations did he/she interact with/play with/see other children in this last year?

How often was _____ with (neighborhood kids/sitters etc.) in the last year?

CODES:

- 0 = not in this situation
- 1 = very brief, < 1x/mo over sub-era
- 2 = brief, 1x/mo or more BUT < 1x/wk over sub-era
- 3 = moderate, 1 – 2x/wk over sub-era
- 4 = frequent, 3 – 4x/wk over sub-era
- 5 = very frequent, almost daily, > 4x/wk, over sub-era

CODE:

- a. siblings
- b. neighborhood kids
- c. small group sitter
- d. daycare (include Mothers' Day-out)
- e. preschool
- f. play group, Sunday School, dance/soccer, etc.
- g. family gatherings
- h. kids of parents' friends
- i. other (specify)

#43. Has _____ been around any children you would consider to be aggressive, by that we mean starts fights, arguments, or conflicts? (Give visual aid card for codes. Probe for who and how many the children are, what setting they meet in, and how often they meet.)

CODES:	Never	Less than once a month	About once a month	About once a week	About every day or more
	0	1	2	3	4
		<u>NONE</u>	<u>1-2</u>	<u>3+</u>	<u>Frequency</u>
a. siblings	0	1	2		
b. neighbor	0	1	2		
c. child(ren) at small group sitter's	0	1	2		

j. daycare	0	1	2
k. preschool	0	1	2
l. play group, church, dance/soccer, etc.	0	1	2
m. relative	0	1	2
h. kids of parents' friends	0	1	2
i. other (specify)	0	1	2

#44. Did _____ have any close friends that he/she talked about, liked to play with, seemed to prefer?

0	1	2	3	4
no one	don't know	several, none specific	1-2 specific	3+ specific

#45.a. When _____ played/interacted with other children, how often were there conflicts or disagreements?

8	0	1	2	3
not appl.	None	hardly ever	sometimes	most of the time

b. What were these conflicts like, what did your child usually do? (*decide up*)

8	1	2	3	4	5	6
not appl.	don't Know	withdrew, gave in	discussed, worked it out	sought adult help	argue	physical struggle

c. How did things usually turn out in the end?

8	1	2	3	4	5	6
not appl.	don't Know	withdrew, quit	resolution by child & peer	early adult intervention (to abort)	sought adult intervention	adults had to intervene

RATING # 15

Rating for peer stability – Potential for friendship and familiarity.

1	2	3	4	5
high turnover, variable low opportunity		some variability moderate opportunity		stable, familiar group high opportunity

RATING # 16

Rating for parent's expressed interest, concern, and effort at monitoring and planning their child's social development.

1	2	3	4	5
unaware/no interest, effort	little interest, effort	some interest, effort	moderately high interest, effort	very high interest, effort

#46. Has the past year been easy or difficult for (TC) _____? ...Very or just mostly?

1	2	3	4
easy	mostly easy	mostly hard	hard

#47. AGE 1 – 4 (4½), what kinds of misbehaviors did your child do that you had to deal with during this period? *(Allow parent to freely respond. Do not prompt directly from list but probe as follows to job parent's memory:)*

Anything else? Other parents mention things like coloring on the walls, not doing what he/she is told, talking back, messing with other people's things, lying, bothering the pet etc...

	<u>No</u>	<u>Yes</u>
a. breaks house rules (e.g. bedtime, chores, loud, rowdy, etc...)	0	1
b. defiance, resistance, stubborn, talking back	0	1
c. tantrums	0	1
d. uses others' stuff w/o permission, steals	0	1
e. harms others' belongings, destroys household items or furnishings or own things	0	1
f. bad language	0	1
g. approach/enter personal danger (e.g. play with matches)	0	1
h. lies, conceals acts	0	1
i. hurts/bothers animals	0	1
j. hits/bothers other children (include sibs)	0	1
k. hits/bothers adults	0	1
l. other (specify)	0	1

#47a. In all, how often did your child misbehave? *(give parent visual aid card.)*

Never	Less than Once a month	About once a month	About once a week	About every day or more
0	1	2	3	4

#48. What kinds of things did you or _____'s mother/father have to do to deal with his/her misbehaviors?

(Allow parent to respond – code all that are freely mentioned by the parent with the OCCURRENCE code "2." Then, prompt from the list those not mentioned by the parent. If parent then responds in the affirmative, code that behavior with the OCCURRENCE code "1.")

OCCURRENCE
Code 0 – 2

- a. send to room of stand in corner – time out
- b. deny privilege (TV, dessert, candy)
- c. tell child he/she should not behave that way
(i.e. directive)
- d. talk and explain reasons; discuss, share feelings
- e. scold, yell, raise voice, get stern, show anger
- f. grab, shake
- g. spank, hit, slap
- h. get child to apologize or make amends
- i. give child extra chores
- j. threaten child with some punishment
- k. shame/embarrass child
- l. promise treat or privilege for good behavior
- m. other (specify)

#49. Who usually dealt with _____'s misbehavior?

- | | | | |
|-----|-----|------|-------|
| 1 | 2 | 3 | 4 |
| Mom | Dad | Both | Other |

#50. What about when both parents were present?

- | | | | |
|-----|-----|------|-------|
| 1 | 2 | 3 | 4 |
| Mom | Dad | Both | Other |

#51. MOTHER'S punishment behavior: How often did (you/ _____'s mother) have to physically punish (TC
___) ...such as spank, grab, shake? *(Give visual aid)*

- | | | | | |
|-------|---------------------------|-----------------------|----------------------|----------------------------|
| Never | Less than
Once a month | About once
a month | About once
a week | About every
day or more |
| 0 | 1 | 2 | 3 | 4 |

*(Ask if yes:) How did (you/___'s mother) usually spank _____?

*What was the most severe thing (you/she) had to do during this period?

(Probe gently for how punishment was administered by each parent. Get just enough information to make ratings. Prompt with leading phrases from the scale.)

- CODES:
- 0 = did not spank or physically punish
 - 1 = mild: a few swats – hand on clothed; slap on hand
 - 2 = moderate: a few swats – object on clothed or hand/bare

3 = several swats, object/bare
 4 = repeated swats, object on bare skin or clothed
 or any very severe contact e.g. should parent report
 some very severe incident like "grabbed TC by the arm
 and threw her in the car"

- A. Mother's usual method:
 B. Mother's most intense method:

#52. FATHER'S punishment behavior: How often did (you/ _____'s father) have to physically punish (TC ___)
 ...such as spank, grab, shake? (*Give visual aid*)

Never	Less than Once a month	About once a month	About once a week	About every day or more
0	1	2	3	4

*(Ask if yes:) How did (you/ _____'s father) usually spank _____?

*What was the most severe thing (you/he) ever had to do during this period?

- A. Father's usual method:
 B. Father's most intense method:

#53. Do you remember any times when _____ was disciplined severely enough that he/she may have been hurt?...like left a mark, bruised, or otherwise harmed. (*Probe if yes*) Tell me about it. (*Specify who disciplined so severely.*)

0	1	2
No	Minor	Major

#54. Did you worry this year that you or someone else may have harmed _____? (*Probe for agency involvement, removal of child, etc. if necessary. Specify who harmed TC.*)

Circle one:

- | | |
|---|---|
| * No concern | 0 |
| * Minor concern; unspecific;
unexplained injuries | 1 |
| * Concerned; possible harm by
family member | 2 |
| * Definite incident of harm by
someone outside the family unit | 3 |
| * Definite incident of harm by
family member | 4 |

#55. All families have conflicts, parents and kids. What kinds of conflicts, arguments, or violence was _____ aware of during this time (shouting, physical fights, pushing, etc.)? (*Probe for description of arguments TC witnessed, or agency involvement, if necessary. Write in parent's free response.*)

- * parent – parent:
- * other in-home:
- * outside the home (neighbors, at the park, other family):

RATING # 17

Rating for punitive discipline – Parent's use of physical or punitive discipline. (*Non-restrictive can include physical control, e.g. when the child is in danger.*)

1	2	3	4	5
non-restrictive,		generally moderate,		severe, strict,

mostly positive
guidance

sometimes physical

often physical

RATING # 18

Rating for physical harm – rater's judgment about whether or not the target child has been severely harmed.

1	2	3	4	5
extremely unlikely	probably not	suspected, possible	probably occurred	authorities involved

RATING # 19

Rating for conflicts with partner – severity of conflicts between partners (note if agency involvement).

8	1	2	3	4	5
No Partner	rarely even shout	mild verbal	major verbal	mild physical major verbal	physical > once

RATING # 20

Rating for other in-home conflicts e.g. ex-spouse, sibling fights, parent-child (exclude moderate levels of physical punishment).

1	2	3	4	5
none	mild verbal	major verbal	mild physical major verbal	physical > once

RATING # 21

Rating for exposure to conflict or violence outside the home.

1	2	3	4	5
none	mild verbal	major verbal	mild physical major verbal	physical > once

#56. During this past year, what changes or adjustments occurred?

(Prompt from list. Fill in TC's age at time of occurrence or onset.)

	<u>No</u>	<u>Mentioned, minor</u>	<u>Emphasized, major</u>
a. moved/major remodel	0	1	2
b. medical prob – child	0	1	2
c. medical – close family	0	1	2
d. death – imp. person	0	1	2
e. divorce – TC's parents	0	1	2
f. separation – TC's parents	0	1	2
g. remarriage/marital reconciliation	0	1	2
h. parent-child separation (include chronic long hrs at work)	0	1	2
i. financial instability	0	1	2
j. legal problems	0	1	2
k. stress/conflicts in extended family	0	1	2
l. sib addition/deletions	0	1	2
m. job-related stress	0	1	2
n. loss of job	0	1	2
o. other _____	0	1	2

#57. How did these changes affect ____? How did he/she react to these changes or to anything specific?
(Write in free response)

1	2	3	4	5
major impact	minor impact	neutral	minor impact	major impact
negative	negative		positive	positive

#58. How were you doing during these years? Did you have chances to get out and do the things you enjoy, with or without the family?

0	1	2	3	4
none	a little,	some,	almost as much as	as much as
	much less than	wanted more	desired, O.K.	desired
	desired			

#59. In what ways was your partner helpful to you during this time? (Probe for each)

a. First, what about as an emotional support i.e. being "there" for you, understanding your needs etc...?

8	1	2	3	4
no partner	no help	minimal	moderate	good

b. Now, how about in practical ways, e.g. with things that needed to get done (such as childcare, housework, other tasks...)?

8	1	2	3	4
no partner	no help	minimal	moderate	good

#60. In what ways were you helpful to your partner? (Probe as above)

a. First, what about as an emotional support i.e. being "there" for him/her, understanding his/her needs etc...?

8	1	2	3	4
no partner	no help	minimal	moderate	good

b. Now, how about in practical ways, e.g. with things that needed to get done?

8	1	2	3	4
no partner	no help	minimal	moderate	good

#61. What friends or relatives were available to you (to spend time with by phone or in person)? (Circle the appropriate code and indicate an approximate number below.)

CODES:	0 = no one specific	Write in the absolute # # of friends ____ # of relatives ____
	1 = 1-2 specific people mentioned	
	2 = 3-4 specific people	
	3 = more than 4	

#62. When you wanted a shoulder to cry on, or needed to let off steam, to whom, if anyone, did you turn to?
(Do not prompt, code free responses only.)

<u>Not mentioned</u>	<u>Mentioned,</u> <u>some help</u>	<u>Mentioned,</u> <u>great help</u>
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a. spouse	0	1	2
b. sib	0	1	2
c. parent	0	1	2
d. friend	0	1	2
e. therapist, counselor, clergy	0	1	2
f. meditation, solitude	0	1	2
g. other _____	0	1	2

#63. What did these people do to be helpful? (No probe. Code each alternative:)

	<u>Not mentioned</u>	<u>Mentioned</u>	<u>Emphasized</u>
a. listened, shared	0	1	2
b. gave needed advice	0	1	2
c. intervened, gave active help	0	1	2
d. affiliation, recreation	0	1	2
e. other (specify)	0	1	2

#64. Have you, ____, or any other member of your family ever been to a counselor, consult with a specialist or been in any kind of special program dealing with family or personal problems or personal growth?

Nothing mentioned	0
Something mentioned	1

#65. Anything else notable happen this past year? Anything else you'd like to add?

0	1	2	3
nothing	mostly positive event(s)	moderately event(s)	very stressful event(s)

RATING # 22

Rating for social contact – parent's sense of having support and contact with people. (Note that normal support includes expressing some sense of isolation. Consider previous items for this rating)

1	2	3	4	5
very isolated	somewhat isolated	normal support	well supported	very well supported

RATING # 23

Rating for stressors – extent of stressful, challenging events reported in this era.

1	2	3	4	5
minimal challenge	little stress	moderate or average stress	somewhat stressful	severe and/or frequent challenges

RATING # 24

Rating for stressful impact – parent's expression of distress vs. sense of control and resolution regarding life's challenges. (Refer to items above – base your rating on parent's description of events.)

1	2	3	4	5
very little distress	a little distress	some distress	moderately high distress	very high distress or

or denial

denial