

THIS SURVEY IS AUTHORIZED BY JTPA TITLE IV PART D SECTION 452

BEGIN DECK 01

NORC-4440-102

CASE # _____ - | | |

OMB 0925-0278

EXP 12-31-86

1-7/

8-9/

NORC
University of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH
OHIO STATE UNIVERSITY

NATIONAL LONGITUDINAL SURVEY OF LABOR FORCE BEHAVIOR

MOTHER SUPPLEMENT

ROUND EIGHT

Youth Survey, 1986

INTERVIEWER

CODE ONE:

SELF ADMINISTERED..... 1

INTERVIEWER
ADMINISTERED..... 2

TELEPHONE ADMINISTERED... 3

12/

MOTHER SUPPLEMENT

SECTION	MS-PAGE #	SECTION	MS-PAGE #
(1) HOME ENVIRONMENT		(2) MOTOR/SOCIAL DEVLPMNT	
(1A).....	3	(3).....	33
(1B).....	7	(3A).....	35
(1C).....	11	(3B).....	37
(3) HOW MY CHILD ACTS		(3C).....	39
(2A).....	17	(3D).....	41
(2B).....	23	(3E).....	43
(2C).....	27	(3F).....	45
		(3G).....	47
		(3H).....	49
		(4) BEHAVIOR PROBLEMS	
		(4).....	51

INTERVIEWER: Circle Sub-Sections Mother is to self-administer. At end of interview, cross out each completed sub-Section.

CHILD'S AGE	The Home	How Child Acts	Motor/Soc Developmt	Behavior Problems
BIRTH:				
0 MOS - 3 MOS	1A	2A	3A	
4 MOS - 6 MOS	1A	2A	3B	
7 MOS - 9 MOS	1A	2A	3C	
10 MOS - 11 MOS	1A	2A	3D	
1 YEAR:				
12 MOS	1A	2B	3D	
13 MOS - 15 MOS	1A	2B	3E	
16 MOS - 18 MOS	1A	2B	3F	
19 MOS - 21 MOS	1A	2B	3G	
22 MOS - 23 MOS	1A	2B	3H	
2 YRS - 2 YRS, 11 MOS	1A	2C	3H	
3 YRS - 3 YRS, 11 MOS	1B	2C	3H	
4 YRS - 5 YRS, 11 MOS	1B	2C		4
6 YRS - 6 YRS, 11 MOS	1C	2C		4
7 YRS AND OLDER	1C			4

MOTHER SUPPLEMENT

INTRODUCTION TO THE MOTHER/GUARDIAN:

There are four sections in this booklet. You do **only one part** in each section according to the age of your child.

Your child's name is written on the parts you complete. Pages that do not apply to your child are crossed out. Please double check that your child's name appears on the pages intended for his or her age group.

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

Please check that the information below is correct. If it is not, please tell the interviewer immediately.

1. _____ 13-14/
(CHILD'S FULL NAME) CHILD ID
2. INTERVIEW DATE: _____ 15-20/
MONTH DAY YEAR
3. CHILD'S AGE: _____ 21-24/
YEARS MONTHS
4. _____ 25-26/
(FULL NAME OF MOTHER/GUARDIAN) (RELATION TO CHILD)

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

- (1) If your child has **not yet had his/her 3rd birthday**, use PART A, page MS-3.
- (2) If your child is **at least 3 years old but has not had his/her 6th birthday**, use PART B, page MS-7.
- (3) If your child has **had his/her 6th birthday**, use PART C, page MS-11.

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SECTION 1: THE HOME

PART A: FOR CHILDREN WHO ARE FROM BIRTH - 2 YEARS, 11 MONTHS

For _____ who **has not yet** had his/her 3rd birthday.

CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

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

1. About how often does your child have a chance to get out of the house (either by himself/herself, or with an older person)?

(CIRCLE ONE)

Does not go yet, too young..... 01
About once a month or less..... 02
A few times a month..... 03
About once a week..... 04
A few times a week..... 05
4 or more times a week..... 06
Every day..... 07

27-28/

2. About how many children's books does your child have of his/her own?

(CIRCLE ONE)

None, too young..... 1
1 or 2 books..... 2
3 to 9 books..... 3
10 or more books..... 4

29/

Please turn to next page

3. How often do you get a chance to read stories to your child?

(CIRCLE ONE)

Never..... 1 30/
 Several times a year..... 2
 Several times a month..... 3
 Once a week..... 4
 About 3 times a week..... 5
 Every day..... 6

4. About how often do you take your child to the grocery store?

(CIRCLE ONE)

Twice a week or more..... 1 31/
 Once a week..... 2
 Once a month..... 3
 Hardly ever, prefer to go alone... 4

5. About how many, if any, cuddly, soft or role-playing toys (like a doll) does your child have? (May be shared with sister or brother.)
 (WRITE IN NUMBER OF TOYS.)

32-33/

Number of Toys =

6. About how many, if any, push or pull toys does your child have? (May be shared with sister or brother.) (WRITE IN NUMBER OF TOYS.)

Number of Toys =

34-35/

7. Some parents spend time teaching their children new skills while other parents believe children learn best on their own. Which of the following best describes your attitude?

(CIRCLE ONE)

"Parents should always spend
time teaching their children"..... 1 36/
 "Parents should usually spend
time teaching their children"..... 2
 "Parents should usually allow their
 children to learn on their own"..... 3
 "Parents should always allow their
 children to learn on their own"..... 4

Please turn to next page

8. Does your child see his/her father or father-figure on a daily basis?

Yes..... 1

37/

No..... 0

IF YES: How often does your child eat a meal with both mother and father or father-figure?

(CIRCLE ONE)

More than once a day..... 1

38/

Once a day..... 2

Several times a week..... 3

Once a week..... 4

Once a month or less often..... 5

Never..... 6

9. Children seem to demand attention when their parents are busy, doing housework, for example. How often do you talk to your child while you are working?

(CIRCLE ONE)

Always talk to child when I'm working..... 1

39/

Often talk to child when I'm working..... 2

Sometimes talk to child when I'm working..... 3

Rarely talk to child when I'm working..... 4

Never talk to child when I'm working..... 5

10. Sometimes kids mind pretty well and sometimes they don't. Have you had to spank your child in the past week?

YES..... 1

40/

NO..... 0

IF YES: About how many times in the past week?
(WRITE IN NUMBER OF TIMES)

Number of Times:

41-42/

MOTHER/GUARDIAN:

(1) If your child **has not had** his/her **1st birthday**, go to SECTION 2, PART A, page MS-17.

(2) If your child **has had** his/her **1st birthday** but **has not had** his/her **2nd birthday**, go to SECTION 2, PART B, page MS-23.

(3) If your child **has had** his/her **2nd birthday**, go to SECTION 2, PART C, page MS-27.

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SECTION 1: THE HOME

PART B: FOR CHILDREN WHO ARE 3 YEARS - 5 YEARS, 11 MONTHS

For _____ who **has had** his/her **3rd** birthday but **has**
CHILD'S NAME not had his/her **6th** birthday.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

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

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

(CIRCLE 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

43/

2. About how many children's books does your child have of his/her own?

(CIRCLE ONE)

None, too young..... 1
1 or 2 books..... 2
3 to 9 books..... 3
10 or more books..... 4

44/

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

(CIRCLE ONE)

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

45/

Please turn to next page

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

YES..... 1
NO..... 0

46/

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)

Numbers..... 1 47/
The alphabet..... 2 48/
Colors..... 3 49/
Shapes and sizes..... 4 50/

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

(CIRCLE ONE)

A great deal of choice..... 1 51/
Some choice..... 2
Little choice..... 3
No choice..... 4

7. About how many hours is the TV on in your home each day?
(WRITE IN HOURS PER DAY)

HOURS PER DAY =

DO NOT HAVE A TV..... 96 52-53/

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..... 01 54-55/
Send him/her to his/her room..... 02 56-57/
Spank him/her..... 03 58-59/
Talk to him/her..... 04 60-61/
Ignore it..... 05 62-63/
Give him/her household chore..... 06 64-65/
Other (SPECIFY) _____
_____ 07 66-67/

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

(CIRCLE ONE)

A few times a year or less.....	1	68/
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 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 ONE)

Never, too young.....	1	69/
Once or twice.....	2	
Several times.....	3	
Monthly	4	
Weekly or more frequently.....	5	

11. Does your child see his/her father or father-figure on a daily basis?

YES.....	1	70/
NO.....	0	

IF YES: How often does your child eat a meal with both mother and father or father-figure?

(CIRCLE ONE)

More than once a day.....	1	71/
Once a day.....	2	
Several times a week.....	3	
About once a month.....	5	
Never.....	6	

Please turn to next page

12. Sometimes kids mind pretty well and sometimes they don't. Have you had to spank your child in the past week?

YES..... 1

72/

NO..... 2

IF YES: About how many times in the past week?

NUMBER OF TIMES =

73-74/

MOTHER/GUARDIAN: Please go to **SECTION 2, PART C**, page MS-27.

SECTION 1: THE HOME

PART C: FOR CHILDREN WHO ARE 6 YEARS AND OLDER

For _____ who **has had** his/her **6th** birthday or higher.
 CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in your family's lifestyle and rules.

Some questions you answer with a YES or NO or other word or phrase. Please circle the number that goes with the answer you choose.

Other questions have boxes for you to write in an answer.

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

1. About how many books does your child have?

(CIRCLE ONE)

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

12/

2. About how often did/do you read stories to your child?

(CIRCLE 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

13/

Please turn to next page

3. How often is your child expected to do each of the following?
(CIRCLE THE NUMBER FOR EACH QUESTION)

a. Make his/her own bed?	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 10px;"> 1 2 3 4 5 </div> <div style="display: flex; justify-content: space-between; margin: 0 10px;"> Almost Never Less than 1/2 the time 1/2 the time More than 1/2 the time Almost Always </div>	14/
b. Clean his/her own room?	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 10px;"> 1 2 3 4 5 </div> <div style="display: flex; justify-content: space-between; margin: 0 10px;"> Almost Never Less than 1/2 the time 1/2 the time More than 1/2 the time Almost Always </div>	15/
c. Clean up after spills?	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 10px;"> 1 2 3 4 5 </div> <div style="display: flex; justify-content: space-between; margin: 0 10px;"> Almost Never Less than 1/2 the time 1/2 the time More than 1/2 the time Almost Always </div>	16/
d. Bathe himself/herself?	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 10px;"> 1 2 3 4 5 </div> <div style="display: flex; justify-content: space-between; margin: 0 10px;"> Almost Never Less than 1/2 the time 1/2 the time More than 1/2 the time Almost Always </div>	17/
e. Pick up after himself/herself?	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 10px;"> 1 2 3 4 5 </div> <div style="display: flex; justify-content: space-between; margin: 0 10px;"> Almost Never Less than 1/2 the time 1/2 the time More than 1/2 the time Almost Always </div>	18/

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

YES..... 1

NO..... 0

19/

-
5. Does your family get a daily newspaper?

YES..... 1

NO..... 0

20/

Please turn to next page

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

(CIRCLE ONE)

Once a year or less.....	1	26/
A few times a year.....	2	
Once a month.....	3	
Two or three times a month.....	4	
Once a week or more.....	5	

12. Does your child see and spend time with his or her father or father-figure?

YES.....	1	27/
NO.....	0	

IF YES: About how often does he or she spend time with his/her father or father-figure?

(CIRCLE ONE)

Once a day or more often.....	1	28/
At least 4 times a week.....	2	
Once a week.....	3	
Once a month.....	4	
A few times a year or less.....	5	

IF YES: About how often does your child spend time with his/her father or father-figure in outdoor activities?

(CIRCLE ONE)

Once a day or more often.....	1	29/
At least 4 times a week.....	2	
Once a week.....	3	
Once a month.....	4	
A few times a year or less.....	5	
Don't know.....	6	

IF YES: How often does your child eat a meal with both mother and father or father-figure?

(CIRCLE ONE)

More than once a day.....	1	30/
Once a day.....	2	
Several times a week.....	3	
About once a week.....	4	
About once a month.....	5	
Never.....	6	

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

(CIRCLE ONE)

Every day.....	1	21/
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	22/
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	23/
NO.....	0	

9. 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 ONE)

Never.....	1	24/
Once or twice.....	2	
Several times.....	3	
About once a Month.....	4	
About once a Week or more often...	5	

10. 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 ONE)

Never.....	1	25/
Once or twice.....	2	
Several times.....	3	
About once a month or more.....	4	
About once a week or more.....	5	

Please turn to next page

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

Yes..... 1

31/

No..... 0

Do not have a TV..... 6

14. 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 actions you would take if this happened.

(CIRCLE **ALL** THAT APPLY)

Grounding.....	01	32-33/
Spanking.....	02	34-35/
Talk with child.....	03	36-37/
Give him or her household chore.....	04	38-39/
Ignore it.....	05	40-41/
Send to room for more than 1 hour.....	06	42-43/
Other (SPECIFY) _____	07	44-45/

15. Sometimes kids mind pretty well and sometimes they don't. Have you had to spank your child in the past week?

YES..... 1

46/

NO..... 0

IF YES: About how many times in the past week?

47-48/

Number of Times =

MOTHER/GUARDIAN:

- (1) If your child **has not had** his/her **7th birthday**, go to SECTION 2, PART C, page MS-27.
- (2) If your child is **at least age 7 years** or older, go to SECTION 4, page MS-51.

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SECTION 2: HOW MY INFANT USUALLY ACTS

PART A: FOR CHILDREN WHO ARE FROM BIRTH - 11 MONTHS

For _____ who has **not yet** had his/her **1st birthday**.
 CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in how your infant normally acts during an average day.
 Please think about your infant during the last two weeks.

If your infant was not generally healthy during the last two weeks, think back
 to the last two-week time period when your infant was his or her normal self.

The following questions ask about how **often** your infant acted in a certain way.
 Think it over before circling the number that goes with your answer.

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

1. During feeding, how often does your infant squirm and kick?

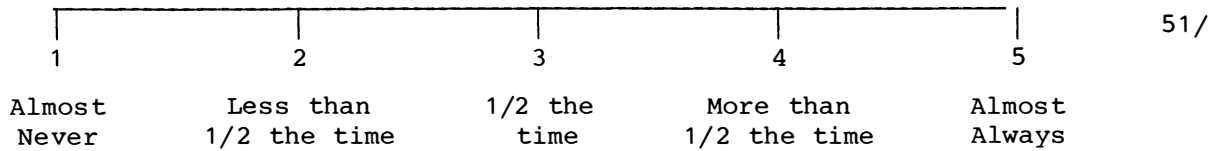
1	2	3	4	5	49/
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

2. During feeding, how often does your infant wave his/her arms?

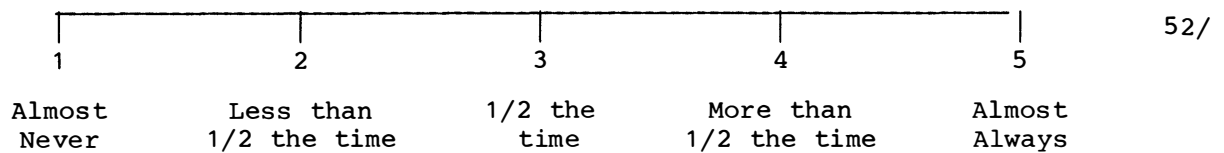
1	2	3	4	5	50/
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

Please turn to next page

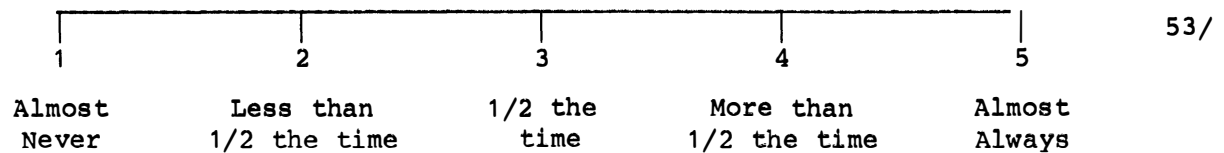
3. During sleep, how often does he/she usually move around in the crib?



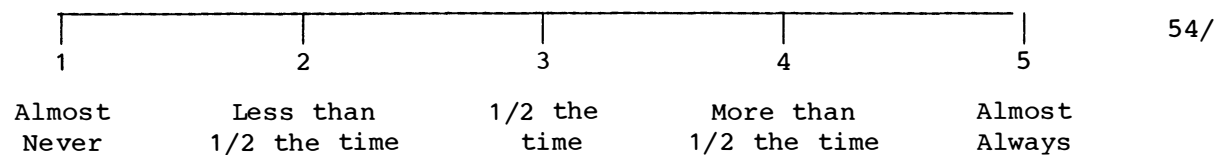
4. Some children get sleepy about the same time each evening, give or take 15 minutes. How often does your child do this?



5. Some children get hungry at about the same time each day, give or take 15 minutes. How often does your child do this?

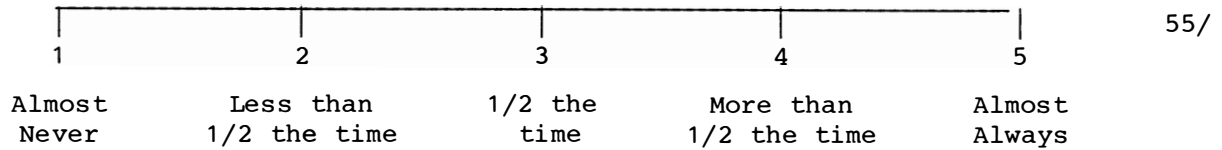


6. When your infant wakes up in the morning, how often is he/she in the same mood?

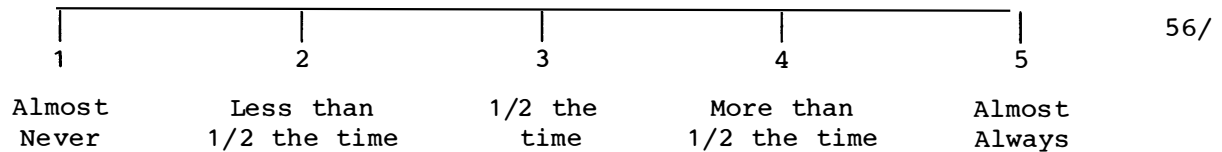


Please turn to next page

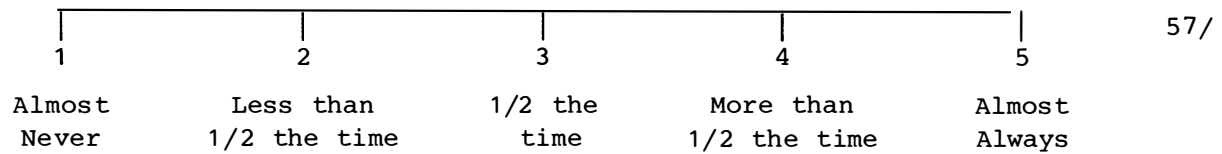
7. When your infant sees a stranger, how often does he/she turn away or cry as if afraid?



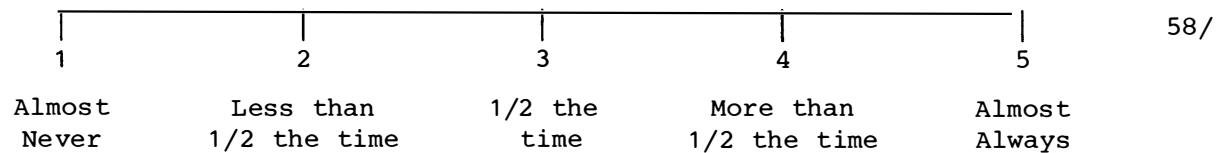
8. When your infant sees an unfamiliar dog or cat, how often does he/she turn away or cry as if afraid?



9. When you leave the room and leave your infant alone, how often does he/she become upset?

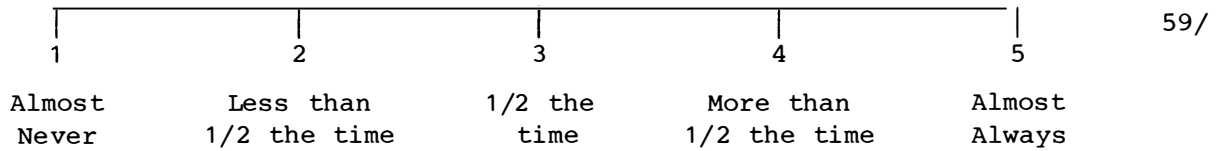


10. When you take him/her to the doctor, dentist or nurse, how often does he/she turn away or cry as if afraid?

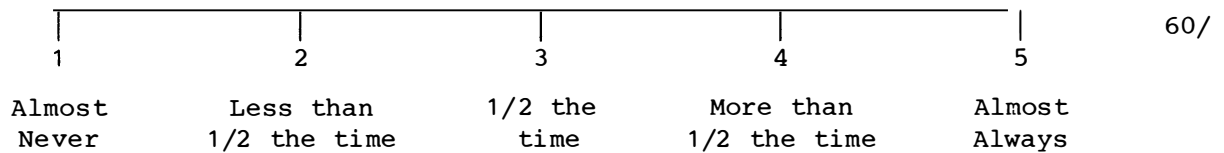


Please turn to next page

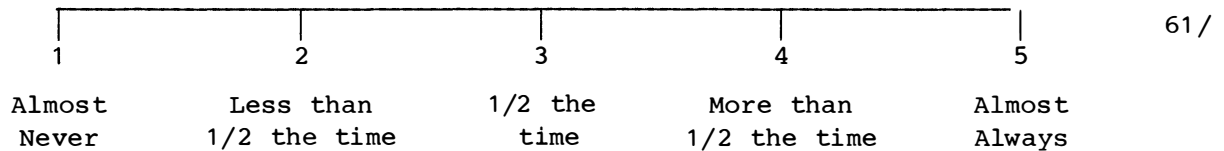
11. When you play with your infant, how often does he/she smile or laugh?



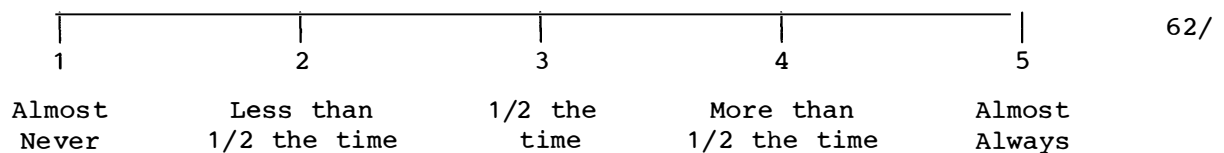
12. When your infant plays alone, how often does he/she smile or laugh?



13. When your infant is in the bath, how often does he/she smile or laugh?



14. When your infant hears an unexpected loud sound (for example, a car back-firing or a vacuum cleaner), how often does he/she cry or become upset?



Please turn to next page

15. How often do you have trouble soothing or calming your infant when he/she is crying or upset?

1	2	3	4	5
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always

63/

MOTHER/GUARDIAN: PLEASE NOTE THAT THE ANSWERS TO QUESTIONS 16 AND 17 ARE DIFFERENT FROM THE REST.

16. During the average day, how often does your infant get fussy and irritable?

1	2	3	4	5
Almost Never	Once or twice a day	Couple times in AM and PM	Several times a day	Almost every hour

64/

-
17. In general, compared with most babies, how often does your infant cry and fuss?

1	2	3	4	5
Almost Never	Less than average	About average	More than average	Almost Always

65/

MOTHER/GUARDIAN: Please go to SECTION 3, page MS-33.

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SECTION 2: HOW MY TODDLER USUALLY ACTS

PART B: FOR CHILDREN WHO ARE AGES 12 MONTHS - 23 MONTHS

For _____ who **has had** his/her **1st birthday** but **has not**
CHILD'S NAME had his/her **second birthday**.

INSTRUCTIONS TO MOTHER/GUARDIAN:

We are interested in how your toddler normally acts during an average day. Please think about your toddler during the last two weeks.

If your toddler was not generally healthy during the last two weeks, think back to the last two week time period when your toddler was his or her normal self.

The following questions ask about how **often** your toddler acted in a certain way. Think it over before circling the number that goes with your answer.

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

1. When your toddler sees a stranger, how often does he/she turn away or cry as if afraid?

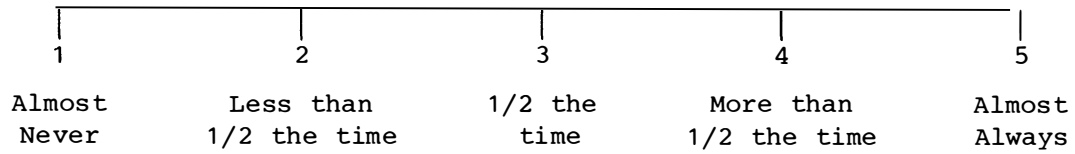
					66/
1	2	3	4	5	
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

2. When your toddler sees an unfamiliar dog or cat, how often does he/she turn away or cry as if afraid?

					67/
1	2	3	4	5	
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

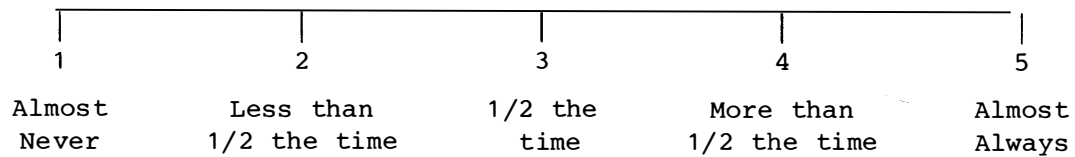
Please turn to next page

3. When you leave the room and leave your toddler alone, how often does he/she become upset?



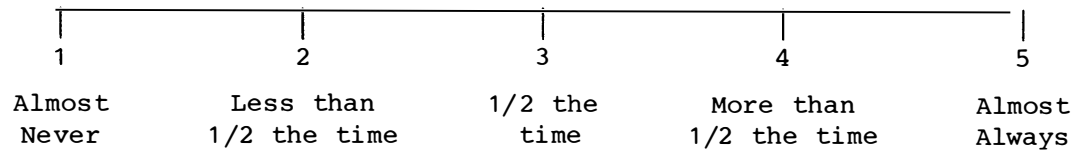
68/

4. When you take him/her to the doctor, dentist or nurse, how often does he/she turn away or cry as if afraid?



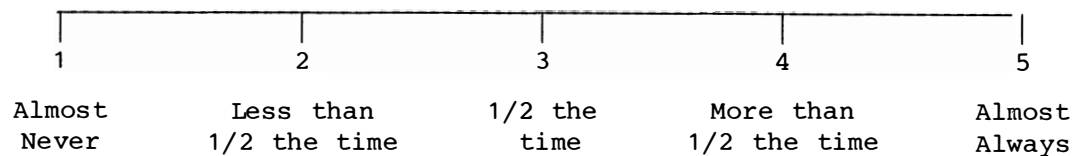
69/

5. When you play with your toddler, how often does he/she smile or laugh?



70/

6. When your toddler plays alone, how often does he/she smile or laugh?



71/

Please turn to next page

7. When your toddler is in the bath, how often does he/she smile or laugh?

1	2	3	4	5	72/
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

8. When your toddler hears an unexpected loud sound (for example, a car back-firing or a vacuum cleaner), how often does he/she cry or become upset?

1	2	3	4	5	73/
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

9. How often do you have trouble soothing or calming your toddler when he/she is crying or upset?

1	2	3	4	5	74/
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always	

MOTHER/GUARDIAN: PLEASE NOTE THAT THE ANSWERS TO QUESTIONS 10 AND 11 ARE DIFFERENT FROM THE REST.

10. During the average day, how often does your toddler get fussy and irritable?

1	2	3	4	5	75/
Almost Never	Once or twice a day	Couple times in AM and PM	Several times a day	Almost every hour	

11. In general, compared with most toddlers, how often does your toddler cry and fuss?

1	2	3	4	5	76/
Almost Never	Less than average	About average	More than average	Almost Always	

MOTHER/GUARDIAN:

Please go to SECTION 3, page MS-33.

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SECTION 2: HOW MY CHILD USUALLY ACTS

PART C: CHILDREN WHO ARE 2 YEARS - 6 YEARS, 11 MONTHS

For _____ who **has had** his/her **2nd birthday**, but
 Child's Name **has not had** his/her **7th birthday**.

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. Think it over before circling the answer that goes with your answer.

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

1. When it is mealtime, how often does your child eat what you want
 him/her to eat?

1	2	3	4	5
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always

12/

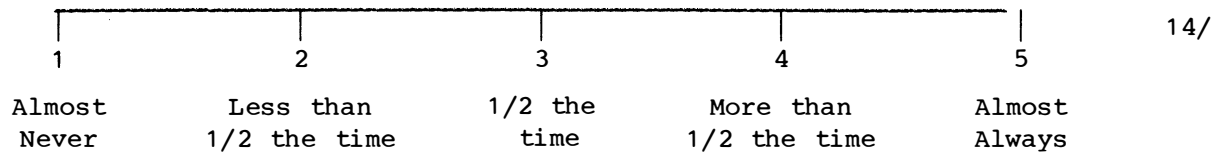
2. When your child doesn't eat what you want him/her to eat and you tell
 him/her to do so, how often does he/she obey and eat?

1	2	3	4	5
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always

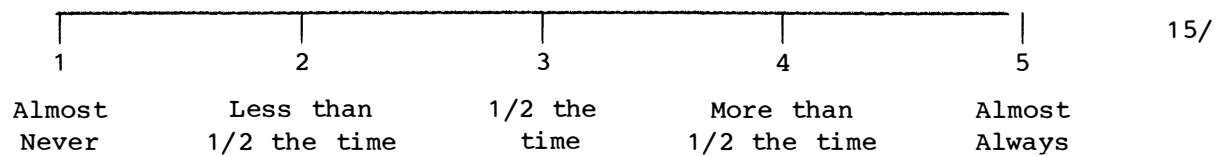
13/

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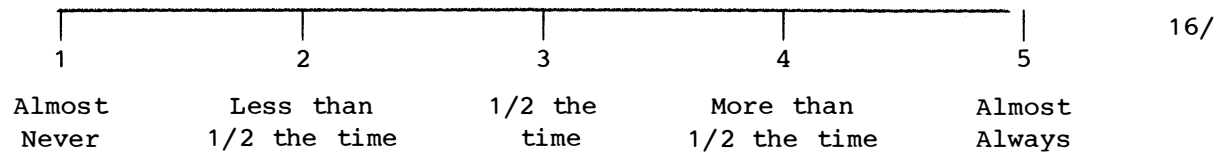
3. When it is your child's bedtime, how often does he/she protest or resist going to bed?



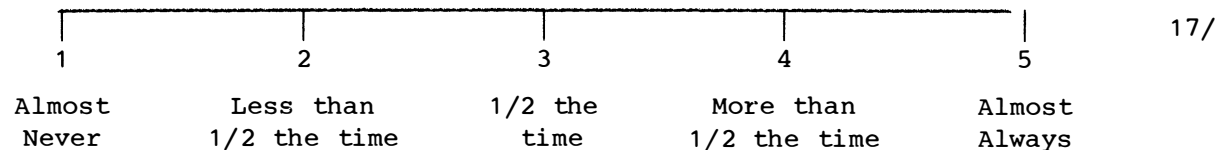
4. When he/she does protest and you tell him/her again to go to bed, how often does he/she do so?



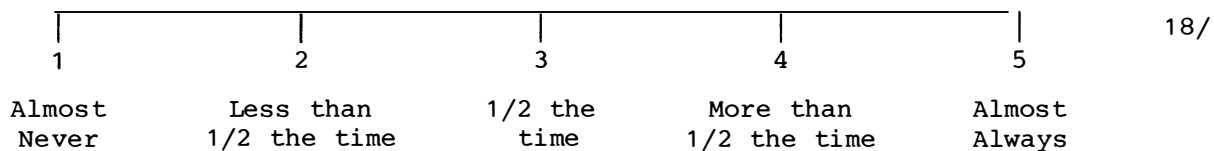
5. When you tell your child to turn off the TV, how often does he/she do so without protest?



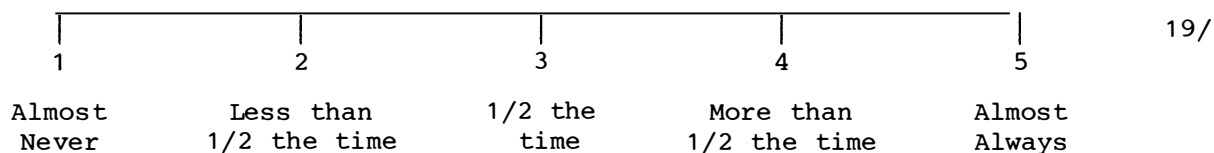
6. When he/she does protest and you tell him/her again to turn off the TV, how often does he/she do so?



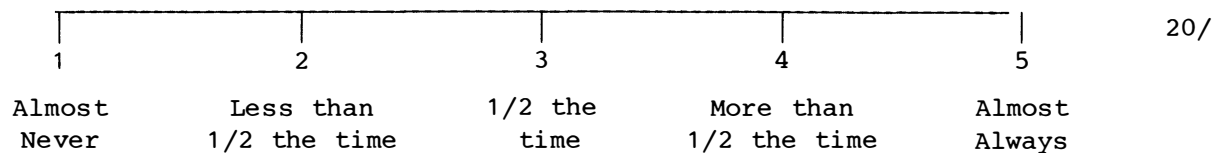
7. When your child meets a new child about the same age, how often is he/she shy at first?



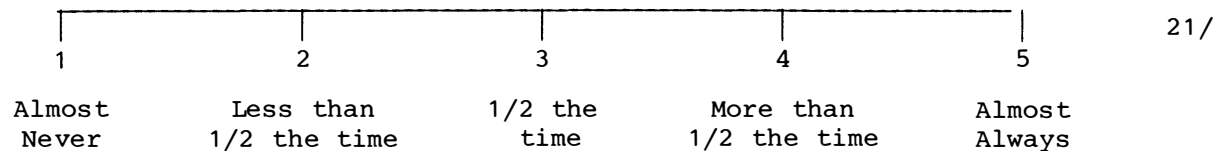
8. When your child meets an adult he/she does not know, how often is he/she shy at first?



9. How often does your child cry when he/she hurts him/herself a little bit?

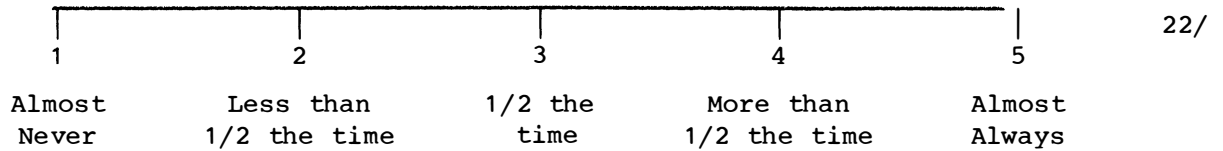


10. How often does he/she laugh and smile easily (for example, when **no one** is touching him/her)?

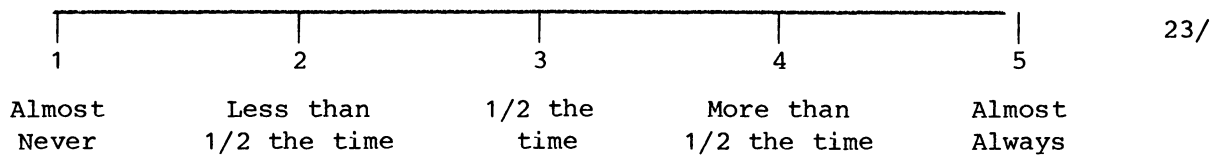


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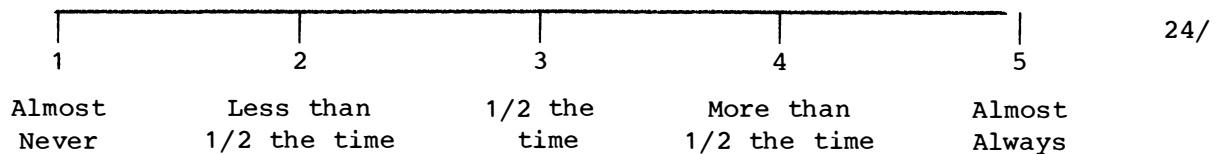
11. When your child is with other children his/her own age, how often does he/she fight, take toys, hit, and so on?



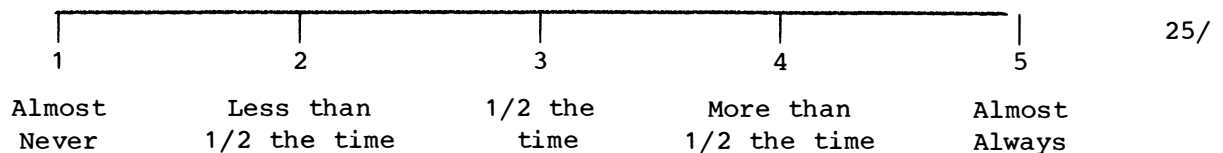
12. When your child is with other child his/her own age, how often does he/she willingly share toys?



13. How often do you have trouble soothing or calming your child when he/she is upset?

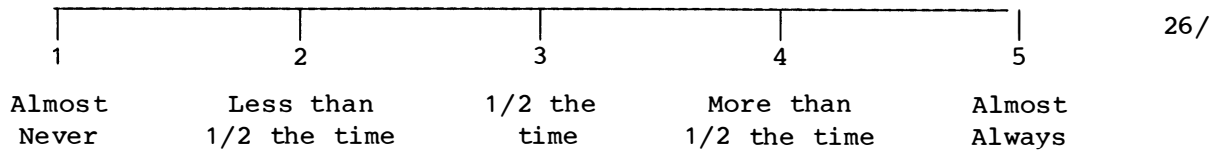


14. When your child is playing, how often does he/she stay close to you and make sure that he/she can still see you?

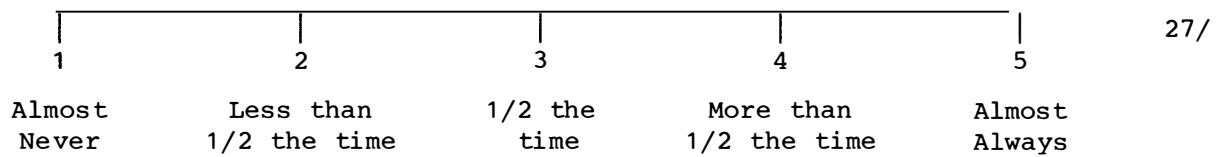


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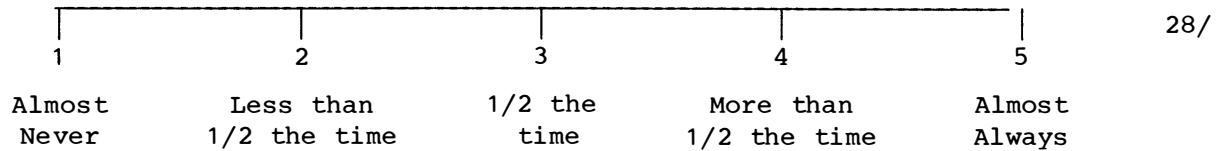
15. How often does he/she try to copy what you do or how you act? (You may not always allow him/her to do this.)



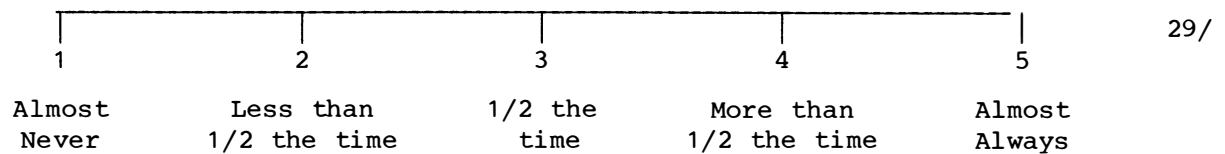
16. When you leave the room and leave your child alone, how often does he/she get upset?



17. How often is your child demanding and impatient even when you are busy?



18. When you get upset about something, how often does your child get worried, or try to help, or make you feel better?



Please turn to next page

19. How often does your child want you to help with the things he/she is doing?

1	2	3	4	5
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always

30/

20. During the past year, how often has your child slept through the night?

1	2	3	4	5
Almost Never	Less than 1/2 the time	1/2 the time	More than 1/2 the time	Almost Always

31/

MOTHER/GUARDIAN:

- (1) If your child has **not** yet had his/her **4th** birthday, please go to SECTION 3, page MS-33.
- (2) If your child is **4 years or older**, please go to SECTION 4, page MS-51.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT**CHILDREN WHO ARE FROM BIRTH - 3 YEARS, 11 MONTHS**

For _____ who **has not yet had his/her 4th birthday.**
CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

This section asks you questions about things children do at different ages. Think over each question before **circling** the number that goes with your answer:

1 for YES, 0 for NO

You will fill out **only two pages** in this section. Find the page with your **child's name on it**. Check that your child is the age listed. Answer the 15 questions for your child.

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

PART FOR CHILD AGES . . .

FOUND ON . . .

0-3 MOS.....	page MS-35
4-6 MOS.....	page MS-37
7-9 MOS.....	page MS-39
10-12 MOS.....	page MS-41
13-15 MOS.....	page MS-43
16-18 MOS.....	page MS-45
19-21 MOS.....	page MS-47
22 MOS-3 YRS, 11 MOS.....	page MS-49

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- | | | |
|---|-------------------------|-----|
| 8. While lying on his/her back and being pulled up to a sitting position, did your child ever hold his/her head stiffly so that it DID NOT hang back as he/she was pulled up? | YES..... 1
NO..... 0 | 39/ |
| <hr/> | | |
| 9. Has your child ever laughed out loud without being tickled or touched? | YES..... 1
NO..... 0 | 40/ |
| <hr/> | | |
| 10. Has your child ever held in one hand a moderate size object such as a block or a rattle? | YES..... 1
NO..... 0 | 41/ |
| <hr/> | | |
| 11. Has your child ever rolled over on his/her own ON PURPOSE? | YES..... 1
NO..... 0 | 42/ |
| <hr/> | | |
| 12. Has your child ever seemed to enjoy looking in the mirror at himself or herself? | YES..... 1
NO..... 0 | 43/ |
| <hr/> | | |
| 13. Has your child ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out? | YES..... 1
NO..... 0 | 44/ |
| <hr/> | | |
| 14. Has your child ever looked around with his/her eyes for a toy which was lost or not nearby? | YES..... 1
NO..... 0 | 45/ |
| <hr/> | | |
| 15. Has your child ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else? | YES..... 1
NO..... 0 | 46/ |

**MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have any questions about any section, be sure to ask now. Thank you.**

INTERVIEWER: SKIP TO Q.29, MS-57

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART B: (4-6 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least **4 months** old, but **not yet 7 months** old,
 Child's Name please answer these 15 questions.

- | | | |
|---|-------------------------|-----|
| 1. While lying on his/her back and being pulled up to a sitting position, has your child ever held his/her head stiffly so that it DID NOT hang back as he/she was pulled up? | YES..... 1
NO..... 0 | 47/ |
| <hr/> | | |
| 2. Has your child ever laughed out loud without being tickled or touched? | YES..... 1
NO..... 0 | 48/ |
| <hr/> | | |
| 3. Has your child ever held in one hand a moderate size object such as a block or a rattle? | YES..... 1
NO..... 0 | 49/ |
| <hr/> | | |
| 4. Has your child ever rolled over on his/her own ON PURPOSE? | YES..... 1
NO..... 0 | 50/ |
| <hr/> | | |
| 5. Has your child ever seemed to enjoy looking in the mirror at himself/herself? | YES..... 1
NO..... 0 | 51/ |
| <hr/> | | |
| 6. Has your child ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out? | YES..... 1
NO..... 0 | 52/ |
| <hr/> | | |
| 7. Has your child ever looked around with his/her eyes for a toy which was lost or not nearby? | YES..... 1
NO..... 0 | 53/ |

Please turn to next page

- | | | |
|---|-------------------------|-----|
| 8. Has your child ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else? | YES..... 1
NO..... 0 | 54/ |
| <hr/> | | |
| 9. Has your child ever sat for 10 minutes without any support at all? | YES..... 1
NO..... 0 | 55/ |
| <hr/> | | |
| 10. Has your child ever pulled himself/herself to a standing position without help from another person? | YES..... 1
NO..... 0 | 56/ |
| <hr/> | | |
| 11. Has your child ever crawled when left lying on his/her stomach? | YES..... 1
NO..... 0 | 57/ |
| <hr/> | | |
| 12. Has your child ever said any recognizable words such as "mama" or "dada"? | YES..... 1
NO..... 0 | 58/ |
| <hr/> | | |
| 13. Has your child ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger? | YES..... 1
NO..... 0 | 59/ |
| <hr/> | | |
| 14. Has your child ever walked at least 2 steps with one hand held or holding on to something? | YES..... 1
NO..... 0 | 60/ |
| <hr/> | | |
| 15. Has your child ever waved good-bye without help from another person? | YES..... 1
NO..... 0 | 61/ |

**MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have any questions about any section, be sure to ask now. Thank you.**

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT**PART C: (7-9 MONTHS)****MOTHER/GUARDIAN:**

If _____ is at least 7 months old, but not yet 10 months old,
 Child's Name please answer these 15 questions.

- | | | |
|---|-------------------------|-----|
| 1. Has your child ever seemed to enjoy looking in the mirror at himself/herself? | YES..... 1
NO..... 0 | 62/ |
| <hr/> | | |
| 2. Has your child ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out? | YES..... 1
NO..... 0 | 63/ |
| <hr/> | | |
| 3. Has your child ever looked around with his/her eyes for a toy which was lost or not nearby? | YES..... 1
NO..... 0 | 64/ |
| <hr/> | | |
| 4. Has your child ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else? | YES..... 1
NO..... 0 | 65/ |
| <hr/> | | |
| 5. Has your child ever sat for 10 minutes without any support at all? | YES..... 1
NO..... 0 | 66/ |
| <hr/> | | |
| 6. Has your child ever pulled himself/herself to a standing position without help from another person? | YES..... 1
NO..... 0 | 67/ |
| <hr/> | | |
| 7. Has your child ever crawled when left lying on his/her stomach? | YES..... 1
NO..... 0 | 68/ |

Please turn to next page

- | | | |
|---|-------------------------|-----|
| 8. Has your child ever said any recognizable words such as "mama" or "dada"? | YES..... 1
NO..... 0 | 69/ |
| <hr/> | | |
| 9. Has your child ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger? | YES..... 1
NO..... 0 | 70/ |
| <hr/> | | |
| 10. Has your child ever walked at least 2 steps with one hand held or holding on to something? | YES..... 1
NO..... 0 | 71/ |
| <hr/> | | |
| 11. Has your child ever waved good-bye without help from another person? | YES..... 1
NO..... 0 | 72/ |
| <hr/> | | |
| 12. Has your child ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud? | YES..... 1
NO..... 0 | 73/ |
| <hr/> | | |
| 13. Has your child ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining? | YES..... 1
NO..... 0 | 74/ |
| <hr/> | | |
| 14. Has your child ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person? | YES..... 1
NO..... 0 | 75/ |
| <hr/> | | |
| 15. Has your child ever walked at least 2 steps without holding on to anything or another person? | YES..... 1
NO..... 0 | 76/ |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer. If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART D: (10-12 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 10 months old, but not yet 13 months old,
 Child's Name please answer these 15 questions.

- | | | |
|--|------------------------|-----|
| 1. Has your child ever crawled when left lying on his/her stomach? | YES.... 1
NO..... 0 | 12/ |
| <hr/> | | |
| 2. Has your child ever said any recognizable words such as "mama" or "dada"? | YES.... 1
NO..... 0 | 13/ |
| <hr/> | | |
| 3. Has your child ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger? | YES.... 1
NO..... 0 | 14/ |
| <hr/> | | |
| 4. Has your child ever walked at least 2 steps with one hand held or holding on to something? | YES.... 1
NO..... 0 | 15/ |
| <hr/> | | |
| 5. Has your child ever waved good-bye without help from another person? | YES.... 1
NO..... 0 | 16/ |
| <hr/> | | |
| 6. Has your child ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud? | YES.... 1
NO..... 0 | 17/ |
| <hr/> | | |
| 7. Has your child ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining? | YES.... 1
NO..... 0 | 18/ |

- | | | |
|---|-------------------------|-----|
| 8. Has your child ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person? | YES..... 1
NO..... 0 | 19/ |
| <hr/> | | |
| 9. Has your child ever walked at least 2 steps without holding on to anything or another person? | YES..... 1
NO..... 0 | 20/ |
| <hr/> | | |
| 10. Has your child ever crawled up at least 2 stairs or steps? | YES..... 1
NO..... 0 | 21/ |
| <hr/> | | |
| 11. Has your child said 2 recognizable words besides "mama" and "dada"? | YES..... 1
NO..... 0 | 22/ |
| <hr/> | | |
| 12. Has your child ever run? | YES..... 1
NO..... 0 | 23/ |
| <hr/> | | |
| 13. Has your child ever said the name of a familiar object, such as a ball? | YES..... 1
NO..... 0 | 24/ |
| <hr/> | | |
| 14. Has your child ever made a line with a crayon or pencil? | YES..... 1
NO..... 0 | 25/ |
| <hr/> | | |
| 15. Did your child ever walk up at least 2 stairs with one hand held or holding the railing? | YES..... 1
NO..... 0 | 26/ |

**MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have questions about any section, be sure to ask now. Thank you.**

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT**PART E: (13-15 MONTHS)****MOTHER/GUARDIAN:**

If _____ is at least 13 months old, but not yet 16 months old,
 Child's Name please answer these 15 questions.

- | | | |
|--|------------------------|-----|
| 1. Has your child ever waved good-bye without help from another person? | YES.... 1
NO..... 0 | 27/ |
| <hr/> | | |
| 2. Has your child ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud? | YES.... 1
NO..... 0 | 28/ |
| <hr/> | | |
| 3. Has your child ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining? | YES.... 1
NO..... 0 | 29/ |
| <hr/> | | |
| 4. Has your child ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person? | YES.... 1
NO..... 0 | 30/ |
| <hr/> | | |
| 5. Has your child ever walked at least 2 steps without holding on to anything or another person? | YES.... 1
NO..... 0 | 31/ |
| <hr/> | | |
| 6. Has your child ever crawled up at least 2 stairs or steps? | YES.... 1
NO..... 0 | 32/ |
| <hr/> | | |
| 7. Has your child said 2 recognizable words besides "mama" and "dada"? | YES.... 1
NO..... 0 | 33/ |

Please turn to next page

- | | | |
|--|------------------------|-----|
| 8. Has your child ever run? | YES.... 1
NO..... 0 | 34/ |
| <hr/> | | |
| 9. Has your child ever said the name of a familiar object such as a ball? | YES.... 1
NO..... 0 | 35/ |
| <hr/> | | |
| 10. Has your child ever made a line with a crayon or pencil? | YES.... 1
NO..... 0 | 36/ |
| <hr/> | | |
| 11. Did your child ever walk up at least 2 stairs with one hand held or holding the railing? | YES.... 1
NO..... 0 | 37/ |
| <hr/> | | |
| 12. Has your child ever fed himself/herself with a spoon or fork without spilling much? | YES.... 1
NO..... 0 | 38/ |
| <hr/> | | |
| 13. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? | YES.... 1
NO..... 0 | 39/ |
| <hr/> | | |
| 14. Has your child ever spoken a partial sentence of 3 words or more? | YES.... 1
NO..... 0 | 40/ |
| <hr/> | | |
| 15. Has your child ever walked upstairs by himself/herself without holding on to a rail? | YES.... 1
NO..... 0 | 41/ |

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer. If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART F: (16-18 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 16 months old, but not yet 19 months old,
 Child's Name please answer these 15 questions

- | | | |
|---|-------------------------|-----|
| 1. Has your child ever walked at least 2 steps
without holding on to anything or another person? | YES..... 1
NO..... 0 | 42/ |
| <hr/> | | |
| 2. Has your child ever crawled up at least 2
stairs or steps? | YES..... 1
NO..... 0 | 43/ |
| <hr/> | | |
| 3. Has your child said 2 recognizable words
besides "mama" and "dada"? | YES..... 1
NO..... 0 | 44/ |
| <hr/> | | |
| 4. Has your child ever run? | YES..... 1
NO..... 0 | 45/ |
| <hr/> | | |
| 5. Has your child ever said the name of a
familiar object such as a ball? | YES..... 1
NO..... 0 | 46/ |
| <hr/> | | |
| 6. Has your child ever made a line with a crayon
or pencil? | YES..... 1
NO..... 0 | 47/ |
| <hr/> | | |
| 7. Has your child ever walked up at least 2 stairs
with one hand held or holding the railing? | YES..... 1
NO..... 0 | 48/ |
| <hr/> | | |
| 8. Has your child ever fed himself/herself with a
spoon or fork without spilling much? | YES..... 1
NO..... 0 | 49/ |

9. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? YES..... 1
NO..... 0 50/
-
10. Has your child ever spoken in a partial sentence of 3 words or more? YES..... 1
NO..... 0 51/
-
11. Has your child ever walked upstairs by himself/herself without holding on to a rail? YES..... 1
NO..... 0 52/
-
12. Has your child ever washed and dried his/her hands without any help except for turning the water on and off? YES..... 1
NO..... 0 53/
-
13. Has your child ever counted 3 objects correctly? YES..... 1
NO..... 0 54/
-
14. Has your child ever gone to the toilet alone? YES..... 1
NO..... 0 55/
-
15. Has your child ever walked up stairs by himself/herself with no help, stepping on each step with only one foot? YES..... 1
NO..... 0 56/

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer. If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT**PART G: (19-21 MONTHS)****MOTHER/GUARDIAN:**

If _____ is at least 19 months old, but not yet 22 months old,
 Child's Name please answer these 15 questions.

- | | | |
|---|-------------------------|-----|
| 1. Has your child ever run? | YES..... 1
NO..... 0 | 57/ |
| <hr/> | | |
| 2. Has your child ever said the name of a familiar object such as a ball? | YES..... 1
NO..... 0 | 58/ |
| <hr/> | | |
| 3. Has your child ever made a line with a crayon or pencil? | YES..... 1
NO..... 0 | 59/ |
| <hr/> | | |
| 4. Has your child ever walked up at least 2 stairs with one hand held or holding the railing? | YES..... 1
NO..... 0 | 60/ |
| <hr/> | | |
| 5. Has your child ever fed himself/herself with a spoon or fork without spilling much? | YES..... 1
NO..... 0 | 61/ |
| <hr/> | | |
| 6. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? | YES..... 1
NO..... 0 | 62/ |
| <hr/> | | |
| 7. Has your child ever spoken in a partial sentence of 3 words or more? | YES..... 1
NO..... 0 | 63/ |
| <hr/> | | |
| 8. Has your child ever walked upstairs by himself/herself without holding on to a rail? | YES..... 1
NO..... 0 | 64/ |

Please turn to next page

9. Has your child ever washed and dried his/her hands without any help except for turning the water on and off?	YES..... 1 NO..... 0	65/
10. Has your child ever counted 3 objects correctly?	YES..... 1 NO..... 0	66/
11. Has your child ever gone to the toilet alone?	YES..... 1 NO..... 0	67/
12. Has your child ever walked up stairs by himself/herself with no help, stepping on each step with only one foot?	YES..... 1 NO..... 0	68/
13. Does your child know his/her own age AND sex?	YES..... 1 NO..... 0	69/
14. Has your child ever said the names of at least 4 colors?	YES..... 1 NO..... 0	70/
15. Has your child ever pedaled a tricycle at least 10 feet?	YES..... 1 NO..... 0	71/

**MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer.
If you have questions about any section, be sure to ask now. Thank you.**

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 3: MOTOR AND SOCIAL DEVELOPMENT

PART H: (22 MONTHS - 3 YEARS, 11 MONTHS)**MOTHER/GUARDIAN:**

If _____ is at least 22 months old, but not yet 4 years old,
 Child's Name please answer these 15 questions.

- | | | |
|---|------------------------|-----|
| 1. Has your child ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her? | YES.... 1
NO..... 0 | 72/ |
| <hr/> | | |
| 2. Has your child ever spoken a partial sentence of 3 words or more? | YES.... 1
NO..... 0 | 73/ |
| <hr/> | | |
| 3. Has your child ever walked upstairs by himself/herself without holding on to a rail? | YES.... 1
NO..... 0 | 74/ |
| <hr/> | | |
| 4. Has your child ever washed and dried his/her hands without any help except for turning the water on and off? | YES.... 1
NO..... 0 | 75/ |
| <hr/> | | |
| 5. Has your child ever counted 3 objects correctly? | YES.... 1
NO..... 0 | 76/ |
| <hr/> | | |
| 6. Has your child ever gone to the toilet alone? | YES.... 1
NO..... 0 | 77/ |
| <hr/> | | |
| 7. Has your child ever walked up stairs by himself/herself with no help, stepping on each step with only one foot? | YES.... 1
NO..... 0 | 78/ |
| <hr/> | | |
| 8. Does your child know his/her own age AND sex? | YES.... 1
NO..... 0 | 79/ |
| <hr/> | | |
| 9. Has your child ever said the names of at least 4 colors? | YES.... 1
NO..... 0 | 80/ |

Please turn to next page

10. Has your child ever pedaled a tricycle at least 10 feet?
YES..... 1
NO..... 0 12/
-
11. Has your child ever done a somersault without help from anybody?
YES..... 1
NO..... 0 13/
-
12. Has your child ever dressed himself/herself without any help except for tying shoes (and buttoning the backs of dresses)?
YES..... 1
NO..... 0 14/
-
13. Has your child ever said his/her first and last name together without someone's help? (Nickname may be used for first name.)
YES..... 1
NO..... 0 15/
-
14. Has your child ever counted out loud up to 10?
YES..... 1
NO..... 0 16/
-
15. Has your child ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?
YES..... 1
NO..... 0 17/

MOTHER/GUARDIAN: Please stop. Return this booklet to the interviewer. If you have questions about any section, be sure to ask now. Thank you.

INTERVIEWER: SKIP TO Q.29, MS-57.

SECTION 4: BEHAVIOR PROBLEMS INDEX
FOR CHILDREN WHO ARE 4 YEARS AND OLDER

For _____ who is at least 4 years old or older.
 CHILD'S NAME

INSTRUCTIONS TO MOTHER/GUARDIAN:

(If your child has **not yet had** his/her **4th** birthday, then you are finished with this booklet.)

These statements are about behavior problems many children have.

As you read each sentence, decide which phrase best describes your child's behavior over the last three months then circle the number that goes with the answer you choose.

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

1. He/She has sudden changes in mood or feeling.

1	2	3
Often true	Sometimes true	Not true

18/

2. He/She feels or complains that no one loves him/her.

1	2	3
Often true	Sometimes true	Not true

19/

Please turn to next page

3. He/She is rather high strung, tense and nervous.

1	2	3
Often true	Sometimes true	Not true

20/

4. He/She cheats or tells lies.

1	2	3
Often true	Sometimes true	Not true

21/

5. He/She is too fearful or anxious.

1	2	3
Often true	Sometimes true	Not true

22/

6. He/She argues too much.

1	2	3
Often true	Sometimes true	Not true

23/

7. He/She has difficulty concentrating, cannot pay attention for long.

1	2	3
Often true	Sometimes true	Not true

24/

Please turn to next page

8. He/She is easily confused, seems to be in a fog.

1	2	3
Often true	Sometimes true	Not true

25/

9. He/She bullies or is cruel or mean to others.

1	2	3
Often true	Sometimes true	Not true

26/

10. He/She is disobedient at home.

1	2	3
Often true	Sometimes true	Not true

27/

11. He/She does not seem to feel sorry after he/she misbehaves.

1	2	3
Often true	Sometimes true	Not true

28/

12. He/She has trouble getting along with other children.

1	2	3
Often true	Sometimes true	Not true

29/

Please turn to next page

13. He/She is impulsive, or acts without thinking.

1 2 3
Often true Sometimes true Not true

30/

14. He/She feels worthless or inferior.

1 2 3
Often true Sometimes true Not true

31/

15. He/She is not liked by other children.

1 2 3
Often true Sometimes true Not true

32/

16. He/She has a lot of difficulty getting his/her mind off certain thoughts
(has obsessions).

1 2 3
Often true Sometimes true Not true

33/

17. He/She is restless or overly active, cannot sit still.

1 2 3
Often true Sometimes true Not true

34/

Please turn to next page

18. He/She is stubborn, sullen, or irritable.

1	2	3
Often true	Sometimes true	Not true

35/

19. He/She has a very strong temper and loses it easily.

1	2	3
Often true	Sometimes true	Not true

36/

20. He/She is unhappy, sad, or depressed.

1	2	3
Often true	Sometimes true	Not true

37/

21. He/She is withdrawn, does not get involved with others.

1	2	3
Often true	Sometimes true	Not true

38/

22. He/She breaks things on purpose or deliberately destroys his/her own or another's things.

1	2	3
Often true	Sometimes true	Not true

39/

Please turn to next page

23. He/She clings to adults.

1 2 3
Often true Sometimes true Not true

40/

24. He/She cries too much.

1 2 3
Often true Sometimes true Not true

41/

25. He/She demands a lot of attention.

1 2 3
Often true Sometimes true Not true

42/

26. He/She is too dependent on others.

1 2 3
Often true Sometimes true Not true

43/

Please turn to next page

MOTHER/GUARDIAN NOTE: If your child attends school or preschool, please answer Questions 27 & 28.

27. He/She is disobedient at school.

1	2	3
Often true	Sometimes true	Not true

44/

28. He/She has trouble getting along with teachers.

1	2	3
Often true	Sometimes true	Not true

45/

MOTHER/GUARDIAN: You have finished this booklet. Please return it to the interviewer. If any questions were unclear, please ask the interviewer about them. Thank you.

29. INTERVIEWER: (1) COMPLETE MS.

(2) CHECK CS FLAP (BOX E).

IF YOU HAVE NOT FINISHED THE CHILD SUPPLEMENT, DO SO NOW.
IF YOU HAVE, MARK CS FLAP (BOX F).

_____|_____|_____|_____|_____|_____|
INTERVIEWER ID #

46-51/