

OMB #: 1850-0756

Expiration Date: 08/31/2007

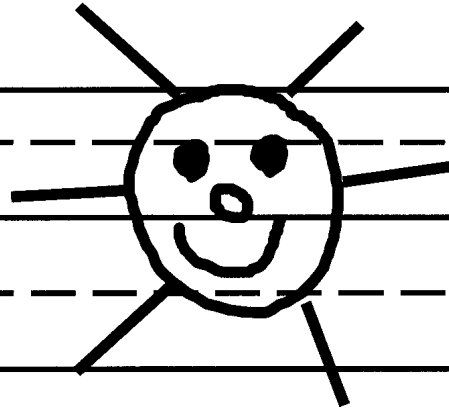
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**E**arly

**C**hildhood

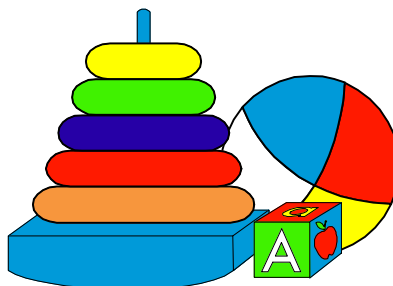
**L**ongitudinal

**S**tudy



***Birth Cohort:  
The Preschool Year***

***Resident Father and Other Important People  
Self-Administered Questionnaire  
(English)***



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**Early Childhood Longitudinal Study, Birth Cohort  
Preschool Round  
Resident Father and  
Other Important People  
Self-Administered Questionnaire**

An important part of this study is to learn more about the types of things fathers and other important people do with their young children and how they feel about their children.

**Q1. Are you the child's...**

*Mark (X) one response.*

- Birth father
  - Adoptive father
  - Stepfather
  - Foster father or male guardian
  - Do you have some other relationship to the child? *Please specify* ↻
- 

**Q2. In a typical week, how often do you do the following things with your child?  
Would you say not at all, once or twice, 3 to 6 times, or every day?**

*For each item, mark (X) one response.*

	<b>Not at all</b>	<b>Once or twice a week</b>	<b>3 to 6 times a week</b>	<b>Every day</b>
a. Read books to your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell stories to your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sing songs with your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Q3. In the past month, how often did you do the following things with your child? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all?**

*For each item, mark (X) one response.  
Rarely would be once a month or less.*

	<u>More than once a day</u>	<u>About once a day</u>	<u>A few times a week</u>	<u>A few times a month</u>	<u>Rarely</u>	<u>Not at all</u>
a. Play together with toys for building things like blocks, tinkertoys, lincoln logs, or legos.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prepare meals for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help child to bed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help child bathe him/herself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Take him/her outside for a walk or to play in the yard, a park, or a playground.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help child dress him/herself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Help child brush his/her teeth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Take him or her with you to a religious service or religious event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4. In the past month, have you visited a library with your child?**

Yes

No

**Q5. In the past month, how often have you looked after your child while your spouse/partner did other things?**

*Mark (X) one response.*

Every day or almost every day

Once or twice

A few times a week

Never

A few times a month

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**Q6. Here are some statements that parents of young children say about themselves. For each statement, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.**

*For each item, mark (X) one response.*

	<u>Exactly like me</u>	<u>Very much like me</u>	<u>Some- what like me</u>	<u>Not much like me</u>	<u>Not at all like me</u>
a. I express my affection by hugging, kissing, and holding my children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am easygoing and relaxed with my children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are times I just don't have the energy to make my children behave as they should.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have little or no difficulty sticking with my rules for my children even when close relatives, including grandparents, are there.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q7. Most children get angry at their parents from time to time. If your child got so angry that he/she hit you, yelled at you, or threw a temper tantrum, what would you do? Would you...**

*For each item, mark (X) one response.*

	<u>Yes</u>	<u>No</u>
a. Spank him/her?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have him/her take a time out?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Hit him/her back?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to him/her about what he/she did wrong?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Ignore it?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Make him/her do some work around the house?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Make fun of him/her?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Make him/her apologize?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Take away a privilege?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Give a warning?.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Yell at or threaten him/her?.....	<input type="checkbox"/>	<input type="checkbox"/>

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**Q8. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked your child in the past week for not minding?**

NUMBER OF TIMES or check here  if you do not spank.

**Q9. About how many times, if any, have you used time out or sent your child to his/her room in the past week for not minding?**

NUMBER OF TIMES or check here  if you do not use time out/send child to room.

**Q10. Even though it may be a long way off, how far in school do you expect your child to go? Would you say you expect your child...**

*Mark (X) the one indicating the highest level of school you expect your child to complete.*

- To receive less than a high school diploma?
- To graduate from high school?
- To attend two or more years of college?
- To finish a 4- or 5-year college degree?
- To earn a master's degree or equivalent?
- To finish a Ph.D., M.D., or other advanced degree?

**Q11. In a typical week, on how many days do you and your child eat the evening meal together?**

NUMBER OF DAYS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**NOTE:** The three next questions are ONLY for the child's father (i.e., biological, step, adoptive, or foster).

If you are NOT the child's father, please check here  and → skip to Q15 on page 6.

**Q12.** Please check the ONE item that best describes how you feel about yourself as a father.  
Do you feel that you are...

*Mark (X) one response.*

- Not very good at being a father?
- A person who has some trouble being a father?
- An average father?
- A better than average father?
- A very good father?

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**Q14. How much influence do you feel that you have in making major decisions about things such as discipline, nutrition, health care, child care, and education? Would you say no influence, some influence or a great deal of influence?**

*For each item, mark (X) one response.*

	<u>No influence</u>	<u>Some influence</u>	<u>A great deal of influence</u>	<u>Not applicable</u>
a. Discipline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Nutrition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Health care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Child care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*The next set of questions asks about your relationship with your spouse/partner.*

**Q15. Would you say that your marriage/relationship is...**

*Mark (X) one.*

- Very happy?
- Fairly happy?
- Not too happy?

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**Q16. Do you and your spouse/partner have arguments about the following? Would you say often, sometimes, hardly ever, or never?**

*For each item, mark (X) one response.*

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
a. Chores and responsibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child(ren).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not showing love and affection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Religion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Leisure time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other women or men.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. In-laws.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17. Couples deal with serious disagreements in different ways. When you have a serious disagreement with your spouse/partner, how often do you do the following? Would you say often, sometimes, hardly ever, or never?**

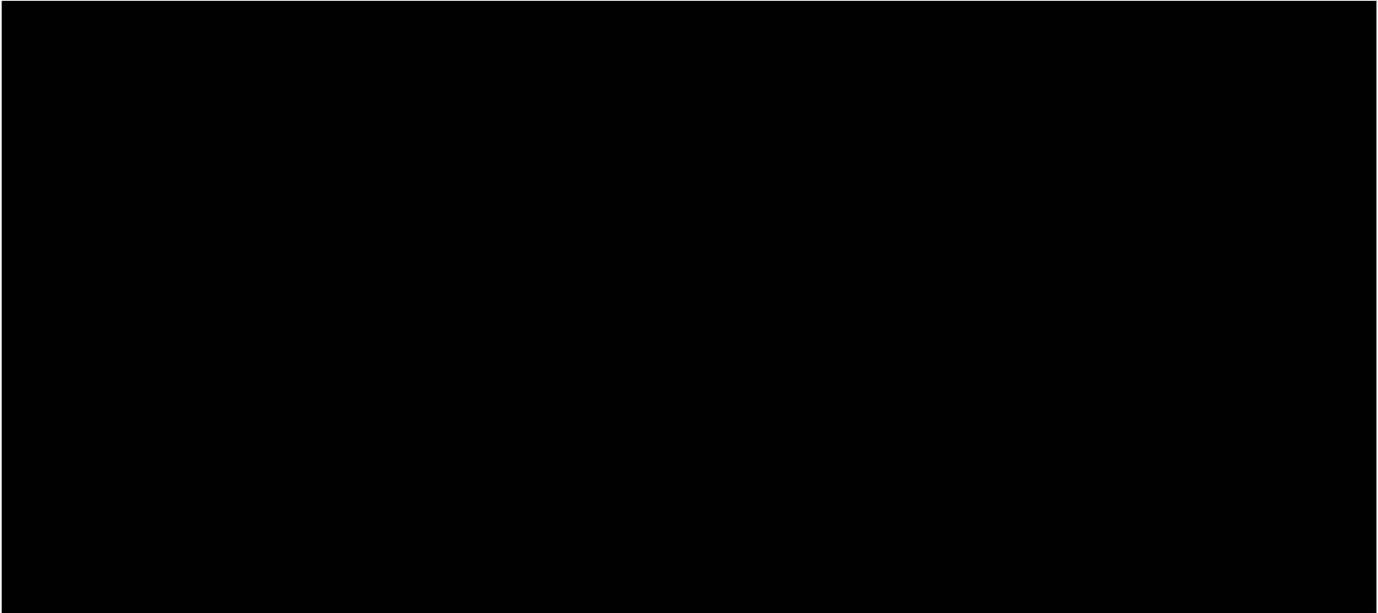
*For each item, mark (X) one response.*

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
a. Just keep your opinions to yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss your disagreements calmly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue heatedly or shout at each other...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. End up hitting or throwing things at each other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach a compromise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Criticize each other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The next questions are about your health and health-related behaviors.

**Q19. How would you rate your health in general?**

*Mark (X) one.*

- Excellent       Fair  
 Very good       Poor  
 Good

**Q20. Do you have a physical or mental health problem now that keeps you from working at a job or business or attending school or limits the kind or amount of work you can do?**

- Yes  
 No

**Q21. Do you smoke cigarettes now?**

- Yes  
 No → *Skip to Q23*

**Q22. How many cigarettes or packs of cigarettes do you smoke on an average day now?**

CIGARETTES PER DAY      OR       PACKS PER DAY



**Q23. Do you currently drink any alcoholic beverages?**

- Yes  
 No → *Skip to statement before Q27*

**Q24. How many alcoholic drinks do you have in an average week now?**

*Mark (X) one.*

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 drink | <input type="checkbox"/> 7 to 13 drinks    |
| <input type="checkbox"/> 1 to 3 drinks     | <input type="checkbox"/> 14 to 19 drinks   |
| <input type="checkbox"/> 4 to 6 drinks     | <input type="checkbox"/> 20 or more drinks |

**Q25. In the past month, how many times did you drink five or more alcoholic drinks at one sitting?**

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 TIMES

**Q26. During the past 12 months, what was the largest number of drinks that you drank in one day?**

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 NUMBER OF DRINKS

The next questions are about your involvement in the community and religion.

**Q27. Do you participate in any ongoing community service activity, for example, volunteering at a school, coaching a sports team, or working with a church or neighborhood association?**

- Yes  
 No

**Q28. How important are your religious beliefs in influencing how you raise your child? Would you say...**

*Mark (X) one.*

- |  |  |
|--|--|
| <input type="checkbox"/> Very important?     | <input type="checkbox"/> Not at all important?                               |
| <input type="checkbox"/> Important?          | <input type="checkbox"/> Do you have no religion or religious belief system? |
| <input type="checkbox"/> Somewhat important? |  |

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The next questions are about you - your background and jobs.

**Q29. About how many total hours per week do you usually work for pay, counting all jobs?**

If you do not usually work for pay, enter zero (0).

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 HOURS PER WEEK

**Q30. Which of the following best describes the hours you usually work at your main job?**

- A regular daytime shift - any time between 6 A.M. and 6 P.M.
- A regular evening shift - any time between 2 P.M. and midnight
- A regular night shift - any time between 9 P.M. and 8 A.M.
- A rotating shift - one that changes periodically from days to evenings or nights
- A split shift - one consisting of two distinct periods of each day
- Some other schedule (*PLEASE SPECIFY*) \_\_\_\_\_

**NOTE:** The next few questions are *ONLY* for fathers who are *NEW* to the study.

If you filled out a father questionnaire when your child was about 9 months, or 2 years old, please check here  and → skip to Q42 on page 13.

We would like to ask a few more questions about your background.

**Q31. What is your birth date?**

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MONTH

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DAY

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YEAR

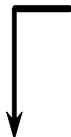
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**Q32 In what country were you born?**

Mark (X) one.

- United States (50 states or DC)
  - U.S. territories: Puerto Rico, Guam, American Samoa,  
U.S. Virgin Islands, Mariana Islands, or Solomon Islands
  - Some other country *Please specify* ↻
- } → *Skip to statement before Q34*



\_\_\_\_\_

**Q33. Are you a citizen of the United States?**

- Yes
- No

Now we have a few questions about any marriages or children you have had.

**Q34. How many times, if ever, have you been married?**

NUMBER OF TIMES MARRIED (including current marriage)

**Q35. Altogether, how many biological or natural children do you have?**

*Please include the subject child - that is the child selected for this survey.*

NUMBER OF CHILDREN

**Q36. How old were you when your first child was born?**

AGE WHEN FIRST CHILD WAS BORN



**Q37. Do you have any biological or natural children who live outside your household?**

- Yes  
 No → *Skip to Q40*

**Q38. How many of your biological or natural children live outside your household?**

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 NUMBER OF CHILDREN LIVING OUTSIDE YOUR HOUSEHOLD

**Q39. Do you pay child support for any of these children?**

- Yes  
 No

**Q40. Did any of the people you lived with during your school years - about age 5 to age 16 - ever receive Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), or welfare?**

- Yes  
 No  
 Don't know } → *Skip to Q42*

**Q41. Between the ages of 5 and 16, was welfare assistance received during all, most, half, or just some of those years?**

*Mark (X) one.*

- All  
 Most  
 Half  
 Some  
 Don't know

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**Q42. What is the highest grade or year of school that you have completed?**

No schooling completed

Nursery school to 4th grade

5th grade or 6th grade

7th grade or 8th grade

9th grade

10th grade

11th grade

12th grade, **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**- high school DIPLOMA or the equivalent  
*(for example: GED)*



*Skip to  
Note at  
top of next  
page*

Voc/tech program after high school, but no voc/tech diploma

Voc/tech diploma after high school

Some college, but no degree

Associate's degree

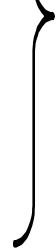
Bachelor's degree

Graduate or professional school, but no degree

Master's degree

Doctorate degree (PH.D., Ed.D.)

Professional degree after Bachelor's degree (Medicine/MD;  
Dentistry/DDS; Law/JD/LLB; etc.)



*Skip to  
Note at  
top of next  
page*

**Q43. Do you have a high school diploma or its equivalent, such as a GED?**

Yes

No

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**NOTE:** The next few questions are **ONLY** for the child's **BIOLOGICAL** father.

If you are **NOT** the child's biological father, please check here  and → skip to page 15

The next few questions are about the time before your child was born and the birth of your child. We would like to learn more about how fathers feel and the things they do during their spouse/partner's pregnancy and at child birth.

**Q44. At the time your spouse/partner became pregnant with the child, did you want her to have a(nother) baby at some time?**

Mark (X) one.

Yes

No → Skip to **Q46**

**Q45. Did she become pregnant sooner than you wanted, later than you wanted, or at about the right time?**

Mark (X) one.

Sooner

Later

At about the right time

**Q46. When did you first hold your child?**

Mark (X) one.

Within an hour after delivery

The day of birth, but more than an hour after delivery

1 day after birth

2-3 days after birth

4-7 days after birth

8-14 days after birth

15 or more days after birth

Couldn't hold child because child was in the neonatal intensive care unit (NICU)

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## Tracing Information

Thank you for taking the time to complete this questionnaire. We may want to interview you again when your child is older. Just to make sure we can reach you in the future, we'd like to ask a few questions about how to find you.

Think of a relative or friend, who does not live in this household, who will always know how to get in touch with you. What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (    )    -

Relationship to you: \_\_\_\_\_

Aside from the person named above, is there another relative or friend, who does not live in this household, who will always know how to get in touch with you?

What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (    )    -

Relationship to you: \_\_\_\_\_





Thank you again for taking the time to complete this questionnaire.

Please return your completed questionnaire in the envelope provided to:

**Research Triangle Institute  
P.O. Box 12194  
Research Triangle Park, NC 27709-9779**

Do Not Write Below This Line

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Interviewers Only: Check here  if interview was completed over the telephone.

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