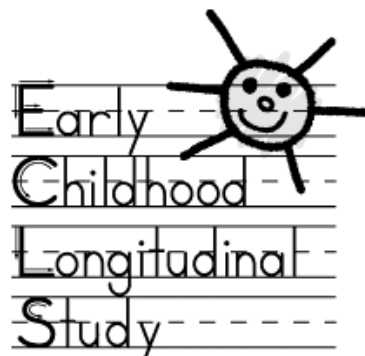


Early Childhood Longitudinal Study

Birth Cohort

9-Month Parent

Self-Administered Questionnaire



SELF-ADMINISTERED QUESTIONS – PARENT INTERVIEW

Please complete this questionnaire in private. As with all of the information that you give us, the answers to these questions will be kept strictly confidential. When you have completed answering these questions, please place the booklet in the envelope, seal the envelope, and give it to the interviewer.

NOTE:

If you do NOT have a spouse/partner living in your household, please check here and → skip to Q3.

Q1. Would you say that your marriage/relationship is...

Mark (X) one

- Very happy,
 Fairly happy, or
 Not too happy?

Q2. Do you and your spouse/partner often, sometimes, hardly ever, or never have arguments about...

For each item, mark (X) one response

	<u>O</u> ften	<u>S</u> ome- <u>t</u> imes	<u>H</u> ardly <u>e</u> ver	<u>N</u> ever
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"/>

Q3. Here is a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time? How often during the past week have you felt...

For each item, mark (X) one response

	Rarely or never <i>(less than 1 day)</i>	Some or a little <i>(1-2 days)</i>	Occasionally or moderate <i>(3-4 days)</i>	Most or all <i>(5-7 days)</i>
a. Bothered by things that usually don't bother you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You did not feel like eating; your appetite was poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. That you could not shake off the blues, even with help from your family and friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. That everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your sleep was restless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You talked less than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. You could not get "going?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any emotional or psychological problem?

Yes → *Skip to Q6*

No



Q5. During the past 12 months, have you felt, or has anyone suggested, that you needed help for any emotional or psychological problem?

Yes

No

Q6. Which of these, if any, have happened to you in your whole life?

For each item, mark (X) one response

	<u>Yes</u>	<u>No</u>
a. Have you ever been suspended or expelled from school?....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever been fired or laid off from a job because of behavior, attitude, or work performance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been in a facility overnight for a psychological or mental health problem?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever had a drinking or drug problem or have other people thought you had one?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been convicted of driving while intoxicated or drunk driving?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you ever been put in jail, arrested or convicted of a crime, other than drunk driving?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The rest of the questions are **ONLY** for the child's mother or father (step, foster, adoptive or biological). If you are NOT the child's mother or father, please check here and \longrightarrow skip to the shaded box at the bottom of page 7.

Q7. 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

Q8. How old were you when your first child was born?

|_|_| AGE WHEN FIRST CHILD WAS BORN

Q9. Do you have any biological or natural children who live outside your household?

- Yes
 No \longrightarrow Skip to NOTE before Q12.

Q10. How many of your biological or natural children live outside of your household?

|_|_| NUMBER OF CHILDREN LIVING OUTSIDE YOUR HOUSEHOLD

Q11. Do you pay child support for any of these children?

- Yes
- No

NOTE: The next few questions are **ONLY** for the child's biological mother.

If you are NOT the child's biological mother, please check here → skip to NOTE before Question 20.

Q12. Think back to just before you became pregnant. Before you became pregnant with your baby, had you or your baby's father stopped using all methods of birth control?

Mark (X) one

- Yes
- Never used birth control
- No → Skip to Q14

Q13. Why were you or your baby's father not using any birth control?

Mark (X) all items that apply

- Wanted to get pregnant → Skip to Q16
 - Didn't think I could get pregnant
 - Had been having side effects from birth control I used
 - Didn't want to use birth control
 - Didn't think I was going to have sex
 - Husband/Partner didn't want to use birth control
 - Couldn't afford to use birth control
 - Didn't know about birth control
 - Other Please specify ↻
-

Q14. At the time you became pregnant with your baby, did you yourself actually want to have a baby at some time?

- Yes → *Skip to Q16*
- No → *Skip to Q17*
- Not sure



Q15. It is sometimes difficult to recall these things but, just before that pregnancy began, would you say you probably wanted a(nother) baby at some time or probably not?

Mark (X) one

- Probably yes
 - Probably no
 - Didn't care
- } → *Skip to Q17*

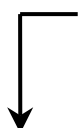


Q16. Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time?

- Sooner
- Later
- At about the right time

Q17. And what about your partner at the time you became pregnant with your baby, did he want you to have a baby at some time?

- Yes
- No → *Skip to Q19*

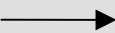


Q18. Did you become pregnant sooner than he wanted, later than he wanted, or at about the right time?

- Sooner
- Later
- At about the right time

Q19. If you could choose exactly the number of children to have in your whole life, how many would you choose now?


|_|_| NUMBER OF CHILDREN WOULD CHOOSE TO HAVE

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 the shaded box at the bottom of page 7.

The next few questions are about 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 wife/partner's pregnancy and at childbirth.

Q20. At the time your wife/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 Q22

Q21. 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

Q22. Did you do any of the following before your child was born? Did you...

Mark (X) one response for each item

	<u>Yes</u>	<u>No</u>
a. Discuss how your wife's/partner's pregnancy was going with her?	<input type="checkbox"/>	<input type="checkbox"/>
b. See a sonogram or ultrasound of the baby?	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to the baby's heartbeat?	<input type="checkbox"/>	<input type="checkbox"/>
d. Feel the baby move?	<input type="checkbox"/>	<input type="checkbox"/>
e. Attend childbirth classes or Lamaze classes with your child's mother?	<input type="checkbox"/>	<input type="checkbox"/>
f. Buy things for the child?	<input type="checkbox"/>	<input type="checkbox"/>

Q23. Thinking of your child's birth, were you in the delivery room or the room where the child was born?

- Yes
 No

Q24. Whether or not you were present at the birth, when your child was in the hospital or birthing center after he/she was born, did you come to see him/her?

Mark (X) one

- Yes
- No
- Child was never in a hospital or birthing center

Q25. 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)

END OF BOOKLET

THANK YOU FOR ANSWERING THESE QUESTIONS.