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PFL 24 MONTH SURVEY



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Note that throughout this survey, Don’t Know and Refusals are coded as follows (unless otherwise noted):

997 Don't Know

998 Refuse

THIS VERSION OF THE SURVEY HAS BEEN PREPARED FOR THE ARCHIVE BY THE CHILDREN’S RESEARCH NETWORK PREVENTION AND EARLY INTERVENTION RESEARCH INITIATIVE (2017). SOME OF THE CONTENT OF THIS SURVEY HAS BEEN REDACTED DUE TO COPYRIGHT RESTRICTIONS ON STANDARDISED INSTRUMENTS THAT WERE USED IN THE PFL STUDY. REDACTED CONTENT IS MARKED IN THE TEXT IN YELLOW BOXES.

INTERVIEWER DETAILS

Module 0	Construct	
Interview Details	RA (Interviewer) Initials	
	ID Number	
	Date of Interview	
	Child's Name (not permanently stored)	
	Multiple Birth	
	Location of Interview	
	Survey Method	

WELCOME TO THE 24 MONTH *PFL/SREY* QUESTIONNAIRE!!!!

1. (Interviewer) RA Initials _____
2. (PFL_Control; PFL_Code; PFL_Combo_Code) *PFL* Code Number _____
3. (Interview_Date) Date of Interview _____
4. NOT STORED IN DATABASE: Child's Name _____
5. (Multiples; Multiples_o) Is this child a:
 - 1 SINGLETON
 - 2 TWIN
 - 3 TRIPLET
 - 4 OTHER MULTIPLE (PLEASE SPECIFY)
6. (Location) Interview Location
 - 1 PARTICIPANT'S HOME
 - 2 OTHER HOME
 - 3 VILLAGE CENTRE
7. (Method) Survey Method:
 - 1 PEN & PAPER
 - 2 LAPTOP

Thank you for meeting with me today. This questionnaire will be a little like the last time we met. I would like to talk to you about several aspects of your life such as how you are feeling, your thoughts on parenting, and how you and ^childname have been getting on over the past few months. This information will help us understand how mothers and children are doing during toddlerhood.

Please remember that all of your answers will be kept private (confidential). If any question is not clear to you or if you don't understand a question, please ask me to repeat it. Also, if you do not want to answer a question, let me know. Your honesty and sharing will really help us learn what it is like to raise a child in today's world.

The average amount of time to complete this questionnaire is about an hour, but some people take longer and some people finish the questionnaire more quickly. During the interview we can move at a comfortable pace for you and take breaks if you need them. If you need to go to the bathroom, get a drink or take a break for any reason, just let me know and we'll stop for a few minutes and we can pick up where we left off.

SECTION A: YOUR CHILD’S DEVELOPMENT: PART 1

Module A	Construct	Surveys Used
Your Child’s Development: Part 1	Child’s Development - Communication: <i>Ages and Stages Questionnaire, ASQ</i> (Squires, Potter, & Bricker, 1999)	PFL 6mo, 12mo, 18mo
	Child’s Development – Gross Motor: <i>Ages and Stages Questionnaire, ASQ</i> (Squires, Potter, & Bricker, 1999)	PFL 6mo, 12mo, 18mo
	Child’s Development – Fine Motor: <i>Ages and Stages Questionnaire, ASQ</i> (Squires, Potter, & Bricker, 1999)	PFL 6mo, 12mo, 18mo
	Child’s Development – Problem Solving: <i>Ages and Stages Questionnaire, ASQ</i> (Squires, Potter, & Bricker, 1999)	PFL 6mo, 12mo, 18mo
	Child’s Development – Personal-Social: <i>Ages and Stages Questionnaire, ASQ</i> (Squires, Potter, & Bricker, 1999)	PFL 6mo, 12mo, 18mo
	Child’s Development – Social-Emotional: <i>Ages and Stages Questionnaire, ASQ:SE</i> (Squires, Bricker, & Twombly, 2003)	PFL 6mo, 12mo, 18mo
	Services Child Receiving	PFL 12mo, 18mo

This section is about ^childname. I am going to ask you questions about activities children do. Your child may have already done some of the activities, and there may be some your child has not begun doing yet. For each item, please tell me whether your child is doing the activity regularly, sometimes, or not yet. If you’re not sure, just let me know and you can try that activity with ^childname.

- 1 YES
- 2 SOMETIMES
- 3 NOT YET

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Ages and Stages Questionnaire (ASQ; Squires et al., 1999)

Part 1: Communication (aasqcomm1-6)

STATEMENT	YES	SOME-TIMES	NOT YET
(aasqcomm1) Ages & Stages Questionnaire (ASQ): Communication Item 1			
(aasqcomm2) Ages & Stages Questionnaire (ASQ): Communication Item 2			
(aasqcomm3) Ages & Stages Questionnaire (ASQ): Communication Item 3			
(aasqcomm4) Ages & Stages Questionnaire (ASQ): Communication Item 4			
(aasqcomm5) Ages & Stages Questionnaire (ASQ): Communication Item 5			
(aasqcomm6) Ages & Stages Questionnaire (ASQ): Communication Item 6			

Part 2: Gross Motor (aasqgross1-6)

STATEMENT	YES	SOME-TIMES	NOT YET
(aasqgross1) Ages & Stages Questionnaire (ASQ): Gross Motor Item 1			
(aasqgross2) Ages & Stages Questionnaire (ASQ): Gross Motor Item 2			
(aasqgross3) Ages & Stages Questionnaire (ASQ): Gross Motor Item 3			
(aasqgross4) Ages & Stages Questionnaire (ASQ): Gross Motor Item 4			
(aasqgross5) Ages & Stages Questionnaire (ASQ): Gross Motor Item 5			
(aasqgross6) Ages & Stages Questionnaire (ASQ): Gross Motor Item 6			

Part 3: Fine Motor (aasqfine1-6)

STATEMENT	YES	SOME-TIMES	NOT YET
(aasqfine1) Ages & Stages Questionnaire (ASQ): Fine Motor Item 1			
(aasqfine2) Ages & Stages Questionnaire (ASQ): Fine Motor Item 2			
(aasqfine3) Ages & Stages Questionnaire (ASQ): Fine Motor Item 3			
(aasqfine4) Ages & Stages Questionnaire (ASQ): Fine Motor Item 4			
(aasqfine5) Ages & Stages Questionnaire (ASQ): Fine Motor Item 5			
(aasqfine6) Ages & Stages Questionnaire (ASQ): Fine Motor Item 6			

Part 4: Problem Solving (aasqprob1-6)

STATEMENT	YES	SOME-TIMES	NOT YET
(aasqprob1) Ages & Stages Questionnaire (ASQ): Problem Solving Item 1			
(aasqprob2) Ages & Stages Questionnaire (ASQ): Problem Solving Item 2			
(aasqprob3) Ages & Stages Questionnaire (ASQ): Problem Solving Item 3			
(aasqprob4) Ages & Stages Questionnaire (ASQ): Problem Solving Item 4			
(aasqprob5) Ages & Stages Questionnaire (ASQ): Problem Solving Item 5			
(aasqprob6) Ages & Stages Questionnaire (ASQ): Problem Solving Item 6			

Part 5: Personal Social (aasqpers1-6)

STATEMENT	YES	SOME-TIMES	NOT YET
(aasqpers1) Ages & Stages Questionnaire (ASQ): Personal-Social Item 1			
(aasqpers2) Ages & Stages Questionnaire (ASQ): Personal-Social Item 2			
(aasqpers3) Ages & Stages Questionnaire (ASQ): Personal-Social Item 3			
(aasqpers4) Ages & Stages Questionnaire (ASQ): Personal-Social Item 4			
(aasqpers5) Ages & Stages Questionnaire (ASQ): Personal-Social Item 5			
(aasqpers6) Ages & Stages Questionnaire (ASQ): Personal-Social Item 6			

Part 6: Social Emotional (aasqse1-29)

Next, I am going to ask you some questions about your child’s behaviour. For each behaviour, please tell me:

1. The option that best describes your child’s behaviour (‘Most of the time,’ ‘Sometimes,’ or ‘Rarely or Never’)

AND

2. If that behaviour is a concern for you

Please use **CARD 1** to help you answer (*Interviewer please point to this card as you explain it to the mother*)

SHOW CARD 1

- 1 MOST OF THE TIME
- 2 SOMETIMES
- 3 RARELY OR NEVER
- 4 TICK IF THIS IS A CONCERN

Pretick ‘tick if this is a concern’ to ‘no’

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Ages and Stages Questionnaire: Social-Emotional (ASQ:SE; Squires, Bricker, & Twombly, 2003).

STATEMENT	MOST OF THE TIME	SOME-TIMES	RARELY OR NEVER	TICK IF THIS IS A CONCERN
(aasqse1) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 1				

(aasqse2) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 2				
(aasqse3) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 3				
(aasqse4) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 4				
(aasqse5) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 5				
(aasqse6) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6				
(aasqse7) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 7				
(aasqse8) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 8				
(aasqse9) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 9				
(aasqse10) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 10				

(aasqse11) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 11				
(aasqse12) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 12				
(aasqse13) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 13				
(aasqse14) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 14 <i>Note that picky eating is not appropriate here</i>				
(aasqse15) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 15				
(aasqse16) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6 (If your child often babbles, mark “most of the time”).				
(aasqse17) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 17				
(aasqse18) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 18				
(aasqse19) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 19				

(aasqse20) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 20				
(aasqse21) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 21				
(aasqse22) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 22				
(aasqse23) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 23				
(aasqse24) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 24				
(aasqse25) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 25				
(aasqse26) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 26				

1. (a1) Is ^childname getting any special services - any services to help him/her catch up in any area like speech or physical development?

1 YES
2 NO

If answered 1 to Q1 continue to Q2. If answered 2 to Q1 skip to Q4.

2. (a2*; a2other) What additional services is ^childname receiving?
(interviewer do not read out responses, but tick all that apply)

1 SPEECH AND LANGUAGE THERAPY
2 PHYSICAL THERAPY
3 OCCUPATIONAL THERAPY
4 DIETICIAN
5 SERVICE COORDINATION
6 DEVELOPMENTAL TEACHING
7 OTHER (PLEASE SPECIFY)
8 DON'T KNOW
9 REFUSE

3. (a3; a3dkr; a3notes) How long has ^childname been receiving these services?

_____MONTHS

INCLUDE TEXT BOX HERE FOR NOTES RELATED TO THIS Q

4. (a4) How worried are you about your child's language development?

1 NOT AT ALL WORRIED
2 A LITTLE WORRIED
3 WORRIED
4 VERY WORRIED

5. (a5) How worried are you about your child's behaviour, emotions and relationships?

1 NOT AT ALL WORRIED
2 A LITTLE WORRIED
3 WORRIED
4 VERY WORRIED

THAT'S THE END OF SECTION A.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS ABOUT ^CHILDNAME'S HEALTH.**

SECTION B: YOUR CHILD'S HEALTH

Module B	Construct	Surveys Used
Your Child's Health <i>Note that RA Assessed child height and weight is done at the end of the interview [DISCONTINUED]</i>	Child's height & weight at last doctor visit	PFL 18mo
	Child's current height & weight (parent report)	PFL 6mo, 12mo, 18mo
	Child's current height & weight (RA Assessed)	
	Child's health in last 6 months	PFL 6mo, 12mo, 18mo
	Medical visits in last 6 months	PFL 6mo, 12mo, 18mo
	Hospital inpatient visits in last 6 months	PFL 6mo, 12mo, 18mo
	Accidents and injuries that require medical attention in last 6 months	PFL 6mo, 12mo, 18mo
	Breastfeeding Practices	PFL 12mo, 18mo
	Nutrition	PFL 12mo, 18mo

Now, I'd like just a brief update on your child's health in the last few months.

First, I am going to ask you about ^childname's height and weight.

1. (b1; b1dkr) What age was ^childname at his/her last doctor visit?

_____MONTHS

2. (b2dkr) What weight was ^childname when he/she last saw a doctor?

ENTER WEIGHT IN EITHER STONES (b2stones) AND POUNDS (b2stoneslbs)
OR KILOGRAMS (b2kg) **OR** POUNDS (b2lbs) AND OUNCES (b2ozs)

3. (b3dkr) What is ^childname's current weight?

ENTER WEIGHT IN EITHER STONES (b3stones) AND POUNDS (b3stoneslbs)
OR KILOGRAMS (b3kg) **OR** POUNDS (b3lbs) AND OUNCES (b3ozs)

4. (b4) What was ^childname's height when he/she last saw a doctor?

ENTER HEIGHT IN INCHES

5. (b5) What is ^childname's height now?

6. (b6) How would you say ^childname's health has been in the last 6 months? Would you say his/her health has been excellent, very good, good, fair, or poor?

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

7. (b7*; b7other) Has ^childname ever been taken to the GP, Health Centre, or to Casualty during the last 6 months for any of the health problems listed on CARD 2? Please tell me all that apply.

SHOW CARD 2

- 1 CHEST INFECTIONS
- 2 EAR INFECTIONS
- 3 FEEDING PROBLEMS
- 4 SLEEPING PROBLEMS
- 5 WHEEZING OR ASTHMA
- 6 SKIN PROBLEMS
- 7 SIGHT OR EYE PROBLEMS
- 8 FAILURE TO GAIN WEIGHT OR GROW
- 9 PERSISTENT OR SEVERE VOMITING
- 10 PERSISTENT OR SEVERE DIARRHEA
- 11 FITS OR CONVULSIONS
- 12 EXCESSIVE CRYING
- 13 ACCIDENT
- 14 NONE OF THE ABOVE
- 15 OTHER HEALTH PROBLEMS (PLEASE SPECIFY)
- 16 DON'T KNOW
- 17 REFUSE

8. (b8) During the last 6 months, has ^childname ever stayed in hospital for at least one night for any illness (not hospital outpatient or emergency department visits)?

- 1 YES
- 2 NO

If answered 1 to Q8 go to Q9. If answered 2 to Q8 go to Q11 (more specifically, routing before question 11).

9. (b9) How many times?

_____TIMES

10. (b10*; b10othsurg; b10othnosurg) For what main reasons? Please look at CARD 3 and tell me all that apply.

SHOW CARD 3

- 1 FEVER OR VIRAL ILLNESS
- 2 ASTHMA
- 3 GASTROENTERITIS (*TUMMY BUG/STOMACH FLU*)
- 4 PNEUMONIA
- 5 BRONCHITIS
- 6 URINE INFECTION
- 7 CROUP
- 8 FEBRILE CONVULSION (*FEVER FIT/SEIZURE DUE TO HIGH FEVER*)
- 9 GROMMETS/TYMPANOSTOMY TUBES (*GROMMET/SMALL TUBE IN EARDRUM TO KEEP EAR AERATED*)
- 10 TONSILLECTOMY AND/OR ADENOIDECTOMY (*HAVING TONSILS/ADENOIDS REMOVED*)
- 11 ACCIDENT
- 12 OTHER ILLNESS/CONDITION, SURGERY NEEDED (PLEASE SPECIFY)
- 13 OTHER ILLNESS/CONDITION, SURGERY NOT NEEDED (PLEASE SPECIFY)
- 14 DON'T KNOW
- 15 REFUSE

If ticked option 13 (accident) to Q7 or option 11(accident) to Q10 go to Q11. Otherwise skip to Q12.

11. (b11*; b11other) What type of injury or accident did ^childname have that required medical attention? Please look at CARD 4 and tell me all that apply.

SHOW CARD 4

- 1 BROKEN OR FRACTURED BONES
- 2 SWALLOWED OBJECT
- 3 SWALLOWED HOUSEHOLD CLEANER/OTHER POISON/PILLS
- 4 CUT NEEDING STITCHES
- 5 SOMETHING STUCK IN EYE, THROAT, NOSE, EAR, OR OTHER PART OF BODY
- 6 ANIMAL OR INSECT BITE OR STING
- 7 BURN OR SCALD
- 8 DISLOCATION
- 9 CUT OR SCRAPE
- 10 LOSS OF CONSCIOUSNESS
- 11 BANG ON THE HEAD
- 12 CONCUSSION OR INTERNAL HEAD INJURY
- 13 INTERNAL INJURY (NOT HEAD)
- 14 DENTAL INJURY
- 15 OTHER (PLEASE SPECIFY)
- 16 DON'T KNOW
- 17 REFUSE

12. (b12) Did you ever try to breastfeed ^childname?

- 1 YES
- 2 NO

If answered 1 to Q12 go to Q113. If answered 2 to Q12 go to Q16.

13. (b13) Are you still breastfeeding ^childname?

- 1 YES
- 2 NO

14. (b14dk) How old was ^childname when you stopped exclusively feeding him/her breast milk? That is, you continued to breastfeed ^childname, but also gave him/her other food or drink.

_____ WEEKS (b14wk)/MONTHS (b14mnth)

If answered 2 to Q13 continue to Q15. If answered 1 to Q13 skip to Q16.

15. (b15dkr) How old was ^childname when you completely stopped breast-feeding?

_____ MONTH(S) (b15mnth) or _____ WEEKS(S) (b15wk)

The next questions ask about what ^childname eats and the types of food he/she doesn't eat.

16. I am going to ask you how often ^childname eats different types of food. Please use CARD 5 to tell me how often, on average, your child eats the foods.

SHOW CARD 5

- 1 NEVER
- 2 LESS THAN ONCE PER MONTH
- 3 AT LEAST ONCE PER MONTH
- 4 AT LEAST ONCE A WEEK
- 5 MOST DAYS
- 6 ONCE A DAY
- 7 2-3 TIMES PER DAY
- 8 4-5 TIMES PER DAY
- 9 MORE THAN 6 TIMES PER DAY

FOOD TYPE	NEVER	LESS THAN ONCE PER MONTH	AT LEAST ONCE PER MONTH	AT LEAST ONCE A WEEK	MOST DAYS	ONCE A DAY	2-3 TIMES PER DAY	4-5 TIMES PER DAY	MORE THAN 6 TIMES PER DAY
(b16a) Grains (e.g., cereals, pastas, breads)									
(b16b) Vegetables (including juices)									
(b16c) Fruits (including juices)									
(b16d) Protein (e.g., meats, nuts, beans, eggs, etc.)									
(b16e) Dairy (milk, cheese, yogurt, ice cream, etc.) (not including breast milk/formula)									
(b16f) Other foods (sugars and fats, etc., sweets, crisps, chips)									
(b16g) Formula or breast milk									

17. (b17) Are there any foods that ^childname really likes?

18. (b18) Are there any foods that you can't get ^childname to eat?

19. (b19) What does ^childname really like to drink?

20. (b20) Are there any things you can't get ^childname to drink?

THAT'S THE END OF SECTION B.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS ABOUT YOU.**

SECTION C: MATERNAL BEHAVIOUR

Module C	Construct	Surveys Used
Maternal Behaviour	Social Desirability (SC): <i>Social Desirability Scale - 17</i> (Stober, 2001)	
	Maternal Attachment (SC): <i>Condon Maternal Attachment Scale</i> (Condon, J.T. & Corkindale, C.J., 1998)	PFL 6mo
	Maternal Antisocial Behaviour (SC)	

This next part of our interview is about you. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own. However, if you prefer I can read them out loud. Which would you prefer?

SELF-COMPLETION SECTION 1

(sc1)

- 1 Self-completion accepted
- 2 Self-completion administered by the interviewer

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Part 1: Social Desirability (csds1-17)

Blurb 1 (self completion accepted):

Below you will find a list of statements. Please read each statement carefully and select if that statement describes you or not. If it describes you, please tick ‘true,’ if not, please tick ‘false.’

Blurb 2 (self completion administered by interviewer):

Now I will read you some statements. After I read each statement, please tell me if that statement describes you or not. If it describes you, please say ‘true,’ if not, please say ‘false.’

Statement	True	False
1. (csds1) I sometimes litter.		
2. (csds2) I always admit my mistakes openly and face the potential negative consequences.		
3. (csds3) In traffic I am always polite and considerate of others. <input type="checkbox"/> N/A because respondent doesn't drive.		
4. (csds4) I have tried illegal drugs (for example, marijuana, cocaine, etc.)		
5. (csds5) I always accept others' opinions, even when they don't agree with my own.		

6. (csds6) I take out my bad moods on others now and then.		
Statement	True	False
7. (csds7) There has been an occasion when I took advantage of someone else.		
8. (csds8) In conversations I always listen attentively and let others finish their sentences.		
9. (csds9) I never hesitate to help someone in case of emergency.		
10. (csds10) When I have made a promise, I keep it – no ifs, ands, or buts.		
11. (csds11) I occasionally speak badly of others behind their back.		
12. (csds12) I would never live off other people.		
13. (csds13) I always stay friendly and courteous with other people, even when I am stressed out.		
14. (csds14) During arguments I always stay objective and matter-of-fact (<i>direct</i>).		
15. (csds15) There has been at least one occasion when I failed to return an item that I borrowed.		
16. (csds16) I always eat a healthy diet.		
17. (csds17) Sometimes I only help because I expect something in return.		

Part 2: Feelings toward Children (ccmas1-19)

Blurb 1 (self completion accepted):

These questions are about different sorts of feelings parents might have when caring for young children. For each question, please mark the option that is closest to how you feel.

Blurb 2 (self completion administered by interviewer):

The next questions are about the different sorts of feelings parents might have when caring for young children. For each statement I read please tell me which response is closest to how you feel.

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Condon Maternal Attachment Scale (CMAS; Condon & Corkindale, 1998).

1. (ccmas1) Condon Maternal Attachment scale item 1
2. (ccmas2) Condon Maternal Attachment scale item 2
3. (ccmas3) Condon Maternal Attachment scale item 3
4. (ccmas4) Condon Maternal Attachment scale item 4
5. (ccmas5) Condon Maternal Attachment scale item 5
6. (ccmas6) Condon Maternal Attachment scale item 6
7. (ccmas7) Condon Maternal Attachment scale item 7
8. (ccmas8) Condon Maternal Attachment scale item 8
9. (ccmas9) Condon Maternal Attachment scale item 9
10. (ccmas10) Condon Maternal Attachment scale item 10
11. (ccmas11) Condon Maternal Attachment scale item 11
12. (ccmas12) Condon Maternal Attachment scale item 12
13. (ccmas13) Condon Maternal Attachment scale item 13
14. (ccmas14) Condon Maternal Attachment scale item 14
15. (ccmas15) Condon Maternal Attachment scale item 15
16. (ccmas16) Condon Maternal Attachment scale item 16
17. (ccmas17) Condon Maternal Attachment scale item 17
18. (ccmas18) Condon Maternal Attachment scale item 18
19. (ccmas19) Condon Maternal Attachment scale item 19

Part 3: Maternal Behaviour (casb1-13)

Blurb 1 (self completion accepted):

The next several questions about different periods in your life. The first few questions are about when you were a teenager, then the rest are about your adult life.

Blurb 2 (self completion administered by interviewer):

Now, I'd like to ask some questions about different periods in your life. I'll first ask some questions about when you were a teenager, then I'll ask some questions about your adult life.

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Maternal History of Antisocial Behavior Scale (Tremblay et al., 2004).

Before the end of secondary school:

QUESTION	YES	NO
1. (casb1) Maternal Antisocial Behaviour Scale item 1		
2. (casb2) Maternal Antisocial Behaviour Scale item 2		
3. (casb3) Maternal Antisocial Behaviour Scale item 3		
4. (casb4) Maternal Antisocial Behaviour Scale item 4		

5. (casb5) Maternal Antisocial Behaviour Scale item 5		
6. (casb6) Maternal Antisocial Behaviour Scale item 6		
7. (casb7) Maternal Antisocial Behaviour Scale item 7		

Now, I am going to ask questions about your adult life.

Since leaving or finishing secondary school:

QUESTION	YES	NO
8. (casb8) Maternal Antisocial Behaviour Scale item 8		
9. (casb9) Maternal Antisocial Behaviour Scale item 9		

10. (casb10) Maternal Antisocial Behaviour Scale item 10		
11. (casb11) Maternal Antisocial Behaviour Scale item 11		
12. (casb12) Maternal Antisocial Behaviour Scale item 12		
13. (casb13) Maternal Antisocial Behaviour Scale item 13		

Blurb 1 (self completion accepted):

Thank you for answering those questions. Please hand laptop back to interviewer.

Blurbs 1 & 2:

THAT'S THE END OF SECTION C.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS A UPDATE ON YOUR LIFE.**

SECTION D: UPDATE ON YOUR LIFE

Module D	Construct	Surveys Used
Update on Your Life	Household Composition	PFL BL, 6mo, 12mo, 18mo
	Relationship Status	PFL BL, 6mo, 12mo, 18mo
	Mother's Work Status	PFL BL, 6mo, 12mo, 18mo
	Mother's Occupation	PFL BL, 6mo, 12mo, 18mo
	Mother's Work Hours	PFL BL, 6mo, 12mo, 18mo
	Maternal Job Stability	PFL 12mo, 18mo
	Mother's Wage	PFL BL, 6mo, 12mo, 18mo
	Mother's Unemployment Info	PFL BL, 6mo, 12mo, 18mo
	Indicator of social welfare payments – Detailed	PFL BL, 6mo, 12mo, 18mo
	Household Weekly Income	PFL BL, 6mo, 12mo, 18mo
	Perception of financial difficulty	PFL BL, 6mo, 12mo, 18mo
	Economic perceptions (retrospective/prospective)	PFL 12mo, 18mo
	Mother's saving habits	PFL BL, 6mo, 12mo, 18mo
	Voting behaviour	PFL BL, 6mo, 12mo, 18mo
	Partner's Work Status	PFL BL, 6mo, 12mo, 18mo
	Partner's Occupation	PFL BL, 6mo, 12mo, 18mo
	Partner's Work Hours	PFL BL, 6mo, 12mo, 18mo
	Paternal Job Stability	PFL 12mo, 18mo
	Partner's Wage	PFL BL, 6mo, 12mo, 18mo
	Partner's Unemployment Info	PFL BL, 6mo, 12mo, 18mo
Use of Childcare	PFL 6mo, 12mo, 18mo	

In this section, I am going to ask you some questions about your family, education, work life and finances and your use of childcare for your child. Some of these questions are very similar to the ones I asked last time we met, but I am just going to ask them again to see if anything has changed in the past couple of months.

1. (d1) Are you and ^childname currently living in the same home?

- 1 YES
- 2 NO

2. (d2; d2dkr) **If answered living in same home as child to previous question:** How many people currently live in your home, **not including you and ^childname?**

If answered NOT living in same home as child to previous question: How many people currently live in your home, **not including you?**

If answered 0 to Q2 skip to Q4. If answered any number greater than 0 to question Q2 continue to Q3.

3. For each person in your home, could you please tell me their relationship to ^childname as well as their age and gender?

Note to interviewer: If mother states siblings are living in the house, determine if they are natural, step, half, or foster siblings.

	Person Number	Relationship to Child <i>(use codes below)</i>	Gender (F/M)	Age <i>(in years)</i>
a.	1	d3a_1_	d3b_1_	d3c_1_
b.	2	d3a_2_	d3b_2_	d3c_2_
c.	3	d3a_3_	d3b_3_	d3c_3_
d.	4	d3a_4_	d3b_4_	d3c_4_
e.	5	d3a_5_	d3b_5_	d3c_5_
f.	6	d3a_6_	d3b_6_	d3c_6_
g.	7	d3a_7_	d3b_7_	d3c_7_
h.	8	d3a_8_	d3b_8_	d3c_8_
i.	9	d3a_9_	d3b_9_	d3c_9_
j.	10	d3a_10_	d3b_10_	d3c_10_

- 1 The biological father
- 2 The non-biological father (partner)
- 3 The adoptive parent (partner)
- 4 Natural brother/Natural sister
- 5 Step brother/Step sister
- 6 Half brother/Half sister
- 7 Adopted brother/Adopted sister
- 8 Foster brother/Foster sister
- 9 Maternal grandparent
- 10 Paternal grandparent
- 11 Nanny/au pair
- 12 Aunt/Uncle
- 13 Cousin
- 14 Other relative
- 15 Non-relative/friend
- 16 Other, specify _____

The next couple of questions are about your relationship status.

4. (d4) Can I just check- what is your current relationship status?

SHOW CARD 15

- 1 SINGLE
- 2 MARRIED
- 3 CO-HABITING
- 4 BOYFRIEND/PARTNER NOT LIVING TOGETHER
- 5 DIVORCED
- 6 LEGALLY SEPARATED
- 7 WIDOWED

If answered 2, 3, or 4 to Q4, continue to Q5. If answered 1, 5, 6, or 7 to Q4 skip to Q7.

5. (d5) Is your partner ^childname's biological father?

- 1 YES
- 2 NO

6. (d6) Were you with this partner when we interviewed you when your child was 18 months old?

- 1 YES
- 2 NO

The next several questions in this section are about your work life.

7. (d7) Have there been any changes in your work status since our last interview with you about 6 months ago?

- 1 YES
- 2 NO

If answered 1 to Q7 continue to Q8. If answered 2 to Q7 skip to blurb before Q18.

8. (d8; d8oth) What is your current work status? Please use CARD 16 to tell me the option that best applies.

SHOW CARD 16

- 1 HAS PAID JOB, BUT ON LEAVE
- 2 IN PAID WORK
- 3 UNEMPLOYED (*IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT*)
- 4 STUDENT
- 5 LOOKING AFTER HOME/FAMILY (*NOT IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT*)
- 6 RETIRED
- 7 NOT ABLE TO WORK DUE TO PERMANENT DISABILITY/SICKNESS
- 8 FAS TRAINING (PAID)
- 9 FAS TRAINING (UNPAID)
- 10 OTHER (PLEASE SPECIFY)

If answered 1, 2, 8, or 9 to Q8, continue to Q9. If answered 3 to Q8, skip to Q17. If answered 4, 5, 6, 7, or 10 to Q8, skip to Q18.

9. (d9; d9dkr) What is your main job? _____

10. (d10) Do you work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

11. (d11; d11dkr) On average, how many hours per week do you usually work?

_____ ENTER AMOUNT IN HOURS

12. (d12) Is this a standard amount of hours that you work per week or does it change on a weekly basis based on available work?

- 1 FIXED
- 2 VARIABLE

If answered 9 to Q8, skip to Q17.

13. (d13) Have you been in paid work continuously over the last 6 months?

- 1 YES
- 2 NO

If answered 2 to Q13, continue to Q14. If answered 1 to Q13, skip to Q15.

14. (d14) For how long were you not in paid work over the last 6 months?

Fill in as:

(d14a) _____ weeks OR (d14b) _____ months

15. (d15) Roughly how much do you earn, on average, in your job(s)?

_____ ENTER AMOUNT IN EUROS

16. (d16) Is this amount:

- 1 PER HOUR
- 2 PER WEEK
- 3 PER MONTH
- 4 ANNUALLY/PER YEAR

If answered 3 or 9 to Q8, continue to Q17. Otherwise skip to Q18.

17. (d17; d17dkr) For how long have you been without paid work (in months)?

_____ MONTHS

The next few questions are about your household income.

18. First, I'd like ask if you or anyone in the household receives any Social Welfare payments. Looking at CARD 17, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments?

Pretick all as No (Coding: 1 = Yes; 2 = No)

Unemployment Payments

Social Welfare Payment	Yes	No
(d18a) Jobseeker's Benefit		
(d18b) Jobseeker's Allowance or Unemployment Assistance		

Employment Supports

Social Welfare Payment	Yes	No
(d18c) Family Income Supplement		
(d18d) Back to Work Enterprise Allowance		
(d18e) Farm Assist		
(d18f) Part-time Job Incentive Scheme		
(d18g) Back to Work Allowance (Employees)		
(d18h) Back to Education Allowance		
(d18i) Supplementary Welfare Allowance (SAW)		

One-Parent Family/Widower Payments

Social Welfare Payment	Yes	No
(d18j) Widow's or Widower's (Contributory) Pension		
(d18k) Deserted Wife's Allowance		
(d18l) Deserted Wife's Benefit		
(d18m) Prisoner's Wife Allowance		
(d18n) Widowed Parent Grant		
(d18o) One-parent Family Payment		
(d18p) Widow's or Widower's (Non-contributory) Pension		

Child Related Payments

Social Welfare Payment	Yes	No
(d18q) Maternity Benefit		
(d18r) Health and Safety Benefit		
(d18s) Adoptive Benefit		
(d18t) Guardian's Payment (Contributory)		
(d18u) Guardian's Payment (Non-Contributory)		

Disability and Caring Payments

Social Welfare Payment	Yes	No
(d18v) Illness Benefit		
(d18w) Injury Benefit		
(d18x) Invalidity Pension		
(d18y) Incapacity Supplement		
(d18z) Disability Allowance		
(d18aa) Disablement Benefit		
(d18bb) Blind Pension		
(d18cc) Medical Care Scheme		
(d18dd) Carer's Benefit		
(d18ee) Medical Card		
(d18ff) GP Visit Card		
(d18gg) Constant Attendance Allowance		
(d18hh) Domiciliary Care Allowance		
(d18ii) Death Benefits (Survivor's Benefits)		

Retirement Payments

Social Welfare Payment	Yes	No
(d18jj) State Pension (Transition)		
(d18kk) State Pension (Non-Contributory)		
(d18ll) State Pension (Contributory)		
(d18mm) Pre-Retirement Allowance		

19. (d19) I know it is sometimes hard to give an exact figure for income, but could you please think about your household's take home income in the last 12 months. Over this time, what is your best guess of the household's average total income per *week*, this is the take-home family *weekly* income from all sources and includes social benefits for all people living in your household?

This includes wages and salaries, income from self-employment, dividends and interest, unemployment insurance or the dole, worker's compensation, government pension, child benefit, child support, and all other sources. Please use CARD 18 to choose the weekly income range that best applies to your household.

SHOW CARD 18

Note: The online version and CARD 18 shows the letters in parentheses next to the numbers, but the data are entered as numbers 1-14:

1 (F)	LESS THAN €50
2 (M)	€50 TO UNDER €100
3 (W)	€100 TO UNDER €150
4 (P)	€150 TO UNDER €200
5 (G)	€200 TO UNDER €250
6 (R)	€250 TO UNDER €300
7 (B)	€300 TO UNDER €400
8 (L)	€400 TO UNDER €500
9 (T)	€500 TO UNDER €600
10 (D)	€600 TO UNDER €750
11 (X)	€750 TO UNDER €900
12 (I)	€900 TO UNDER €1000
13 (C)	€1000 TO UNDER €1500
14 (K)	€1500 OR MORE

20. (d20) Thinking of the household's total income, would you say that your household is able to make ends meet? Please look at CARD 19 and tell me the option that best applies.

SHOW CARD 19

- 1 WITH GREAT DIFFICULTY
- 2 WITH DIFFICULTY
- 3 WITH SOME DIFFICULTY
- 4 I JUST GET BY
- 5 FAIRLY EASILY
- 6 EASILY
- 7 VERY EASILY

21. (d21) Compared to 12 months ago, do you think that your household's current financial situation has:

SHOW CARD 20

- 1 GOT A LOT BETTER
- 2 GOT A LITTLE BETTER
- 3 STAYED THE SAME
- 4 GOT A LITTLE WORSE
- 5 GOT A LOT WORSE

22. (d22) How do you think the financial situation of your household will change over the next 12 months?

SHOW CARD 21

- 1 GET A LOT BETTER
- 2 GET A LITTLE BETTER
- 3 STAY THE SAME
- 4 GET A LITTLE WORSE
- 5 GET A LOT WORSE

23. (d23) Do you save money regularly?

- 1 YES
- 2 NO

24. (d24) Did you vote in the last General Election?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE BECAUSE WAS NOT 18 AT LAST ELECTION
- 4 NOT APPLICABLE (PLEASE SPECIFY)

25. (d25) Did you vote in the last local elections and European elections?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE BECAUSE WAS NOT 18 AT LAST ELECTION
- 4 NOT APPLICABLE (PLEASE SPECIFY)

The next few questions are about your education.

26. (d26) Are you still in any type of education?

- 1 YES
- 2 NO

If answered 1 to Q26 continue to Q27. If answered 2 to Q27 skip to Q28.

27. (d27) What type of education are you currently enrolled in?

28. (d28) At what age did you start formal schooling?

_____ years old

29. (d29) At what age did you leave school?

Note to interviewer: this should reflect age left formal primary or secondary school and should not reflect post secondary education.

_____ years old

If answered less than 14 to Q29, skip to 31. Otherwise continue to Q30.

30. Please look at CARD 22 and tell me which of the following qualifications you have obtained?

SHOW CARD 22

	YES	NO
(d30a) Junior/Group/Inter Certificate		
(d30b) Applied Leaving Certificate/Leaving Certificate/A Levels		

31. (d31) Outside of primary and secondary school, did you spend any time in any other education?

- 1 YES
- 2 NO

If answered 1 to Q31 continue to Q32. If answered 2 to Q31, skip to (routing before) Q34.

32. (d32) How many courses did you enrol in? This can include both courses you completed as well as those that are in process or ones that you started, but didn't complete.

_____ courses

If the Q32 > 0, then display corresponding number of table rows in Q33.

33. For each course, please tell me how long you were enrolled in the course and if you were enrolled full time or part time and if you completed the course.

	<i>Course Duration for person (years)</i>	<i>Part time/Full Time</i>	<i>Course completed</i>
(d33a_1_) Course 1 (text box)	d33b_1_	d33c_1_	d33d_1_
(d33a_2_) Course 2 (text box)	d33b_2_	d33c_2_	d33d_2_
(d33a_3_) Course 3 (text box)	d33b_3_	d33c_3_	d33d_3_
(d33a_4_) Course 4 (text box)	d33b_4_	d33c_4_	d33d_4_
(d33a_5_) Course 5 (text box)	d33b_5_	d33c_5_	d33d_5_
(d33a_6_) Course 6 (text box)	d33b_6_	d33c_6_	d33d_6_
(d33a_7_) Course 7 (text box)	d33b_7_	d33c_7_	d33d_7_
(d33a_8_) Course 8 (text box)	d33b_8_	d33c_8_	d33d_8_
(d33a_9_) Course 9 (text box)	d33b_9_	d33c_9_	d33d_9_
(d33a_10_) Course 10 (text box)	d33b_10_	d33c_10_	d33d_10_

If answered 2, 3, or 4 to Q4 then skip to Blurb 2. Otherwise go to Blurb 1.

Blurb 1

Now I am going to ask you some more questions about ^childname's biological father.

Blurb 2

Now I am going to ask you some questions about your partner.

If answered 1 to Q6, continue to Q34. If answered 2 to Q6, skip to Q35.

34. (d34) Have there been any changes in his work status since our last interview with you about 6 months ago?

- 1 YES
- 2 NO

If answered 1 to Q34 continue to Q35. If answered 2 to Q34 skip to Q45.

35. (d35; d35other) What is his current work status? Please use CARD 23 to tell me the best option that applies.

SHOW CARD 23

- 1 HAS PAID JOB, BUT ON LEAVE
- 2 IN PAID WORK
- 3 UNEMPLOYED (IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT)
- 4 STUDENT
- 5 LOOKING AFTER HOME/FAMILY (NOT IN RECEIPT OF JOB SEEKERS ALLOWANCE/UNEMPLOYMENT BENEFIT)
- 6 RETIRED
- 7 NOT ABLE TO WORK DUE TO PERMANENT DISABILITY/SICKNESS
- 8 FAS TRAINING (PAID)
- 9 FAS TRAINING (UNPAID)
- 10 OTHER (PLEASE SPECIFY)

If answered 1, 2, or 8 to Q35, continue to question 36. If answered 3 to Q35, skip to Q44. If answered 4, 5, 6, 7, or 10 to Q35, skip to Q45. If answered 9 to Q35 then go to Qs36-38, then skip to Q44.

If DK skip to Q45.

36. (d36; d36dkr) What is his main job? _____

37. (d37) Does he work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

38. (d38; d38dkr) How many hours per week does he usually work?

_____ ENTER AMOUNT IN HOURS

If answered 9 to Q35, skip to Q44.

39. (d39) Is this a standard amount of hours that he works per week or does it change on a weekly basis based on available work?

- 1 FIXED
- 2 VARIABLE

40. (d40) Was he in paid work continuously over the last 6 months?

- 1 YES
- 2 NO

If answered 2 to Q40, continue to Q41. If answered 1 to Q40, skip to Q42.

41. For how long was he not in paid work over the last 6 months?

Fill in as:

(d41a) _____ weeks OR (d41b) _____ months

42. (d42) Roughly how much does he earn, on average, in his job(s)?

_____ ENTER AMOUNT IN EUROS

43. (d43) Is this amount

- 1 PER HOUR
- 2 PER WEEK
- 3 PER MONTH
- 4 ANNUALLY/PER YEAR

If answered 3 or 9 to Q35 continue to Q44. Otherwise, skip to Q45.

44. (d44; d44dkr) For how long has he been without paid work (in months)?

_____ MONTHS

Now, I'd like to ask you some questions about the type of childcare you use for ^childname.

45. (d45) Do you use any type of childcare for ^childname?

Probe: That is, does anyone, besides yourself, regularly look after ^childname more than 10 hours per week?

- 1 YES
- 2 NO

If answered 1 to Q45 continue to Q46. If answered 2 to Q45 skip to Module E: Social Support

46. (d46; d46other) What type of childcare do you mainly use?

(READ OUT OPTIONS)

- 1 CHILD'S GRANDPARENT
- 2 PARTNER(NOT BIOLOGICAL FATHER)/FRIENDS/OTHER RELATIVES
- 3 NANNY/CHILD MINDER
- 4 NURSERY/CRÈCHE/PRESCHOOL/MONTESSORI
- 5 CHILD'S BIOLOGICAL FATHER
- 6 OTHER (PLEASE SPECIFY)

If answered 4 to Q46, go to Q47. Otherwise go to Q48.

47. (d47; d47dkr) What is the name of the childcare centre your child is attending?

48. (d48; d48dkr) For how many hours per week is ^childname in this type of childcare?

_____ HOURS PER WEEK

49. (d49; d49dkr) What age was ^childname when he/she started this type of childcare?

_____ MONTHS OLD

50. (d50) Do you pay for this type of childcare?

- 1 YES
- 2 NO

If answered 1 to Q50 continue to Q51. If answered 2 to Q50 skip to Q53.

51. (d51) How much do you pay for childcare for ^childname?

_____ EUROS

52. (d52) Is this amount

- 1 PER HOUR
- 2 PER WEEK
- 3 PER MONTH
- 4 PER YEAR/ANNUALLY

53. (d53) How satisfied are you with this type of childcare? Would you say that you are very dissatisfied, somewhat dissatisfied, neither dissatisfied or satisfied, somewhat satisfied or very satisfied?

SHOW CARD 24

- 1 VERY DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 3 NEITHER DISSATISFIED OR SATISFIED
- 4 SOMEWHAT SATISFIED
- 5 VERY SATISFIED

54. (d54) Does your child spend time in any other form of childcare?

- 1 YES
- 2 NO

If answered 1 to Q54 continue to Q55. If answered 2 to Q54 skip to Module E: Social Support.

55. What other type of childcare does your child use and how many hours per week does your child spend in this type of care?

Type	Hours/Week
(d55a) Child's Grandparent	(d55ahrs)
(d55b) Partner (not biological father)/Friends/Relatives	(d55bhrs)
(d55c) Nanny/Child Minder	(d55chrs)
(d55d) Nursery/Crèche/Preschool/Montessori	(d55dhrs)
(d55e) Child's Biological Father	(d55ehrs)
(d55f) Other (please specify)	(d55fhrs)

THAT'S THE END OF SECTION D.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS ABOUT YOUR SOCIAL SUPPORT
NETWORK.**

SECTION E: YOUR SOCIAL SUPPORT NETWORK

Module E	Construct	Surveys Used
Social Support	Level of support from family, partner, friends, neighbours, work colleagues, PFL	PFL BL, 6mo, 18mo
	Frequency Meet IO/Mentor	PFL 6mo, 12mo, 18mo
	Mother's Frequency of Meeting with Friends/Relatives	PFL BL, 6mo, 12mo
	Mother's Participation in Organisations	PFL BL
	Mother Number of Neighbours with Child	PFL 6mo, 18mo
	Mother share Programme Information	PFL 6mo, 18mo
	Influences Parenting Decisions	PFL 6mo, 18mo
	Father's Involvement with Child	PFL BL, 6mo, 18mo
	Partner's Involvement with Child (if different than father)	PFL BL, 6mo, 18mo
	Father Maintenance	PFL 12mo, 18mo

This may be a busy time in your life because ^childname is about two years old. We would like to ask you about some of the different people who are helping you and how happy you are with the help you are getting.

1. ***IF PFL:*** How would you rate the support you are getting from those in your household, and from family, friends, neighbours, people in your workplace, and the *PFL* programme? CARD 25 may help you choose the option that best describes how much support you are getting from each of the people I mention.

IF LFP: How would you rate the support you are getting from those in your household, and from family, friends, neighbours, and people in your workplace? CARD 25 may help you choose the option that best describes how much support you are getting from each of the people I mention.

SHOW CARD 25

For each below, answer as:

1 = Does not apply to me

2 = No support

3 = Little support

4 = Some support

5 = A lot of support

If answered 2 (married), 3 (co-habiting), or 4 (boyfriend/partner not living together) to Q4, Module D continue to Qe1a. If answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to Q4, Module D, automatically fill this statement as 1 (i.e., does not apply to me), and skip to Qe1b.

If answered 3 (unemployed), 4 (student), 5 (looking after home/family), 6 (retired), 7 (not able to work due to permanent disability/sickness) or 10 (other) to Q8, Module D automatically fill in e1f (i.e., people in your workplace) as 1 (does not apply to me).

If answered 1 (yes) to Q5. Module D (Is your partner ^childname biological father) automatically fill in Qe1g with the same response given for e1a.

If answered 2 (no) to Q5 in Module E then ask both “from your spouse partner” and “from the baby’s father”

If PFL_Control = 2 (i.e., LFP) automatically fill in Qe1h as ‘does not apply to me.’

Person	Does Not Apply to Me	No Support	Little Support	Some Support	A lot of Support
a. (e1a) Spouse/partner					
b. (e1b) Parents					
c. (e1c) Other close relatives					
d. (e1d) Friends					
e. (e1e) Neighbours					
f. (e1f) People in your Workplace					
g. (e1g) ^childname's biological father					
h. (e1h) PFL programme					

If PFL_Control = 1 (i.e., PFL) continue to Q2. If PFL_Control = 2 (i.e., LFP) automatically fill in Q2 as 6 (not applicable) and skip to Q3.

2. (e2; e2other) How often do you meet with your mentor/information officer?
(interviewer do not read out responses)

- 1 ONCE A WEEK
- 2 TWO TIMES A MONTH
- 3 ONCE A MONTH
- 4 LESS THAN ONCE A MONTH
- 5 OTHER (PLEASE SPECIFY)
- 6 NOT APPLICABLE

3. (e3) How often do you meet friends or relatives who are not living in your household?
(interviewer do not read out responses)

- 1 ON MOST DAYS
- 2 ONCE OR TWICE A WEEK
- 3 ONCE OR TWICE A MONTH
- 4 LESS THAN ONCE A MONTH
- 5 NEVER

4. Please look at CARD 26 and tell me how often you usually participate in each of the following organisations.

SHOW CARD 26

For each below, answer as:

- 1 OFTEN
- 2 OCCASIONALLY
- 3 RARELY
- 4 NEVER

Organisation	Often	Occasionally	Rarely	Never
a. (e4a) Sports clubs (Parish, GAA, Golf, other), gym, exercise classes				
b. (e4b) Political parties, trade unions, environmental groups				
c. (e4c) Parent teacher associations, tenants groups, residents groups, neighbourhood watch, youth groups, other community action groups				
d. (e4d) Church or other religious/ parish groups, charitable or voluntary organisations (e.g., collecting for charity, helping the sick, elderly, poor, etc.)				
e. (e4e) Evening classes, arts or music groups, educational activities				
f. (e4f) Social groups (e.g., mother and toddler group, Rotary Club, women's groups, elderly group)				

5. (e5) Thinking about the neighbours in your area, how many people would you say you know that have a child around the same age as ^childname?
(interviewer do not read out responses)

- 1 NONE
- 2 1-3
- 3 4-6
- 4 7-10
- 5 10+

If PFL continue to Q6. If LFP automatically fill in as 3 (not applicable) and skip to Q7.

6. (e6) Do you share any of the information you receive as part of the programme with other parents of young children?

- 1 YES
- 2 NO
- 3 NOT APPLICABLE

7. (e7; e7other) Who most helps you make choices about caring for your child?

SHOW CARD 27

- 1 PARTNER
- 2 FRIENDS
- 3 PARENTS
- 4 SIBLINGS
- 5 OTHER FAMILY MEMBERS
- 6 PROGRAMME
- 7 NONE OF THE ABOVE
- 8 OTHER (PLEASE SPECIFY)

If answered 1(single), 4 (boyfriend/partner not living together), 5 (divorced), or 6 (legally separated) to Q4, Module D, or if answered 2 (married) or 3(co-habiting) to Q4, Module D AND 2 (partner is not biological father) to Q5 Module D continue to Q8.

If answered 2(married) or 3(co-habiting) to Q4, Module D AND 1 to (partner is biological father) Q5, Module D automatically fill in Q8 as 1 and skip to Q9.

If answered 7 (widowed) to Q4, Module D skip to Module F.

8. (e8) Is ^childname's father a part of his/her life?

- 1 YES
- 2 NO

If answered 1 to Q8 continue to Q9 and then skip to Q11. If answered 2 to Q8 skip to Q10.

9. (e9) How often does the father have contact with ^childname?
(interviewer do not read out responses)

- 1 DAILY
- 2 MULTIPLE TIMES A WEEK
- 3 ONCE A WEEK
- 4 A COUPLE TIMES A MONTH (LESS THAN ONCE A WEEK)
- 5 ONCE A MONTH
- 6 LESS THAN ONCE A MONTH

10. (e10; e10other) Why isn't he a part of your child's life?
(Interviewer do not read out responses)

- 1 HE DOESN'T WANT TO BE
- 2 HE IS IN JAIL
- 3 HE IS DECEASED
- 4 PARTICIPANT WON'T ALLOW HIM TO BE
- 5 OTHER (PLEASE SPECIFY)

If answered 2(married) or 3(co-habiting) to Q4, Module D AND 1 to (partner is biological father) Q5, Module D skip to Module F. Otherwise (if respondent is not married to or cohabitating with the child's father) go to Q11.

11. (e11) Does ^childname's biological father contribute any money to his/her maintenance?

- 1 YES
- 2 NO
- 3 N/A

If answered 1 to Q11 continue to Q12. If answered 2 or 3 to Q11 skip to Q13.

12. (e12) Does he make regular or irregular payments?

- 1 REGULAR
- 2 IRREGULAR

If answered 2(married) or 3(co-habiting) or 4(boyfriend/partner (not living together) to Q4, Module D AND 2 to (partner is biological father) Q5, Module D, go to Q.13 Otherwise, skip to Module F.

FOR PARTNER (IF DIFFERENT THAN FATHER)

13. (e13) Is your partner a part of ^childname's life?

- 1 YES
- 2 NO

If answered 1 to Q13 go to Q14. If answered 2 to Q13 go to Q15.

14. (e14) How often does your partner have contact with your child?
(interviewer do not read out responses)

- 1 DAILY
- 2 MULTIPLE TIMES A WEEK
- 3 ONCE A WEEK
- 4 A COUPLE TIMES A MONTH (LESS THAN ONCE A WEEK)
- 5 ONCE A MONTH
- 6 LESS THAN ONCE A MONTH

If answered 2 (no) to Q13 ask Q15, if answered 1(yes) to Q13 skip to Module F: Your Child's Development: Part 2

15. (e15; e15other) Why isn't he a part of your child's life?
(Interviewer do not read out responses)

- 1 HE DOESN'T WANT TO BE
- 2 HE IS IN JAIL
- 3 HE IS DECEASED
- 4 PARTICIPANT WON'T ALLOW HIM TO BE
- 5 OTHER (PLEASE SPECIFY)

THAT'S THE END OF SECTION E.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS ABOUT YOUR HEALTH.**

SECTION F: YOUR HEALTH

Module G	Construct	Surveys Used
Your Health SC2	Mother's General Health Status	PFL BL, 12mo, 18mo
	Mother's GP Visits	PFL 6mo, 12mo, 18mo
	Mother's Current Cigarette Use	PFL BL, 6mo, 12mo, 18mo
	Mother's Current Alcohol Use	PFL BL, 6mo, 12mo, 18mo
	Mother's Current Drug Use	PFL BL, 6mo, 12mo, 18mo
	Family Planning	PFL 12mo, 18mo
	Mother's Birth Control Practices	PFL BL, 12mo, 18mo
	Psychological Well-being (SC): <i>Edinburgh Postnatal Depression Scale</i> (Cox, J.M. Holden, & R. Sagovsky, 1987)	PFL 6mo, 18mo
	Maternal Self-Esteem: <i>Rosenberg Self-Esteem scale</i> (SC2) <small>*error in original programming called pearlin</small>	PFL BL, 18mo
	Future Consequences (SC): <i>Consideration of Future Consequences Scale</i> (3items) (Strathman, Gleicher, Boninger, & Edwards, 1994)	PFL BL

Part 1: Your Health

This part of our interview is about your health and how you are doing.

1. (f1) How would you describe your health compared with other women your age? Would you say your health has been excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

2. (f2; f2dkr) How many times have you been to your GP in the last 6 months (not including visits for ^childname)?

_____TIMES

3. (f3) Do you currently smoke?

- 1 YES
- 2 NO

If answered 1 to Q3 continue to Q4, if answered 2 to Q3 skip to Q5.

4. (f4; f4dkr) How many cigarettes per day do you smoke now?

_____CIGARETTES PER DAY

5. (f5) Does any other person smoke in the house?

- 1 YES
- 2 NO

6. (f6) Have you drank alcohol in the past 6 months?

- 1 YES
- 2 NO

If answered 1 to Q6 continue to Q7, if answered 2 to Q6 skip to Q10.

7. (f7) On average, how often did you drink alcohol in the past 6 months?
(interviewer do not read out responses)

- 1 DAILY
- 2 3-4 TIMES PER WEEK
- 3 1-2 TIMES PER WEEK
- 4 ONCE OR TWICE A MONTH
- 5 LESS THAN ONCE A MONTH

8. (f8; f8other) What did you usually drink? Please use CARD 28 to tell me the option that best applies.

Probe: The type of drink you drink the most.

SHOW CARD 28

- 1 LARGE OR NORMAL SIZED CANS OF BEER/CIDER
- 2 PINT OF BEER/CIDER
- 3 HALF PINTS OR GLASSES OF BEER/CIDER
- 4 BOTTLES OF BEER
- 5 SMALL BOTTLES OF CIDER
- 6 SMALL CANS OF BEER (COCA COLA SIZE)
- 7 SPIRITS (SUCH AS VODKA/BACARDI) WITH A MIXER—SINGLE SHOT
- 8 SPIRITS (SUCH AS VODKA/BACARDI) WITH A MIXER—DOUBLE SHOT
- 9 SMALL GLASSES OF WINE
- 10 LARGE GLASSES OF WINE
- 11 ALCOPOPS, SUCH AS WKD
- 12 COCKTAILS
- 13 SHOTS
- 14 OTHER (PLEASE SPECIFY)

9. (f9; f9dkr) In general, on the days that you drink alcohol, about how many drinks do you usually have?

_____ DRINKS

10. (f10) Please look at CARD 29 and tell me if you have you used any of these drugs in the past six months?

Note to interviewer: We do not need to know about use of a specific drug, just whether any of these drugs were used

SHOW CARD 29 (show card showing list of drugs)

- 1 YES
- 2 NO

If answered 1 to Q10 continue to Q11, if answered 2 to Q10 skip to Q12.

11. (f11) Overall, about how often?

SHOW CARD 30

- 1 DAILY
- 2 3-4 TIMES PER WEEK
- 3 1-2 TIMES PER WEEK
- 4 ONCE OR TWICE A MONTH
- 5 LESS THAN ONCE A MONTH

The next few questions are about your family plans.

12. (f12) Are you pregnant now?

- 1 YES
- 2 NO

If answered yes to Q12 continue to Q13. If answered no to Q12, skip to Q15.

13. (f13; f13dkr) When is your baby's due date?

_____ / _____ / _____

14. (f14) Was this pregnancy planned or did it just happen?

- 1 PLANNED PREGNANCY – I WANTED TO GET PREGNANT AROUND THIS TIME
- 2 UNPLANNED PREGNANCY

15. (f15) ***If participant not currently pregnant:*** Have you been pregnant since the birth of ^childname?

If participant is currently pregnant: Have you been pregnant since the birth of ^childname other than your current pregnancy?

- 1 YES
- 2 NO

If answered 1 to Q15 continue to Q16. If answered 2 to Q15 skip to Q17.

16. (f16) How did that pregnancy end?
(interviewer do not read out responses)

- 1 MISCARRIAGE
- 2 ABORTION
- 3 STILL BIRTH
- 4 LIVE BIRTH

Only ask Q17 if answered 2 to Q12. If answered 1 to Q12 automatically fill in Q17 as 13.

17. (f17) Are you currently using any type of birth control or doing anything to keep from getting pregnant?

- 1 YES
- 2 NO
- 13 N/A BECAUSE CURRENTLY PREGNANT

If answered yes to Q17, continue to Q18. If answered no to Q17 automatically fill in Q18 as 1 and skip to Part 2: How are you Doing 1?

18. (f18; f18other) Which type of birth control are you using? Please use CARD 31 to help you choose all options that apply.

SHOW CARD 31

- 1 NOTHING
- 2 I TRY NOT TO HAVE SEX (ABSTINENCE)
- 3 I TAKE BIRTH CONTROL PILLS AT LEAST SOMETIMES
- 4 I TAKE BIRTH CONTROL PILLS REGULARLY
- 5 I HAVE MY PARTNER USE CONDOMS
- 6 I HAVE MY PARTNER WITHDRAW OR PULL OUT
- 7 I DOUCHE OR CLEANED RIGHT AFTER SEX
- 8 OTHER (PLEASE SPECIFY)
- 9 DON'T KNOW
- 10 REFUSE

Part 2: How Are You Doing 1? (gepds1-10)

The next section is about how you have been feeling. These questions are for you to answer on your own or if you prefer I can read them out loud. Which would you prefer?

SELF COMPLETION SECTION 2

(sc2)

- 1 Self-completion accepted
- 2 Self-completion administered by the interviewer

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Blurb 1(self completion accepted):

PLEASE HAND LAPTOP TO PARTICIPANT

Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

We would like to know how you are feeling. Please tick the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Just a reminder these questions are about how you have felt IN THE PAST 7 DAYS.

Blurb 2 (self completion administered by interviewer):

We would like to know how you are feeling. Please tell me the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Just a reminder these questions are about how you have felt IN THE PAST 7 DAYS.

In the past 7 days:

1. (fepds1) I have been able to laugh and see the funny side of things.

SHOW CARD 32

- 1 As much as I always could
- 2 Not quite so much now
- 3 Definitely not so much now
- 4 Not at all

2. (fepds2) I have looked forward with enjoyment to things.
SHOW CARD 33
1 As much as I ever did
2 Rather less than I used to
3 Definitely less than I used to
4 Hardly at all
3. (fepds3) I have blamed myself unnecessarily when things went wrong.
SHOW CARD 34
1 Yes, most of the time
2 Yes, some of the time
3 Not very often
4 No, never
4. (fepds4) I have been anxious or worried for no good reason.
SHOW CARD 35
1 No, not at all
2 Hardly ever
3 Yes, sometimes
4 Yes, very often
5. (fepds5) I have felt scared or panicky for no very good reason.
SHOW CARD 36
1 Yes, quite a lot
2 Yes, sometimes
3 No, not much
4 No, not at all
6. (fepds6) Things have been getting on top of me.
SHOW CARD 37
1 Yes, most of the time I haven't been able to cope at all
2 Yes, sometimes I haven't been coping as well as usual
3 No, most of the time I have coped quite well
4 No, I have been coping as well as ever
7. (fepds7) I have been so unhappy that I have had difficulty sleeping.
SHOW CARD 38
1 Yes, most of the time
2 Yes, sometimes
3 Not very often
4 No, not at all

8. (fepds8) I have felt sad or miserable.

SHOW CARD 39

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Not very often
- 4 No, not at all

9. (fepds9) I have been so unhappy that I have been crying.

SHOW CARD 40

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Only occasionally
- 4 No, never

10. (fepds10) The thought of harming myself has occurred to me.

SHOW CARD 41

- 1 Yes, quite often
- 2 Sometimes
- 3 Hardly ever
- 4 Never

Part 3: How are you Doing 2?

Blurb 1 (self completion accepted)

The next statements are about how you feel about yourself. Using the scale provided, please show how much you agree or disagree with each of the following statements by marking the option that best represents how you feel about yourself.

Blurb 2 (self completion administered by interviewer)

Now I am going to read some statements about how feel about yourself. Please tell me how much you agree or disagree with each of the following statements by saying the option that best represents how you feel about yourself. Please use CARD 42 to help you answer.

SHOW CARD 42

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree
1. (frosen1) On the whole, I am satisfied (content or happy) with myself.				
2. (frosen2) At times I think I am no good at all.				
3. (frosen3) I am able to do things as well as most other people.				
4. (frosen4) I certainly feel useless at times.				
5. (frosen5) All in all, I am inclined (I tend) to feel that I am a failure.				
6. (frosen6) I take a positive attitude toward myself.				

Part 4: What are you Like?

Blurb 1 (self completion accepted)

The next couple of pages have a list of statements that describe some people. Please answer all items as well as you can, even if you think some do not apply to you.

For each of the statements please indicate whether or not the statement is like you. If the statement is not at all like you please mark "1;" if the statement is very much like you please mark "5." You also can choose any of the numbers in between.

Blurb 2 (self completion administered by interviewer)

Now, I am going to read a few statements that describe some people. Please answer all items as well as you can, even if you think some do not apply to you.

For each of the statements please tell me whether or not the statement is like you. The options are 'Not at all Like Me,' 'Not Really Like Me,' 'I'm Unsure,' 'A Bit Like Me,' or 'Very Much Like Me.' Please use CARD 43 to help you answer.

SHOW CARD 43

- 1 Not at all like me
- 2 Not really like me
- 3 I'm unsure
- 4 A bit like me
- 5 Very much like me

STATEMENT	Not at all like me 1	Not really like me 2	I'm unsure 3	A bit like me 4	Very much like me 5
1. (fcfc1) In general, I ignore warnings about future problems because I think these problems will be solved before they get critical (<i>really bad</i>).					
2. (fcfc2) I think there is no need to sacrifice (<i>or give up</i>) things now for problems that lie in the future, because it will always be possible to solve these future problems later.					
3. (fcfc3) I only respond to urgent problems, trusting that problems that come up later can be solved in a later stage.					

Blurb 1(self completion accepted):

Thank you for answering those questions. Please hand laptop back to interviewer.

Blurbs 1 & 2:

THAT'S THE END OF SECTION F.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS MORE ABOUT YOUR CHILD'S
DEVELOPMENT.**

SECTION G: YOUR CHILD'S DEVELOPMENT: PART 2

Module F	Construct	Surveys Used
Your Child's Development: Part 2 <i>Note that measures shaded in gray are given to mother to complete at the beginning of the interview.</i>	Language Development: <i>MacArthur-Bates Communicative Inventories (CDI)</i> (Fenson, Pethick, Renda, Cox, Dale, & Reznick, 2000)	PFL 12mo, 18mo
	Child Behaviour: <i>Child Behaviour Checklist Preschool Form</i> (Achenbach, 2000)	
	Contamination Questions	PFL 6mo, 12mo, 18mo (different questions)
	Cognitive Development: <i>Developmental Profile -3 (cognitive section)</i> (Alpern, 2007)	PFL 12mo
	Social Emotional Development: <i>Brief Infant Toddler Social and Emotional Assessment (BITSEA)</i> (Briggs-Gowan & Carter, 2006)	PFL 12mo

This next section is more about ^childname and raising children.

1. (g1) Have you heard of descriptive praise?

1 YES
2 NO

If answered 1 to Q1 continue to Q2. If answered 2 to Q1, skip to Part 2: Cognitive Development.

2. (g2) Can you give an example of descriptive praise?

(g2a) Interviewer: tick here if appropriate example

Note to interviewer: Descriptive praise can be characterised as giving specific praise. The parent states exactly what it is about the child's behaviour that she liked, rather than generally saying good job.

Part 2: Cognitive Development (fdpcog1-38)

In this next section, I am going to ask some questions about things ^childname does or has done. For each statement, please tell me if ^childname does or can do each thing by answering 'yes' or 'no' to each statement.

Note to interviewer: Most of the questions ask whether the child does perform a task. To score YES, the child must not only be able to perform the task, he or she must actually perform it some of the time. However, a few of the questions ask whether the child can perform a task. For these questions, a YES means that the child has shown on at least one occasion that he or she is able to perform the task.

Some of the questions ask about skills or behaviours that the child mastered long ago and does not do anymore; for example, "Does the child babble or use other sounds that seem to be attempts to talk?" The child may have babbled for a while but then moved on to more advanced forms of speech. The item would be scored YES because babbling behaviour is behaviour that the child performed successfully in the past.

If the parent is unsure whether an answer should be YES or NO, encourage him or her to make an educated guess.

ADMINISTRATION GUIDELINES FOR INTERVIEWER

Start Rule: Ages 2-0 to 3-11: Start at Item 9.

Reverse Rule: A basal level of five consecutive items scored ‘Yes’ MUST be established. To do this, begin at item 9 and administer five items (including item 9). If all five items (items 9-13) are scored ‘Yes,’ a basal level is established and testing may continue until the stop rule is satisfied. If one or more of those first five items are scored ‘No,’ you must go backward to establish a basal level of five consecutive ‘Yes’ responses. Go to the item immediately prior to the start item (item 8) and administer it. Continue to administer items in reverse order until there are five consecutive ‘Yes’ scores. Then resume testing forward from the highest item completed.

Stop Rule: Stop when five consecutive items are scored ‘No.’

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING

SCALE: The Developmental Profile 3 (DP-3; Alpern, 2007)

<http://www.wpspublish.com/store/p/2743/developmental-profile-3-dp-3>

Pretick items 1-8 as ‘Yes’

Pretick items 9-38 as ‘No.’

QUESTION	YES	NO
1. (gdpcog1) The Developmental Profile 3 item 1		
2. (gdpcog2) The Developmental Profile 3 item 2		
3. (gdpcog3) The Developmental Profile 3 item 3		

4. (gdpcog4) The Developmental Profile 3 item 4		
5. (gdpcog5) The Developmental Profile 3 item 5		
6. (gdpcog6) The Developmental Profile 3 item 6		
7. (gdpcog7) The Developmental Profile 3 item 7		
8. (gdpcog8) The Developmental Profile 3 item 8		
9. (gdpcog9) The Developmental Profile 3 item 9		
10. (gdpcog10) The Developmental Profile 3 item 10		
11. (gdpcog11) The Developmental Profile 3 item 11		
12. (gdpcog12) The Developmental Profile 3 item 12		
13. (gdpcog13) The Developmental Profile 3 item 13		
14. (gdpcog14) The Developmental Profile 3 item 14		

15. (gdpcog15) The Developmental Profile 3 item 15		
16. (gdpcog16) The Developmental Profile 3 item 16		
17. (gdpcog17) The Developmental Profile 3 item 17		
18. (gdpcog18) The Developmental Profile 3 item 18		
19. (gdpcog19) The Developmental Profile 3 item 19		
20. (gdpcog20) The Developmental Profile 3 item 20		
21. (gdpcog21) The Developmental Profile 3 item 21		
22. (gdpcog22) The Developmental Profile 3 item 22		
23. (gdpcog23) The Developmental Profile 3 item 23		
24. (gdpcog24) The Developmental Profile 3 item 24		
25. (gdpcog25) The Developmental Profile 3 item 25		

26. (gdpcog26) The Developmental Profile 3 item26		
27. (gdpcog27) The Developmental Profile 3 item 27		
28. (gdpcog28) The Developmental Profile 3 item 28		
29. (gdpcog29) The Developmental Profile 3 item 29		
30. (gdpcog30) The Developmental Profile 3 item 30		
31. (gdpcog31) The Developmental Profile 3 item 31		
32. (gdpcog32) The Developmental Profile 3 item 32		
33. (gdpcog33) The Developmental Profile 3 item 33		
34. (gdpcog34) The Developmental Profile 3 item 34		
35. (gdpcog35) The Developmental Profile 3 item 35		
36. (gdpcog36) The Developmental Profile 3 item 36		

37. (gdpcog37) The Developmental Profile 3 item 37		
38. (gdpcog38) The Developmental Profile 3 item 38		

Part 3: Social Emotional (fbitsea1-42)

The next questions contain statements about 1 to 3 year old children. Many statements describe normal feelings and behaviours, but some describe behaviours that can be problems. Some may seem too young or old for your child.

For each statement, please tell me the answer that best describes your child in the LAST MONTH. For each question you can answer whether that behaviour is ‘not true or rarely happens,’ ‘somewhat true or sometimes happens,’ or ‘very true or happens often.’

Please use CARD 44 to help you answer.

SHOW CARD 44

- 1 NOT TRUE/RARELY
- 2 SOMEWHAT TRUE/SOMETIMES
- 3 VERY TRUE/OFTEN

Note that above is how the response options appear on the show card and are entered into the database, but for scoring purposes they should be coded as below:

- 0 NOT TRUE/RARELY
- 1 SOMEWHAT TRUE/SOMETIMES
- 2 VERY TRUE/OFTEN

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Brief Child-Toddler Social and Emotional Assessment (BITSEA; Briggs-Gowan & Carter, 2006)
<http://www.pearsonclinical.com/childhood/products/100000150/brief-infant-toddler-social-emotional-assessment-bitsea.html?origsearchtext=bitsea>

How true is it that or how often does your child:

STATEMENT	NOT TRUE/ RARELY	SOMEWHAT TRUE/ SOMETIMES	VERY TRUE/ OFTEN	NO CONTACT WITH OTHER CHILDREN (ONLY FOR QS 19 & 27)
1. (gbitsea1) Brief Child-Toddler Social and Emotional Assessment item 1				
2. (gbitsea2) Brief Child-Toddler Social and Emotional Assessment item 2				
3. (gbitsea3) Brief Child-Toddler Social and Emotional Assessment item 3				
4. (gbitsea4) Brief Child-Toddler Social and Emotional Assessment item 4				
5. (gbitsea5) Brief Child-Toddler Social and Emotional Assessment item 5				

6. (gbitsea6) Brief Child-Toddler Social and Emotional Assessment item 6			
7. (gbitsea7) Brief Child-Toddler Social and Emotional Assessment item 7			
(gbitsea8) Brief Child-Toddler Social and Emotional Assessment item 8 (gbitsea8detail) What is he/she afraid of? ____			
8. (gbitsea9) Brief Child-Toddler Social and Emotional Assessment item 9			
9. (gbitsea10) Brief Child-Toddler Social and Emotional Assessment item 10			
10. (gbitsea11) Brief Child-Toddler Social and Emotional Assessment item 11			
11. (gbitsea12) Brief Child-Toddler Social and Emotional Assessment item 12			
12. (gbitsea13) Brief Child-Toddler Social and Emotional Assessment item 13			
13. (gbitsea14) Brief Child-Toddler Social and Emotional Assessment item 14			



14. (gbitsea15) Brief Child-Toddler Social and Emotional Assessment item 15				
15. (gbitsea16) Brief Child-Toddler Social and Emotional Assessment item 16				
16. (gbitsea17) Brief Child-Toddler Social and Emotional Assessment item 17				
17. (gbitsea18) Brief Child-Toddler Social and Emotional Assessment item 18				
(gbitsea19) Brief Child-Toddler Social and Emotional Assessment item 19 (gbitsea19na) Tick N if no contact with other children.				
18. (gbitsea20) Brief Child-Toddler Social and Emotional Assessment item 20				
19. (gbitsea21) Brief Child-Toddler Social and Emotional Assessment item 21				
20. (gbitsea22) Brief Child-Toddler Social and Emotional Assessment item 22				
21. (gbitsea23) Brief Child-Toddler Social and Emotional Assessment item 23				

22. (gbitsea24) Brief Child-Toddler Social and Emotional Assessment item 24				
23. (gbitsea25) Brief Child-Toddler Social and Emotional Assessment item 25				
24. (gbitsea26) Brief Child-Toddler Social and Emotional Assessment item 26				
25. (gbitsea27) Brief Child-Toddler Social and Emotional Assessment item 27 (gbitsea27na) Tick N if No contact with other children.				
26. (gbitsea28) Brief Child-Toddler Social and Emotional Assessment item 28				
27. (gbitsea29) Brief Child-Toddler Social and Emotional Assessment item 29				
28. (gbitsea30) Brief Child-Toddler Social and Emotional Assessment item 30				
29. (gbitsea31) Brief Child-Toddler Social and Emotional Assessment item 31				
30. (gbitsea32) Brief Child-Toddler Social and Emotional Assessment item 32				

31. (gbitsea33) Brief Child-Toddler Social and Emotional Assessment item 33				
32. (gbitsea34) Brief Child-Toddler Social and Emotional Assessment item 34				
33. (gbitsea35) Brief Child-Toddler Social and Emotional Assessment item 35				
34. (gbitsea36) Brief Child-Toddler Social and Emotional Assessment item 36 (gbitsea36detail) Please describe_____				
35. (gbitsea37) Brief Child-Toddler Social and Emotional Assessment item 37				
36. (gbitsea38) Brief Child-Toddler Social and Emotional Assessment item 38				
37. (gbitsea39) Brief Child-Toddler Social and Emotional Assessment item 39				
38. (gbitsea40) Brief Child-Toddler Social and Emotional Assessment item 40				
(gbitsea41) Brief Child-Toddler Social and Emotional Assessment item 41 (gbitsea41detail) Please describe_____				

39. (gbitsea42) Brief Child-Toddler Social and Emotional Assessment item 42

(gbitsea42detail) Please describe _____

THAT'S THE END OF SECTION G.

THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL NOW MOVE TO THE NEXT SECTION WHICH IS ABOUT YOUR THOUGHTS ON PARENTING.

SECTION H: YOUR THOUGHTS ON PARENTING

Module H	Construct	Surveys Used
Your Thoughts on Parenting	Parenting Stress (SC): <i>Parenting Stress Index, Short Form</i>	PFL 6mo
SC3	Maternal Perceptions and Behaviours (SC): <i>Parental Cognitions and Conduct Towards Infant Scale</i>	PFL 6mo

I now have some questions about your thoughts on parenting. There are many different ways to parent and children are also different - so, just like all the other questions there are no right or wrong answers. The study is just interested in knowing what YOU think.

Please remember that all of your answers will be kept private and only used to understand how people generally view discipline and child development. If you are comfortable with reading and answering these questions yourself, I would like you to fill in these questions on your own using the computer. However, if you would prefer I can read them out loud. Which would you prefer?

SELF-COMPLETION SECTION 3

(sc3)

1 SELF-COMPLETION ACCEPTED

2 SELF-COMPLETION ADMINISTERED BY THE INTERVIEWER

If self-completion accepted use Blurb 1(self completion accepted) for all self complete sections in this module.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections in this module.

Part 1: Feelings About Parenting (hpsi1-36)

Blurb 1 (self completion accepted):

FEELINGS ABOUT PARENTING

The questions on the following pages ask you to mark an answer which best describes your feelings. Please read each statement carefully. For each statement mark the response that best represents your opinion.

The options are:

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

While you may not find a response that exactly states your feelings, please choose the response that comes the closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER. Choose only one response for each statement, and respond to all statements.

Blurb 2 (self completion administered by interviewer):
FEELINGS ABOUT PARENTING

The questions on the following pages ask you to tell me an answer which best describes your feelings. Please listen carefully while I read each statement to you. For each statement tell me the response that best represents your opinion.

The options are:
SHOW CARD 45

- 1 = Strongly Agree
- 2 = Agree
- 3 = Not Sure
- 4 = Disagree
- 5 = Strongly Disagree

While you may not find a response that exactly states your feelings, please tell me the response that comes the closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.** Choose only one response for each statement, and respond to all statements.

Please use **CARD 45** to help you choose.

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Short version of the Parenting Stress Index (PSI; Abidin, 1995)
<http://www4.parinc.com/>

Question	Strongly Agree 1	Agree 2	Not Sure 3	Disagree 4	Strongly Disagree 5
1. (hpsi1) Parenting Stress Scale Item 1					
2. (hpsi2) Parenting Stress Scale Item 2					

3. (hpsi3) Parenting Stress Scale Item 3					
4. (hpsi4) Parenting Stress Scale Item 4					
5. (hpsi5) Parenting Stress Scale Item 5					
6. (hpsi6) Parenting Stress Scale Item 6					
7. (hpsi7) Parenting Stress Scale Item 7					
8. (hpsi8) Parenting Stress Scale Item 8					
9. (hpsi9) Parenting Stress Scale Item 9					
10. (hpsi10) Parenting Stress Scale Item 10					
11. (hpsi11) Parenting Stress Scale Item 11					
12. (hpsi12) Parenting Stress Scale Item 12					
13. (hpsi13) Parenting Stress Scale Item 13					

14. (hpsi14) Parenting Stress Scale Item 14					
15. (hpsi15) Parenting Stress Scale Item 15					
16. (hpsi16) Parenting Stress Scale Item 16					
17. (hpsi17) Parenting Stress Scale Item 17					
18. (hpsi18) Parenting Stress Scale Item 18					
19. (hpsi19) Parenting Stress Scale Item 19					
20. (hpsi20) Parenting Stress Scale Item 20					
21. (hpsi21) Parenting Stress Scale Item 21					

For the next statement, please choose your response from the choices below.

22. (hpsi22) Parenting Stress Scale Item 22

Question	Strongly Agree 1	Agree 2	Not Sure 3	Disagree 4	Strongly Disagree 5
23. (hpsi23) Parenting Stress Scale Item 23					
24. (hpsi24) Parenting Stress Scale Item 24					
25. (hpsi25) Parenting Stress Scale Item 25					
26. (hpsi26) Parenting Stress Scale Item 26					
27. (hpsi27) Parenting Stress Scale Item 27					
28. (hpsi28) Parenting Stress Scale Item 28					
29. (hpsi29) Parenting Stress Scale Item 29					
30. (hpsi30) Parenting Stress Scale Item 30					
31. (hpsi31) Parenting Stress Scale Item 31					

For the next 2 statements, please choose your response from the choices below.

32. (hpsi32) Parenting Stress Scale Item 32

33. (hpsi33) Parenting Stress Scale Item 33

Question	Strongly Agree 1	Agree 2	Not Sure 3	Disagree 4	Strongly Disagree 5
34. (hpsi34) Parenting Stress Scale Item 34					
35. (hpsi35) Parenting Stress Scale Item 35					
36. (hpsi36) Parenting Stress Scale Item 36					

Part 2: Maternal Attitudes (hpacotis1-32)

Blurb 1 (self completion accepted):

The statements on the following pages are about children and taking care of children. Please mark the degree to which the statement is not at all what you do, or think, or how you feel, or if it is exactly what you do, what you think, or how you feel, by selecting the appropriate number between 0 and 10 that best shows how well that statement describes you.

Blurb 2 (self completion administered by interviewer):

Next, I am going to read some statements about babies and taking care of children. After I read each statement please tell me if that statement is not at all what you do, think, or how you feel or if it is exactly what you do, think or how you feel by telling me the number between 0 and 10 that best shows how well that statement describes you. Please use CARD 46 to help you answer.

SHOW CARD 46

0 = Not at all what I think, do, or feel

1

2
3
4
5
6
7
8
9

10 = Exactly what I think do, or feel

Note that above is what is presented on the show card and on the computer screen, but the data are electronically entered as (note the value on the left is what is automatically entered into the database):

1 = 0 = Not at all what I think, do, or feel

2 = 1

3 = 2

4 = 3

5 = 4

6 = 5

7 = 6

8 = 7

9 = 8

10 = 9

11 = 10 = Exactly what I think do, or feel

1. (hpacotis1) I get the impression that my child is particularly curious compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

2. (hpacotis2) My behaviour has little effect on the personal development of my child.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

3. (hpacotis3) I take really great pleasure in “talking” (babbling, using baby-talk) with my child.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how
how I feel I feel

4. (hpacotis4) I often play with my child. For example, I regularly take the time to amuse him/her or make him/her laugh when I change his/her nappy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what
what I do I do

5. (hpacotis5) I feel I am very good at keeping my child amused.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
What I think think

6. (hpacotis1) I get the impression that my child is particularly endearing (*adorable, lovable*) compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

7. (hpacotis7) I feel that I am very good at calming my child down when he/she is upset, fussy, or crying.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

8. (hpacotis8) I have been angry with my child when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

9. (hpacotis9) I feel that I am very good at keeping my child busy while I am doing other things.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

10. (hpacotis10) When my child cries, he/she gets on my nerves.

0	1	2	3	4	5	6	7	8	9	10
Not at all how I feel										Exactly how I feel

11. (hpacotis11) I feel that I am very good at attracting the attention of my child.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

12. (hpacotis12) I have raised my voice with or shouted at my child when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

13. (hpacotis13) Regardless of what I do, my child will develop on his/her own.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

14. (hpacotis14) I feel that I am very good at feeding my child, changing his/her nappies, and giving him/her his/her bath.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I think										Exactly what I think

15. (hpacotis15) I have spanked my child when he/she was particularly fussy.

0	1	2	3	4	5	6	7	8	9	10
Not at all what I did										Exactly what I did

16. (hpacotis16) I insist upon keeping my child close to me at all times, within my eyesight and in the same room as I am.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

17. (hpacotis17) I get the impression that my child is particularly cute compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

18. (hpacotis18) I have lost my temper when my child was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

19. (hpacotis19) My behaviour has little effect on the intellectual development of my child.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

20. (hpacotis20) I consider myself a “real mother hen.”

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

21. (hpacotis21) I prefer that my child sleeps in the same room as me at night.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

22. (hpacotis22) I have left my child alone in his/her bedroom when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what did did

23. (hpacotis23) When I leave my child with a babysitter, I miss him/her so much that I cannot enjoy myself.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how I
how I feel feel

N/A because never left with babysitter

24. (hpacotis24) My behaviour has little effect on the development of emotions (for example, happiness, fear, anger) in my child.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

25. (hpacotis25) I have shaken my child when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

26. (hpacotis26) I can never bring myself to leave my child with a babysitter.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how I
how I feel feel

27. (hpacotis27) My behaviour has little effect on how my child will interact with others in the future.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

28. (hpacotis28) I get the impression that my child is particularly intelligent compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

29. (hpacotis29) I often feel the urge to kiss my child.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what
what I feel I feel

30. (hpacotis30) I usually feel very great pleasure when holding my child in my arms.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how
how I feel I feel

31. (hpacotis31) I feel very intense joy and I sort of “melt down” whenever my child smiles at me.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how
how I feel I feel

32. (hpacotis32) In general, do you think you are a good mother?

0 1 2 3 4 5 6 7 8 9 10
I’m a very I’m a very
bad mother good mother

Blurb 1: Thank you for answering those questions. Please hand laptop back to interviewer.

Blurbs 1 & 2:

THAT'S THE END OF SECTION H.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS ABOUT YOUR HOME AND YOUR
SATISFACTION WITH THE PROGRAMME.**

SECTION I: ENVIRONMENT & SATISFACTION WITH PROGRAMME

Module I	Construct	Surveys used
Environment & Satisfaction with Programme	Indicators of Household Domestic Social/Emotional Risk	PFL BL, 12mo
	Child Protective Services Involvement	PFI 12mo
	Satisfaction with Programme : <i>Client Satisfaction Questionnaire</i> (Turner, Markie-Dadds, & Sanders, 1998)	PFL 6mo, 12mo

The first question is about difficulties you or anyone in your house may have.

1. (i1*; i1other) Have any of the following issues been a difficulty for you or anyone in your house? Please mark all that apply.

SHOW CARD 47

- 1 PARENTING
- 2 DOMESTIC VIOLENCE
- 3 ADDICTION
- 4 SEPARATION
- 5 SUICIDAL THOUGHTS
- 6 MENTAL HEALTH ISSUES
- 7 BEREAVEMENT/DEATH
- 8 ABUSE
- 9 OTHER (PLEASE SPECIFY)
- 10 NONE
- 11 I DON'T KNOW
- 12 I CHOOSE NOT TO ANSWER

2. (i2) Is there a social worker working with your family?

- 1 YES
- 2 NO

If answered yes to Q2 continue to Q3. If answered no to Q2 skip to Part 2: Satisfaction with Programme.

3. (i3) What was the first date of involvement?

_____ / _____ / _____

If PFL_Control = 1 (i.e., PFL) continue to Part 2: Satisfaction with Programme. If PFL_Control =2 (i.e., LFP) skip to Module J: Closing.

6. (icsq6) Has the *PFL* programme helped you to deal more effectively with your child's behaviour?

SHOW CARD 52

1	2	3	4	5	6	7
No, it has made things worse			The programme did not help at all			Yes, it has helped a great deal

7. (icsq7) Has the *PFL* programme helped you to deal more effectively with problems that arise in your family?

SHOW CARD 52

1	2	3	4	5	6	7
No, it has made things worse			The programme did not help at all			Yes, it has helped a great deal

If answered 2(married), 3(co-habiting), or 4(boyfriend/partner not living together) to Q4, Module D continue to Q8. If answered 1(single), 5 (divorced), or 6(legally separated) to Q4, Module D then skip to Q9.

8. (icsq8) Do you think your relationship with your partner has been improved by the *PFL* programme?

SHOW CARD 53

1	2	3	4	5	6	7
No definitely not			My relationship with my partner has not changed			Yes definitely

9. (icsq9) In an overall sense, how satisfied are you with the *PFL* programme you and your child have received?

SHOW CARD 54

1	2	3	4	5	6	7
Very dissatisfied		Neither Satisfied nor Dissatisfied				Very satisfied

10. (icsq10) Has the *PFL* programme helped you develop skills that can be applied to other family members?

SHOW CARD 55

1	2	3	4	5	6	7
No definitely not			Neither/Neutral			Yes definitely

11. (icsq11) In your opinion, how is your child's behaviour compared to when your child was about a year old?

SHOW CARD 56

1	2	3	4	5	6	7
Considerably worse	Worse	Slightly worse	The same	Slightly improved	Improved	Greatly improved

12. (icsq12) How would you describe your feelings at this point about your child's progress/development?

SHOW CARD 57

1	2	3	4	5	6	7
Very dissatisfied		Neither Satisfied nor Dissatisfied				Very satisfied

13. (icsq13) Since beginning this *PFL* programme, have you sought further assistance for your child's behaviour or for your family from any other source? If so, please describe.

14. (icsq14) Do you have any other comments about this *PFL* programme?

THAT'S THE END OF SECTION I.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
WE WILL NOW MOVE ON TO OUR LAST SECTION.**

SECTION J: CLOSING

Module J	Construct	Surveys Used
Closing	Age Related Questions	PFL 12mo, 18mo
	Families Strengths and Qualities	PFL BL
	Thoughts on Being a Mam	PFL 6mo, 24mo
	Relevant Notes about Interview (not asked, interviewer recorded)	

This is our final section. You have been very helpful and we are almost finished. This final section will only take a few minutes.

1. (j1) What do you like most about being the mam of a 2 year old?

2. (j2) What don't you like about being the mam of a 2 year old?

3. (j3) Is there anything else you want to tell us about how you feel about being a mam? This can be both good and bad things.

4. (j4) Almost all families face some problems. Currently, is your family having some problems that you think may make your child's development more difficult? If so, please tell us about these:

Probe: What else?

5. (j5) Some families have strengths and qualities. Would you like to tell me if you feel your family has any positive qualities and strengths?

Probe: Please could you tell me a bit more about that? What else?

6. (j6) Are there any important events that have happened since our last interview that may have had an effect in your family that you would like to share with us?

INTERVIEWER PLEASE WRITE ANY RELEVANT NOTES ABOUT THE INTERVIEW HERE:

(pfl5InterviewNotes)

CHECK – HAVE YOU DONE THE CBCL/CDI???

CHECK – HAVE YOU MEASURED THE CHILD’S HEIGHT AND WEIGHT???

THAT’S THE END OF SECTION J.

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THAT IS THE END OF THE QUESTIONNAIRE!**

THAT'S THE END OF THE INTERVIEW, WE HAVE FINISHED!

Thank you very much for taking the time to participate today, your responses will be very helpful for the study and will help us know how we can better serve the community in the future. We are finished with the interview, but before I go, I'd like to go over your contact information to make sure that it is still correct.

GO TO CONTACT SHEET AND MAKE SURE INFO IS STILL CORRECT. COMPARE IT TO THE INFORMATION WE HAD AT THE 18 MONTH INTERVIEW.

OK, that is all I have for today. Thank you again for taking the time to participate in our study. Here is your voucher. Just to let you know, a member of our research team will be contacting you in about a year to set up the next interview when ^childname is about three years old. When you complete the next research questionnaire, you will receive another voucher. Do you have any questions before I leave?