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PFL 36 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.

INTERVIEW DETAILS

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

WELCOME TO THE 36 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
8. (ChildPresent) Is child present?
 - 1 YES
 - 2 NO

Thank you for meeting with me today. This questionnaire will be 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 year. 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 and confidential. If any question is not clear to you or if you don't understand a question, please ask me to repeat it. If you do not want to answer a question, let me know and we can skip that question. 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 and a half, 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 toilet, 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 Measured	Previous <i>PFL</i> Surveys Used
Your Child’s Development: Part 1	Child’s Development - Communication: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Child’s Development – Gross Motor: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Child’s Development – Fine Motor: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Child’s Development – Problem Solving: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Child’s Development – Personal-Social: <i>Ages and Stages Questionnaire</i> (ASQ; Squires, Potter, & Bricker, 1999)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Child’s Development – Social-Emotional: <i>Ages and Stages Questionnaire</i> (ASQ:SE; Squires, Bricker, & Twombly, 2003)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo

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

Note: Directly assess any item indicated in bold below if child is present.

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			
1. (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 (aasqse1-31)

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

Note to 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

Pre-tick ‘tick if this is a concern’ to ‘no’ for all items

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

STATEMENT	Most of the Time	Sometimes	Rarely or Never	Tick if this is a Concern
(aasqse1) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 1				(aasqse1a)

(aasqse2) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 2				(aasqse2a)
(aasqse3) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 3				(aasqse3a)
(aasqse4) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 4				(aasqse4a)
(aasqse5) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 5				(aasqse5a)
(aasqse6) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6				(aasqse6a)
(aasqse7) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 7				(aasqse7a)
(aasqse8) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 8				(aasqse8a)
(aasqse9) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 9				(aasqse9a)
(aasqse10) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 10				(aasqse10a)

(aasqse11) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 11				(aasqse11a)
(aasqse12) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 12				(aasqse12a)
(aasqse13) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 13				(aasqse13a)
(aasqse14) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 14 <i>Note that picky eating is not appropriate here</i>				(aasqse14a)
(aasqse15) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 15				(aasqse15a)
(aasqse16) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 6 (If your child often babbles, mark “most of the time”).				(aasqse16a)
(aasqse17) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 17				(aasqse17a)
(aasqse18) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 18				(aasqse18a)
(aasqse19) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 19				(aasqse19a)

(aasqse20) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 20				(aasqse20a)
(aasqse21) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 21				(aasqse21a)
(aasqse22) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 22				(aasqse22a)
(aasqse23) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 23				(aasqse23a)
(aasqse24) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 24				(aasqse24a)
(aasqse25) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 25				(aasqse25a)
(aasqse26) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 26				(aasqse26a)
(aasqse27) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 27				(aasqse27a)
(aasqse28) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 28				(aasqse28a)

(aasqse29) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 29				(aasqse29a)
(aasqse30) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 30				(aasqse30a)

THAT'S THE END OF SECTION A.

THANK YOU FOR ANSWERING THOSE QUESTIONS. THE NEXT SECTION IS AN UPDATE ON YOUR LIFE.

SECTION B: UPDATE ON YOUR LIFE

Module B	Construct Measured	Previous <i>PFL</i> Surveys Used
Update on Your Life	Household Composition	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Maternal Home Ownership Status	<i>PFL</i> BL, 6mo
	Relationship Status	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Is Partner Biological Father	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Work Status	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Occupation	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Work Hours	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Job Stability	<i>PFL</i> 12mo, 18mo, 24mo
	Mother's Wage	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Unemployment Info	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Education	<i>PFL</i> 24mo
	Partner's Work Status	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Partner's Occupation	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Partner's Work Hours	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Partner's Job Stability	<i>PFL</i> 12mo, 18mo, 24mo
	Partner's Wage	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Partner's Unemployment Info	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Indicator of Social Welfare Payments (Detailed)	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Household Weekly Income	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Family Finances	New
	Economic Perceptions (retrospective/prospective)	<i>PFL</i> 12mo, 18mo, 24mo
	Mother's Saving Habits	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Childcare Use/Type/Satisfaction	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Primary School Planning	New
	Parental Attitudes Toward Education	New
	Voting Behaviour	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo

In this section, I am going to ask you some questions about your family, education, work life and finances, your use of childcare for ^childname, and your thoughts about education. 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 year.

1. (b1) Are you and ^childname currently living in the same home as each other?

- 1 YES
- 2 NO

2. (b2; b2dkr) *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 #	Relationship to <u>PFL Child</u> (use codes below)	Gender (F/M)	Age (in years)
a.	1	b3a_1_	b3b_1_	b3c_1_
b.	2	b3a_2_	b3b_2_	b3c_2_
c.	3	b3a_3_	b3b_3_	b3c_3_
d.	4	b3a_4_	b3b_4_	b3c_4_
e.	5	b3a_5_	b3b_5_	b3c_5_
f.	6	b3a_6_	b3b_6_	b3c_6_
g.	7	b3a_7_	b3b_7_	b3c_7_
h.	8	b3a_8_	b3b_8_	b3c_8_
i.	9	b3a_9_	b3b_9_	b3c_9_
j.	10	b3a_10_	b3b_10_	b3c_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 _____ |

4. (b4; b4oth) Which of the following best describes your home? Please use CARD 2 to help you answer.

SHOW CARD 2

- 1 OWNED WITH MORTGAGE
- 2 OWNED OUTRIGHT
- 3 RENTED FROM LOCAL AUTHORITY
- 4 BUYING FROM LOCAL AUTHORITY
- 5 RENTED PRIVATELY
- 6 SHARED OWNERSHIP (half renting/half buying from local authority or city council)
- 7 OTHER (please specify)

The next couple of questions are about your relationship status.

5. (b5) Can I just check - what is your current relationship status?

SHOW CARD 3

- 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 Q5, continue to Q6. If answered 1, 5, 6, or 7 to Q5 skip to Q8 (more specifically, the text before Q8).

6. (b6) Is your partner ^childname's biological father?

- 1 YES
- 2 NO

7. (b7) Were you with this partner when we interviewed you when your child was 2 years old?

- 1 YES
- 2 NO

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

8. (b8) Have there been any changes in your work status since our last interview with you about a year ago?

- 1 YES
- 2 NO

If answered 1 to Q8 continue to Q9. If answered 2 to Q8 skip to blurb before Q19.

9. (b9; b9oth) What is your current work status? Please use CARD 4 to tell me the option that best applies.

SHOW CARD 4

- 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 Q9, continue to Q10. If answered 3 to Q9, skip to Q18. If answered 4, 5, 6, 7, or 10 to Q9, skip to blurb before Q19.

10. (b10; b10dkr) What is your main job? _____

11. (b11) Do you work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

12. (b12; b12dkr) On average, how many hours per week do you usually work?

_____ ENTER AMOUNT IN HOURS

13. (b13) Is this a standard amount of hours that you work per week or does it change on a weekly basis based on available work?

Note to interviewer: Do not read out responses

- 1 FIXED
- 2 VARIABLE

If answered 9 to Q9, skip to Q18.

14. (b14) Have you been in paid work continuously over the last year?

- 1 YES
- 2 NO

If answered 2 to Q14, continue to Q15. If answered 1 to Q14, skip to Q16.

15. (b15) For how long were you not in paid work over the last year?

Fill in as:

(b15a) _____ weeks OR (b15b) _____ months

16. (b16) Roughly how much do you earn, on average, in your job(s)?

_____ ENTER AMOUNT IN EUROS

17. (b17) Is this amount:

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

If answered 3 or 9 to Q9, continue to Q18. Otherwise skip to the blurb before Q19.

18. (b18; b18dkr) For how long have you been without paid work (in months)?

_____ MONTHS

The next few questions are about your education.

19. (b19) Are you still in any type of education?

1 YES

2 NO

If answered 1 to Q19 continue to Q20. If answered 2 to Q19 skip to Q21.

20. (b20; b20dkr) What type of education are you currently enrolled in?

21. (b21) Have you enrolled in or completed any courses in the last year?

1 YES

2 NO

If answered yes to Q21, continue to Q22. If answered no to Q21 skip to the blurb before Q24

22. (b22; b22dkr) 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 Q22 > 0, then display corresponding number of table rows in Q33.

23. 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>	<i>Currently Enrolled</i>
(b23a_1_) Course 1 (text box)	b23b_1_	b23c_1_	b23d_1_	b23e_1_
(b23a_2_) Course 2 (text box)	b23b_2_	b23c_2_	b23d_2_	b23e_2_
(b23a_3_) Course 3 (text box)	b23b_3_	b23c_3_	b23d_3_	b23e_3_
(b23a_4_) Course 4 (text box)	b23b_4_	b23c_4_	b23d_4_	b23e_4_
(b23a_5_) Course 5 (text box)	b23b_5_	b23c_5_	b23d_5_	b23e_5_
(b23a_6_) Course 6 (text box)	b23b_6_	b23c_6_	b23d_6_	b23e_6_
(b23a_7_) Course 7 (text box)	b23b_7_	b23c_7_	b23d_7_	b23e_7_
(b23a_8_) Course 8 (text box)	b23b_8_	b23c_8_	b23d_8_	b23e_8_
(b23a_9_) Course 9 (text box)	b23b_9_	b23c_9_	b23d_9_	b23e_9_
(b23a_10_) Course 10 (text box)	b23b_10_	b23c_10_	b23d_10_	b23e_10_

If answered 2, 3, or 4 to Q5 and if answered 1 to Q7 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 Q7, continue to Q24. If answered 2 to Q7, skip to Q25.

24. (b24) Have there been any changes in his work status since our last interview with you about a year ago?

- 1 YES
- 2 NO

If answered 1 to Q24 continue to Q25. If answered 2 to Q24 skip to statement before Q35.

25. (b25; b25other) What is his current work status? Please use CARD 4 to tell me the best option that applies.

SHOW CARD 4

- 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 Q25, continue to question 26. If answered 3 to Q25, skip to Q34. If answered 4, 5, 6, 7, or 10 to Q25, skip to statement before Q35. If answered 9 to Q25 then go to Qs26-8, then skip to Q34.

If DK skip to statement before Q42

26. (b26; b26dkr) What is his main job? _____

27. (b27) Does he work full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME

28. (b28; b28dkr) How many hours per week does he usually work?

_____ ENTER AMOUNT IN HOURS

If answered 9 to Q25, skip to statement before Q35.

29. (b29) 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

30. (b30) Was he in paid work continuously over the last 12 months?

1 YES

2 NO

If answered 2 to Q30, continue to Q31. If answered 1 to Q30, skip to Q32.

31. For how long was he not in paid work over the last 12 months?

Fill in as:

(b31a) _____ weeks OR (b31b) _____ months

32. (b32) Roughly how much does he earn, on average, in his job(s)?

_____ ENTER AMOUNT IN EUROS

33. (b33) Is this amount

1 PER HOUR

2 PER WEEK

3 PER MONTH

4 ANNUALLY/PER YEAR

If answered 3 or 9 to Q25 continue to Q34. Otherwise, skip to statement before Q35.

34. (b34; b34dkr) For how long has he been without paid work (in months)?

_____ MONTHS

The next few questions are about your household income.

35. First, I'd like to ask if you or anyone in the household receives any Social Welfare payments. Looking at CARD 5, 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)

SHOW CARD 5

Note to interviewer: There are multiple show cards for this question. Be sure respondent looks at all cards.

Unemployment Payments

Social Welfare Payment	Yes	No
(b35a) Jobseeker's Benefit		
(b35b) Jobseeker's Allowance or Unemployment Assistance		

Employment Supports

Social Welfare Payment	Yes	No
(b35c) Family Income Supplement		
(b35d) Back to Work Enterprise Allowance		
(b35e) Farm Assist		
(b35f) Part-time Job Incentive Scheme		
(b35g) Back to Work Allowance (Employees)		
(b35h) Back to Education Allowance		
(b35i) Supplementary Welfare Allowance (SWA)		

One-Parent Family/Widower Payments

Social Welfare Payment	Yes	No
(b35j) Widow's or Widower's (Contributory) Pension		
(b35k) Deserted Wife's Allowance		
(b35l) Deserted Wife's Benefit		
(b35m) Prisoner's Wife Allowance		
(b35n) Widowed Parent Grant		
(b35o) One-parent Family Payment		
(b35p) Widow's or Widower's (Non-contributory) Pension		

Child Related Payments

Social Welfare Payment	Yes	No
(b35q) Maternity Benefit		
(b35r) Health and Safety Benefit		
(b35s) Adoptive Benefit		
(b35t) Guardian's Payment (Contributory)		
(b35u) Guardian's Payment (Non-Contributory)		

Disability and Caring Payments

Social Welfare Payment	Yes	No
(b35v) Illness Benefit		
(b35w) Injury Benefit		
(b35x) Invalidity Pension		
(b35y) Incapacity Supplement		
(b35z) Disability Allowance		
(b35aa) Disablement Benefit		
(b35bb) Blind Pension		
(b35cc) Medical Care Scheme		
(b35dd) Carer's Benefit		
(b35ee) Medical Card		
(b35ff) GP Visit Card		
(b35gg) Constant Attendance Allowance		
(b35hh) Domiciliary Care Allowance		
(b35ii) Death Benefits (Survivor's Benefits)		

Retirement Payments

Social Welfare Payment	Yes	No
(b35jj) State Pension (Transition)		
(b35kk) State Pension (Non-Contributory)		
(b35ll) State Pension (Contributory)		
(b35mm) Pre-Retirement Allowance		

36. (b36) 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 6 to choose the weekly income range that best applies to your household.

SHOW CARD 6

Note: The online version of the survey and CARD 6 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

37. (b37) Overall, how satisfied are you with your financial situation? Please use CARD 7 to help you answer.

SHOW CARD 7

- 1 VERY DISSATISFIED
- 2 SORT OF DISSATISFIED
- 3 MIXED FEELINGS
- 4 SORT OF SATISFIED
- 5 VERY SATISFIED

38. (b38) How often do you worry about financial matters? Please use CARD 8 to help you answer.

SHOW CARD 8

- 1 ALMOST NEVER
- 2 ONCE IN A WHILE
- 3 SOMETIMES
- 4 OFTEN
- 5 ALMOST ALL OF THE TIME

39. (b39) How many people are being supported by your total household income?

Note to interviewer: Enter number of people

NUMERIC FIELD HERE: _____

40. (b40) Compared to 12 months ago, do you think that your household's current financial situation has:

SHOW CARD 9

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

41. (b41) How do you think the financial situation of your household will change over the next 12 months?

SHOW CARD 10

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

42. (b42) Do you save money regularly?

- 1 YES
- 2 NO

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

43. (b43) 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 Q43 continue to Q44. If answered 2 to Q43 skip to Q54.

44. (b44; b44other) What type of childcare do you mainly use?

Note to interviewer: 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 Q44, go to Q45. Otherwise go to Q46.

45. (b45; b45dkr) What is the name of the childcare centre your child is attending?

46. (b46; b46dkr) For how many hours per week is ^childname in this type of childcare?

_____ HOURS PER WEEK

47. (b47; b47dkr) What age was ^childname when he/she started this type of childcare?

_____ MONTHS OLD

48. (b48) Do you pay for this type of childcare?

1 YES

2 NO

If answered 1 to Q48 continue to Q49. If answered 2 to Q48 skip to Q51.

49. (b49; b49dkr) How much do you pay for childcare for ^childname?

_____ EUROS

50. (b50) Is this amount

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

51. (b51) How satisfied are you with this type of childcare? Please use CARD 11 to help you answer.

SHOW CARD 11

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

52. (b52) Does your child spend time in any other form of childcare?

- 1 YES
- 2 NO

If answered 1 to Q52 continue to Q53. If answered 2 to Q52 skip to Q54.

53. 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
(b53a) Child's Grandparent	(b53ahrs)
(b53b) Partner (not biological father)/Friends/Relatives	(b53bhrs)
(b53c) Nanny/Child Minder	(b53chrs)
(b53d) Nursery/Crèche/Preschool/Montessori	(b53dhrs)
(b53e) Child's Biological Father	(b53ehrs)
(b53f; b53foth) Other (please specify)	(b53fhrs)

54. (b54) Do you currently have ^childname listed on a waiting list for primary school?

- 1 YES
- 2 NO

If answered 1 to Q54 continue to Q55. If answered 2 to Q54 skip to Q57.

55. (b55; b55a) How long has your child's name been on this list?

_____ MONTHS

tick here if child was on list before birth

56. (b56) What school list or lists did you put your child's name on?

_____ (INCLUDE TEXT BOX HERE)

The next four questions in this section are about your thoughts about education and schooling.

57. (b57) On a scale of 1 to 5, how much do you agree or disagree that a good education will help ^childname get ahead in life? Please use CARD 12 to help you answer.

SHOW CARD 12

1 STRONGLY AGREE

2 AGREE

3 NOT SURE

4 DISAGREE

5 STRONGLY DISAGREE

58. (b58) At what age do you think ^childname will leave full-time education?

_____ YEARS OLD

59. (b59; b59other) What is the highest qualification you would like ^childname to achieve?
Please use CARD 13 to help you answer.

SHOW CARD 13

- 1 NO FORMAL QUALIFICATION
- 2 PRIMARY EDUCATION
- 3 LOWER SECONDARY (leave before Junior Certification)
- 4 JUNIOR/GROUP/INTER CERTIFICATION
- 5 UPPER SECONDARY (leave before Leaving Certification)
- 6 APPLIED LEAVING CERTIFICATION
- 7 LEAVING CERTIFICATION/A LEVELS
- 8 NON-DEGREE QUALIFICATION (Diploma, Technical or Vocational Qualification)
- 9 PRIMARY DEGREE (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 POSTGRADUATE QUALIFICATION
- 11 OTHER (please specify)

60. (b60) On a scale of 1 to 5, how much do you agree or disagree that the education which you have received has helped you greatly in life? Please use CARD 14 to help you answer.

SHOW CARD 14

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NOT SURE
- 4 DISAGREE
- 5 STRONGLY DISAGREE

The final two questions in this section are about the most recent elections.

61. (b61; b61other) 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)

62. (b62; b62other) 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)

THAT'S THE END OF SECTION B.

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

SECTION C: YOUR SOCIAL SUPPORT NETWORK

Module C	Construct Measured	Previous <i>PFL</i> Surveys Used
Social Support	Level of Support from Family, Partner, Friends, Neighbours, Work Colleagues, <i>PFL</i>	<i>PFL</i> BL, 6mo, 18mo, 24mo
	Maternal Social Support: <i>Maternal Social Support Index (adapted)</i> (MSSI; Pascoe, Ialongo, Horn, Reinhart, & Perradatto, 1988)	<i>PFL</i> 18mo
	Frequency Meet IO/Mentor (<i>PFL only</i>)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Mother's Participation in Parenting Programmes or Classes	<i>PFL</i> BL
	Mother's Frequency Meeting Friends/Relatives	<i>PFL</i> BL, 6mo, 12mo
	Mother's Number of Neighbours Know Personally	<i>PFL</i> BL
	Mother Number of Neighbours with Child	<i>PFL</i> 6mo, 18mo, 24mo
	Mother Contact with Other People in Programme	<i>PFL</i> 6mo, 12mo, 18mo
	Mother Share Programme Information	<i>PFL</i> 6mo, 18mo, 24mo
	Influences Parenting Decisions	<i>PFL</i> 6mo, 18mo, 24mo
	Mother's Satisfaction with Neighbourhood	<i>PFL</i> BL
	Neighbourhood Quality: <i>Neighborhood Quality Evaluation Scale</i> (NQES; Roosa et al., 2005)	New
	Neighbourhood Crime: <i>Neighborhood Criminal Events Scale</i> (NCES; Roosa et al., 2005)	New
	Frequency of 63 Community Services (<i>PFL only</i>) (SC1)	<i>PFL</i> BL, 6mo, 18mo
	Father's Involvement with Child	<i>PFL</i> BL, 6mo, 18mo, 24mo
	Father Maintenance	<i>PFL</i> 12mo, 18mo, 24mo
Partner's Involvement with Child (if different than father)	<i>PFL</i> BL, 6mo, 18mo, 24mo	

This may be a busy time in your life because ^childname is about three 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 15 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 15 may help you choose the option that best describes how much support you are getting from each of the people I mention.

SHOW CARD 15

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 Q5, Module B continue to Qc1a. If answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to Q5, Module B, automatically fill this statement as 1 (i.e., does not apply to me), and skip to Qc1b.

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 Q9, Module B automatically fill in c1f (i.e., people in your workplace) as 1 (does not apply to me). If Q9, Module B was skipped ask Qc1f.

If answered 1 (yes) to Q6. Module B (Is your partner ^childname biological father) automatically fill in Qc1g with the same response given for c1a.

If answered 2 (no) to Q6 in Module B then ask both “from your spouse partner” and “from the baby’s father”

If PFL_Control = 2 (i.e., LFP) automatically fill in Qc1h as ‘does not apply to me.’

PERSON	Does Not Apply to Me	No Support	Little Support	Some Support	A Lot of Support
a. (c1a) Spouse/partner					
b. (c1b) Parents					
c. (c1c) Other close relatives					
d. (c1d) Friends					
e. (c1e) Neighbours					
f. (c1f) People in your Workplace					
g.(c1g) ^childname's biological father					
h. (c1h) PFL programme (PFL only)					

Maternal Social Support Index (MSSI) (cmssi1-9)

Now I am going to read out some common household chores and activities that you may do in your home. Please respond to the next several questions by saying who generally does the task. The responses are:

- 1 NO ONE
- 2 YOU GENERALLY DO IT
- 3 SOMEONE ELSE GENERALLY DOES IT
- 4 SOMEONE ELSE AND YOU GENERALLY DO IT

Please use CARD 16 to help you answer.

SHOW CARD 16

- 1 NO ONE
- 2 I GENERALLY DO IT
- 3 SOMEONE ELSE GENERALLY DOES IT
- 4 SOMEONE ELSE AND I GENERALLY DO IT

TASK	No One	Mother Generally Does It	Someone Else Generally Does It	Mother and Someone Else Generally Does It
1. (cmssi1) Who fixes meals?				
2. (cmssi2) Who does the grocery shopping?				
3. (cmssi3) Who lets your child/children know what is right or wrong?				
4. (cmssi4) Who fixes things around the house or apartment?				
5. (cmssi5) Who does the inside cleaning?				
6. (cmssi6) Who works outside around the house or apartment?				
7. (cmssi7) Who pays the bills?				
8. (cmssi8) Who takes your child to the doctor if he/she is sick?				
9. (cmssi9) Who sees to it that your child/children go to bed?				

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. (c2; c2other) How often do you meet with your mentor/information officer?

Note to 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. (c3) Are you taking part in any parenting programmes or classes, not including this study?

- 1 YES
- 2 NO

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

4. (c4) What type of programme or class are you taking part in?

_____ (INCLUDE TEXT BOX HERE)

5. (c5) How often do you meet friends or relatives who are not living in your household?

Note to 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

6. (c6) Thinking about the neighbours in your area, about how many people would you say you know personally?

Note to interviewer: Do not read out responses

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

7. (c7) 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?

Note to interviewer: Do not read out responses

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

8. (c8) Thinking about your neighbours in the area, how many people do you know that are taking part in this programme/study?

Note to interviewer: Do not read out responses

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

If PFL continue to Q9. If LFP automatically fill in as 3 (not applicable) and skip to Q10.

9. (c9) 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

10. (c10; c10other) Who most helps you make choices about caring for your child?

SHOW CARD 17

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

11. (c11) How satisfied are you with the area/neighbourhood you live in? Please look at CARD 18 and tell me the option that best applies.

SHOW CARD 18

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

12. (c12) Please share with me your reasons for feeling this.

Probe: What else?

Neighborhood Quality Evaluation Scale (NQES) (cnqes1-1)

Next, I am going to read you a list of statements people use to describe their neighbourhood. I want you to tell me how much these statements are true about your neighbourhood. The responses are *not at all true, a little true, somewhat true, mostly true, or very true*. Please use CARD 19 to help you answer.

SHOW CARD 19

- 1 NOT AT ALL TRUE
- 2 A LITTLE TRUE
- 3 SOMEWHAT TRUE
- 4 MOSTLY TRUE
- 5 VERY TRUE

ITEM	Not at All True	A Little True	Somewhat True	Mostly True	Very True
1. (cnqes1) Your neighbourhood is clean and attractive.					
2. (cnqes2) Your neighbourhood is noisy.					
3. (cnqes3) You think your neighbourhood is a good place to live.					
4. (cnqes4) There are lots of homes that need repair in your neighbourhood.					
5. (cnqes5) Your neighbourhood is safe for children during the day.					
6. (cnqes6) People in your neighbourhood take good care of their homes and property.					
7. (cnqes7) It is safe in your neighbourhood.					
8. (cnqes8) It is safe for your child to play outside your home.					
9. (cnqes9) There are people in your neighbourhood who might hurt you.					
10. (cnqes10) There is a lot of crime in your neighbourhood.					
11. (cnqes11) Overall, you are satisfied with your neighbourhood.					

Neighborhood Criminal Events Scale (NCES) (cnces1-1)

Now I am going to ask you some questions about how often certain types of things happen in your area. Think about the past year, and tell me how often each of the following happened in your neighbourhood. The options are *rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time*. Please use CARD 20 to help you answer.

SHOW CARD 20

- 1 RARELY OR NONE OF THE TIME
- 2 SOME OR A LITTLE OF THE TIME
- 3 OCCASIONALLY OR A MODERATE AMOUNT OF TIME
- 4 MOST OR ALL OF THE TIME

ITEM	Rarely or None of the Time	Some or a Little of the Time	Occasionally or a Moderate Amount of Time	Most or All of the Time
1. (cnces1) Violent crimes including stabbings, shootings, violent assaults.				
2. (cnces2) People taking others' wallets or purses (muggings).				
3. (cnces3) People damage other people's property.				
4. (cnces4) People break into homes and cars to take things.				
5. (cnces5) People throw rubbish in the streets or break glass in the streets.				
6. (cnces6) Gang fights.				
7. (cnces7) Drug use and dealings in public.				
8. (cnces8) Alcohol use in public.				
9. (cnces9) Graffiti is put on buildings, fences, or elsewhere.				
10. (cnces10) Groups of people or kids hanging around the neighbourhood who make you feel unsafe.				

If *PFL_Control* = 1 (i.e., PFL) continue to self completion section 1. If *PFL_Control* = 2 (i.e., LFP) skip to routing before Q13.

I am now going to ask a few questions about your use of services in the area. 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 1

(sc1)

1 SELF-COMPLETION ACCEPTED

2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

If self-completion accepted use Blurb 1 (self-completion accepted).

If self-completion administered by interviewer use Blurb 2 (self-completion administered by interviewer).

Blurb 1 (self-completion accepted):

PLEASE HAND THE LAPTOP TO PARTICIPANT

Blurbs 1 AND 2:

13. We would now like to find out about the services you use within and outside your community. This information will help us see if these services are useful to the people in your community. Have you ever used any of the following services? For each, please answer as:

1 Never

2 Within the last year

3 More than 1 year ago

Pretick all to never.

EMERGENCY SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv1) Neighbourhood Policing Unit			
(cserv2) Dublin City Council Emergency Number			
(cserv3) CARI Helpline – Childhood Abuse			
(cserv4) Childline			
(cserv5) Parentline			
(cserv6) Rape Crisis Centre			
(cserv7) Sexual Assault Unit Rotunda Hospital			
(cserv8) Samaritans			
(cserv9) Drugs HIV Helpline			
(cserv10) Women’s Aid			
(cserv11) First Contact – Men’s Helpline			
(cserv12) D.DOC			

HEALTH SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv13) Health Centre			
(cserv14) HSE Dublin North East			
(cserv15) Coolock Health Centre			
(cserv16) Well Woman Centre			
(cserv17) Alcoholics Anonymous			
(cserv18) Coolmine House			
(cserv19) Gamblers Anonymous			

CHILDREN/FAMILY SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv20) Childcare Bureau			
(cserv21) HSE Dublin North East			
(cserv22) Mater Child & Adolescent Services			
(cserv23) Community Mother's Programme			
(cserv24) Doras Bui Parents Alone Resource Centre			
(cserv25) Jigsaw Childcare			
(cserv26) Moatview Day Nursery			
(cserv27) New Life Centre			
(cserv28) Turas Family Centre			
(cserv29) Parents Training Together			
(cserv30) Springboard Project			
(cserv31) Preparing for Life			
(cserv32) St. Francis Community Playgroup			

EMPLOYMENT SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv33) Jobs Club			
(cserv34) Northside Centre for the Unemployed			
(cserv35) Local Employment Service			

COMMUNITY INFORMATION/SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv36) Darndale / Belcamp Resource Centre			
(cserv37) Priorswood Community Development Project			
(cserv38) TRAVACT Community Development Programme			
(cserv39) Dublin North East Drugs Taskforce			
(cserv40) Drugs Awareness Support			
(cserv41) Dublin Northeast MABS			
(cserv42) Friendly Call Service			
(cserv43) Beaumont Hospital Bereavement Counselling Service			
(cserv44) Northside Citizens Information Service			
(cserv45) Northside Community Law Centre			
(cserv46) Northside Counselling Service			
(cserv47) Northside Partnership			
(cserv48) SPHERE 17			
(cserv49) RASP Programme			
(cserv50) Active Age Group			
(cserv51) Community Sports Hall			
(cserv52) PACE Training for Employment Project			
(cserv53) Youthreach – Bonnybrook			

RESIDENTS ASSOCIATIONS

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv54) Belcamp Estate			
(cserv55) Darndale Residents Association			
(cserv56) Moatview/Fairfield			

ADULT EDUCATION SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv57) Discovery Centre Community Training Centre Darndale Village Centre			
(cserv58) Media Initiative Collective			
(cserv59) Traveller Adult Training Centre			
(cserv60) T.A.R.G.E.T			
(cserv61) Coolock/Darndale Adult Literacy & Basic Education			
(cserv62) KLEAR			

USEFUL SERVICES

SERVICE	Never	Within the Last Year	More Than a Year Ago
(cserv63) Social Welfare Local Office			

If self-completion completed by respondent continue to Blurb 1, otherwise skip to routing before Q13.

Blurb 1:

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

If answered 1(single), 4 (boyfriend/partner not living together), 5 (divorced), or 6 (legally separated) to Q5, Module B, or if answered 2 (married) or 3(co-habiting) to Q5, Module B AND 2 (partner is not biological father) to Q6 Module B continue to Q13.

If answered 2(married) or 3(co-habiting) to Q5, Module B AND 1 to (partner is biological father) Q6, Module B automatically fill in Q13 as 1 and skip to Q14.

If answered 7 (widowed) to Q5, Module B skip to Module D.

13. (c13) Is ^childname’s biological father a part of his/her life?

- 1 YES
- 2 NO

If answered 1 to Q13 continue to Q14 and then skip to Q16. If answered 2 to Q13 skip to Q15.

14. (c14) How often does the biological father have contact with ^childname?

Note to 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

15. (c15; c15other) Why isn't he a part of your child's life?

Note to 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 Q5, Module B AND 1 to (partner is biological father) Q6, Module B skip to Module D. Otherwise (if respondent is not married to or cohabitating with the child's father) go to Q16.

16. (c16) Does ^childname's biological father contribute any money to his/her maintenance?

- 1 YES
- 2 NO
- 3 N/A

If answered 1 to Q16 continue to Q17. If answered 2 or 3 to Q16 skip to Q18.

17. (c17) 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 Q5, Module B AND 2 to (partner is biological father) Q6, Module B, go to Q18. Otherwise, skip to Module D.

FOR PARTNER (IF DIFFERENT THAN FATHER)

18. (c18) Is your partner a part of ^childname's life?

- 1 YES
- 2 NO

If answered 1 to Q18 go to Q19. If answered 2 to Q18 go to Q20.

19. (c19) How often does your partner have contact with your child?

Note to 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 Q18 ask Q20, if answered 1(yes) to Q18 skip to Module D.

20. (c20; c20other) Why isn't he a part of your child's life?

Note to 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 C.

THANK YOU FOR ANSWERING THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR THOUGHTS ON PARENTING.

SECTION D: YOUR THOUGHTS ON PARENTING: PART 1

Module D	Construct Measured	Previous <i>PFL</i> Surveys Used
Thoughts on Parenting: Part 1	Parenting Resources	<i>PFL</i> 12mo
	Child Protective Services Involvement	<i>PFL</i> 12mo, 24mo
	Parenting Stress (SC2): <i>Parenting Daily Hassles Scale</i> (Crnic & Greenberg, 1990)	<i>PFL</i> 18mo
	Activities with Child	<i>PFL</i> 6mo, 18mo
	Parental Monitoring of TV	New
	Type of Television Shows Viewed	New

If PFL (PFL_Control = 1): The first few questions in this section are about other help and/or parenting information you have received from people not involved in the *Preparing for Life* programme.

If LFP (PFL_Control = 2): The first few questions in this section are about help and/or parenting information you have received from people

1. (d1) Has anyone (family, friends, health care provider, schools, **not including people from the PFL programme – DO NOT SAY FOR LFPs**) given you books, leaflets, or guides about parenting?

1 YES
2 NO

If answered yes to Q1 continue to Q2. If answered no to Q1 skip to Q5.

2. (d2*; d2other) What types of parenting materials have you received?

Note to Interviewer: Tick all that apply

1 BOOKS
2 LEAFLETS
3 PARENTING GUIDES
4 OTHER (PLEASE SPECIFY)
5 DON'T KNOW
6 REFUSE

3. (d3) Did you find them useful?

1 YES
2 NO

4. (d4; d4dkr) Where did you receive this material?

5. (d5) Has anyone (**not including people from the PFL programme – DO NOT SAY FOR LFPs**) given you professional advice about parenting?

1 YES
2 NO

If answered yes to Q5 continue to Q6. If answered no to Q5 skip to Q8.

6. (d6; d6dkr) Who gave you this advice?

7. (d7) Did you find this information useful?

1 YES

2 NO

8. (d8) Is there a social worker working with your family?

1 YES

2 NO

If answered yes to Q8 continue to Q9. If answered no to Q8 skip to self-completion section 2.

9. (d9) What was the first date of involvement?

_____ / _____ / _____

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

SELF COMPLETION SECTION 2

(sc2)

1 SELF-COMPLETION ACCEPTED (if selected show participant example on Part 1)

2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

If self-completion accepted use Blurb 1 (self-completion accepted). DO NOT HAND LAPTOP TO PARTICIPANT UNTIL EXAMPLE SHOWN.

If self-completion administered by interviewer use Blurb 2 (self-completion administered by interviewer).

Part 2: Feelings About Parenting (dpdha1-20; dpdhb1-20)

Blurb 1 (self-completion accepted):

The statements on the next several pages describe a lot of events that routinely occur in families with young children. These events sometimes make life difficult. Please read each item and mark how often it happens to you (*rarely, sometimes, a lot, or constantly*) AND then mark how much of a ‘hassle’ you feel that it has been for you **FOR THE PAST 6 MONTHS. If you have more than one child, these events can include any or all of your children. I will do an example with you.**

Note to Interviewer: Walk through example with participant even if self-completion accepted.

Blurb 2 (self-completion administered by interviewer):

Now I am going to read you some statements that describe events that routinely occur in families with young children. These events sometimes make life difficult. Please tell me how often it happens to you (*rarely, sometimes, a lot, or constantly*) **AND** how much of a ‘hassle’ you feel that it has been for you **FOR THE PAST 6 MONTHS**. If you have more than one child, these events can include any or all of your children.

Please use CARD 21 to help you answer.

SHOW CARD 21

- 1 RARELY
- 2 SOMETIMES
- 3 A LOT
- 4 CONSTANTLY

Blurbs 1 and 2:

Example

Note to Interviewer: Walk through example with participant even if self-completion accepted.

EVENT	How Often it Happens?				Hassle (low to high)				
	Rarely	Sometimes	A lot	Constantly	1 (low hassle)	2	3	4	5 (high hassle)
a. Waking up in the middle of the night.									

Blurb 1 (self-completion accepted):

Do you have any questions before you complete this on your own? *Interview answer as appropriate to be sure correct completion.*

PLEASE HAND THE LAPTOP TO PARTICIPANT.

Blurb 2 (self-completion administered by interviewer)

Do you have any questions before we move on?

EVENT	How Often it Happens? (a)				Hassle (low to high) (b) 1 = Not Much of A Hassle 5 = A Big Hassle				
	Rarely	Sometimes	A Lot	Constantly	1	2	3	4	5
1. (dpdh1a; dpdh1b) Continually cleaning up messes of toys or food.									
2. (dpdh2a; dpdh2b) Being nagged, whined at, complained to.									
3. (dpdh3a; dpdh3b) Meal-time difficulties with picky eaters, complaining, etc.									
4. (dpdh4a; dpdh4b) The kids won't listen or do what they are asked without being nagged.									
5. (dpdh5a; dpdh5b) Baby-sitters are hard to find.									
6. (dpdh6a; dpdh6b) The kids schedules (like pre-school) or other activities interfere with meeting your own household needs.									
7. (dpdh7a; dpdh7b) Sibling arguments or fights require a 'referee.'									
8. (dpdh8a; dpdh8b) The kids demand that you entertain them or play with them.									
9. (dpdh9a; dpdh9b) The kids resist or struggle with you over bed time.									

EVENT	How Often it Happens? (a)				Hassle (low to high) (b) 1 = Not Much of A Hassle 5 = A Big Hassle				
	Rarely	Some-times	A Lot	Constant-ly	1	2	3	4	5
10. (dpth10a; dpth10b) The kids are constantly underfoot (<i>in the way</i>), interfering with other chores.									
11. (dpth11a; dpth11b) The need to keep a constant eye on where the kids are and what they are doing.									
12. (dpth12a; dpth12b) The kids interrupt adult conversations or interactions.									
13. (dpth13a; dpth13b) Having to change your plans because of unprecedented (<i>unusual</i>) child needs.									
14. (dpth14a; dpth14b) The kids get dirty several times a day requiring changes of clothing.									
15. (dptha15a; dpthb15b) Difficulties in getting privacy (e.g., in the bathroom).									
16. (dpth16a; dpth16b) The kids are hard to manage in public (grocery store, shopping centre, restaurant).									
17. (dpth17a; dpth17b) Difficulties in getting kids ready for outings and leaving on time.									
18. (dpth18a; dpth18b) Difficulties in leaving kids for a night out or at school or day care.									

EVENT	How Often it Happens? (a)				Hassle (low to high) (b) 1 = Not Much of A Hassle 5 = A Big Hassle				
	Rarely	Some-times	A Lot	Constant-ly	1	2	3	4	5
19. (dpdh19a; dpdh19b) The kids have difficulties with friends (e.g., fighting, trouble, getting along, or no friends available).									
20. (dpdh20a; dpdh20b) Having to run extra errands to meet the kids needs.									

Blurb 1 (self-completion accepted):

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

Part 3: Activities with Your Child (dact1-16)

Next, I'd like to ask you some questions about things that you might do when spending time with ^childname. I'm going to ask how many times in the past month you have done any of the following activities with ^childname.

Please use CARD 22 to help you answer.

In the past month how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month?

Probe: In the last 30 days.

SHOW CARD 22

- 5 = MORE THAN ONCE A DAY
- 4 = ABOUT ONCE A DAY
- 3 = A FEW TIMES A WEEK
- 2 = A FEW TIMES A MONTH
- 1 = RARELY
- 0 = NOT AT ALL

Note that above is what the information on the show card looks like, but if the respondent selects 'Not at all' it gets entered into the database as 6.

ACTIVITY	More Than Once a Day	About Once a Day	A Few Times a Week	A Few Times a Month	Rarely	Not at All
1. (dact1) Play peek-a-boo with ^childname?						
2. (dact2) Sing nursery rhymes like “Jack and Jill” with him/her?						
3. (dact3) Sing songs with him/her?						
4. (dact4) Dance with him/her?						
5. (dact5) Read stories to ^childname ?						
6. (dact6) Tell stories to him/her?						
7. (dact7) Play outside in the garden, a park, or playground with him/her?						
8. (dact8) Play chasing games?						
9. (dact9) Have relatives visit you?						
10. (dact10) Take ^childname with you to visit relatives?						
11. (dact11) Take ^childname food shopping with you?						
12. (dact12) Take ^childname with you to a religious service or religious event?						

ACTIVITY	More Than Once a Day	About Once a Day	A Few Times a Week	A Few Times a Month	Rarely	Not at All
13. (dact13) Take ^childname with you to an activity at a community centre?						
14. (dact14) Go to a restaurant or out to eat with ^childname?						
15. (dact15) Go to a public place like a zoo or museum with ^childname? (other examples include: park, playground)						
16. (dact16) Try to tease ^childname to get him/her to laugh?						

17. (d17) Do you do any activities with ^childname to help his/her language development?

Probe: What type of activities do you do?

18. (d18) Do you do any activities with ^childname to help his/her hand-eye coordination? That is, activities to help his/her hands and eyes work together?

Probe: What type of activities do you do?

19. (d19hrs, d19mth) How much time does ^childname spend watching television per day?

_____ HOURS _____ MINUTES

20. (d20hrs, d20mth) How much time does ^childname spend watching videos/DVDs per day?

_____ HOURS _____ MINUTES

21. What type of shows does ^childname enjoy watching?

Note to interviewer: Write name of show and RA to code if age appropriate (shows appropriate for children) and educational (directly teaching/providing information to the child and often provide an opportunity for the child to interact with the show, i.e. say or point to the answer etc. Some shows involve ‘puzzles’ which the child helps the main characters solve).

Pretick ‘RA Unsure’ to ‘No.

Name of Show	Age Appropriate (RA Coded)	Educational (RA Coded)	RA Unsure
d21a_1_	d21b_1_	d21c_1_	d21d_1_
d21a_2_	d21b_2_	d21c_2_	d21d_2_
d21a_3_	d21b_3_	d21c_3_	d21d_3_
d21a_4_	d21b_4_	d21c_4_	d21d_4_
d21a_5_	d21b_5_	d21c_5_	d21d_5_
d21a_6_	d21b_6_	d21c_6_	d21d_6_
d21a_7_	d21b_7_	d21c_7_	d21d_7_
d21a_8_	d21b_8_	d21c_8_	d21d_8_
d21a_9_	d21b_9_	d21c_9_	d21d_9_
d21a_10_	d21b_10_	d21c_10_	d21d_10_

22. (d22) What is your child’s favourite show to watch?

23. (d23) Do you limit ^childname’s amount of television/video watching?

1 YES

2 NO

If answered 1 to Q23, continue to Q24. If answered 2 to Q23 skip to Q25.

24. (d24hrs, d24mth) What is the maximum amount of time you allow him/her to watch television/videos?

_____ HOURS _____ MINUTES

25. (d25) Do you watch television **with** your child?

1 YES

2 NO

If answered 1 to Q25, continue to Q26. If answered 2 to Q25 skip to Q28.

26. (d26) Do you talk about the television shows **with** your child?

1 YES

2 NO

27. (d27hrs, d27mth) On average, how long do you watch TV **with** ^childname?

_____ HOURS _____ MINUTES

28. (d28hrs, d28mth) On average, how long does ^childname watch TV by him/herself?

_____ HOURS _____ MINUTES

29. (d29hrs, d29mth) On average, how long is the TV on in your home per day?

_____ HOURS _____ MINUTES

THAT'S THE END OF SECTION D.

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

SECTION E: YOUR CHILD’S HEALTH

Module E	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Child’s Health <i>RA assessed child height and weight is done at the end of the interview.</i>	Child’s Current Height & Weight (Mother Report)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Child’s Current Height & Weight (RA Assessed)	<i>PFL</i> 24mo
	Child’s Health in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Any Diagnosed Chronic Illness	New
	Any Diagnosed Physical Disability	New
	Medical Visits in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Hospital Inpatient Visits in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Accidents and Injuries that Required Medical Attention in Last 12 Months	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Nutrition	<i>PFL</i> 12mo, 18mo, 24mo

In this section of the questionnaire, I'd like just a brief update on ^childname's health in the last year.

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

1. (e1dkr) What is ^childname's current weight?

ENTER WEIGHT IN EITHER STONES (e1stones) AND POUNDS (e1stoneslbs)
OR KILOGRAMS (e1kg) **OR** POUNDS (e1lbs) AND OUNCES (e1ozs)

2. (e2feet, e2inches) What is ^childname's height now?

_____ FEET _____ INCHES

3. (e3) How would you say ^childname's health has been in the last 12 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

4. (e4) Does ^childname have any ongoing diagnosed chronic illness?

1 YES
2 NO

If answered 1 to Q4 continue to Q5. If answered 2 to Q4 skip to Q8.

5. (e5) What is this illness?

*Note to interviewer: Obtain the **specific** diagnosis, not symptoms*

6. (e6yrs, e6mth) When was ^childname diagnosed with this illness?

_____ YEARS _____ MONTHS

7. (e7) Are ^childname's daily activities limited by this illness?

1 NO
2 YES, TO SOME EXTENT
3 YES, SEVERELY

8. (e8) Does ^childname have any diagnosed physical disability?

If answered 1 to Q8 continue to Q9. If answered 2 to Q8 skip to Q12.

9. (e9) What is this disability?

Note to interviewer: Obtain the specific diagnosis, not symptoms

10. (e10yrs, e10mth) When was ^childname diagnosed with this disability?

_____ YEARS _____ MONTHS

11. (e11) Are ^childname's daily activities limited by this disability?

- 1 NO
- 2 YES, TO SOME EXTENT
- 3 YES, SEVERELY

12. (e12*; e12other) Has ^childname ever been taken to the GP, Health Centre, or to Casualty during the last year for any of the health problems listed on CARD 23? Please tell me all that apply.

SHOW CARD 23

- 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 DIARRHOEA
- 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

13. (e13) During the last 12 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 Q13 go to Q14. If answered 2 to Q13 go to Q16 (more specifically, routing before question 16).

14. (e14, e14dkr) How many times?

_____TIMES

15. (e15*; e15othsurg; e15othnosurg) For what main reasons? Please look at CARD 24 and tell me all that apply.

SHOW CARD 24

- 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 Q12 or option 11(accident) to Q15 go to Q16. Otherwise skip to the blurb before Q17.

16. (e16*; e16other) What type of injury or accident did ^childname have that required medical attention? Please look at CARD 25 and tell me all that apply.

SHOW CARD 25

- 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

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

17. I am going to ask you how often ^childname eats different types of food. Please use CARD 26 to tell me how often, on average, your child eats the foods.

SHOW CARD 26

- 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 Per Week	Most Days	Once a Day	2-3 Times Per Day	4-5 Times Per day	More Than 6 Times Per Day
(e17a) Grains (e.g., cereals, pastas, breads)									
(e17b) Vegetables (including vegetable juices)									
(e17c) Fruits (including fruit juices)									
(e17d) Protein (e.g., meats, nuts, beans, eggs, etc.)									
(e17e) Dairy (milk, cheese, yogurt, ice cream, etc.) (not including breast milk/formula)									
(e17f) Other foods (sugars and fats, etc., sweets, crisps, chips)									

18. (e18) Are there any foods that ^childname really likes?

19. (e19) Are there any foods that you can't get ^childname to eat?

20. (e20) What does ^childname really like to drink?

21. (e21) Are there any things you can't get ^childname to drink?

THAT'S THE END OF SECTION E.

**THANK YOU FOR ANSWERING THOSE QUESTIONS. THE
NEXT SECTION IS ABOUT HOW YOU ARE DOING.**

SECTION F: HOW YOU ARE DOING

Module F	Construct Measured	Previous PFL Surveys Used
How You Are Doing	Psychological Well-being (SC3): <i>Edinburgh Postnatal Depression Scale</i> (EPDS; Cox, Holden, & Sagovsky, 1987)	PFL 6mo, 18mo, 24mo
	Time Perspective Taking (SC3): <i>Future Outlook Inventory</i> (FOI; Cauffman & Woolard, 1999)	PFL 12mo
	Maternal Psychological Well-Being (SC3): <i>WHO-5 Index</i> (World Health Organisation: Regional Office for Europe, 1998)	PFL BL, 6mo, 12mo
	Parental Quality of Life: <i>Beech Center Family Quality of Life Scale</i> (exclude physical disability subscale) (FQOL; Hoffman, Marquis, Poston, Summers, & Turnbull, 2006)	New
	Romantic Relationship Quality: <i>Relationship Quality Index</i> (RQI; Turner, Markie-Dadds, & Sanders, 1998)	New

Part 1: How Are You Doing 1? (fepds1-10)

The next section is about how you have been feeling over the past week. 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 3

(sc3)

1 SELF-COMPLETION ACCEPTED

2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

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

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

Blurb 1(self-completion accepted):

PLEASE HAND THE LAPTOP TO PARTICIPANT

Next Page:

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**.

Note to programmer: do not have 'show cards' appear for self-complete = 1.

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 27

- 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 28

- 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 29

- 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 30

- 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 31

- 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 32

- 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 33

- 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 34

- 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 35

- 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 36

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

Part 2: Future Outlook Inventory (ffoi1-8)

Blurb 1(self-completion accepted):

Please read the statements in this section and mark the response that is most true of you.

Blurb 2 (self-completion administered by interviewer):

Now I am going to read some statements to you. Please use CARD 37 to tell me the response that is most true of you. The responses are:

SHOW CARD 37

- 1 NEVER TRUE
- 2 RARELY TRUE
- 3 OFTEN TRUE
- 4 ALWAYS TRUE



SURVEY QUESTIONS REDACTED FROM THIS SECTION DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Future Outlook Inventory (FOI; Cauffman & Woolard, 1999)

Part 3: How Are You Doing? (fwho1-5)

Blurb 1(self-completion accepted):

For the next 5 questions, please mark which is closest to how you have been feeling generally over the last two weeks.

Blurb 2 (self-completion administered by interviewer):

For the next 5 questions, please tell me which is closest to how you have been feeling generally over the last two weeks.

Please use CARD 38 to help you answer.

SHOW CARD 38

- 0=AT NO TIME
- 1=SOME OF THE TIME
- 2=LESS THAN HALF OF THE TIME
- 3=MORE THAN HALF OF THE TIME
- 4=MOST OF THE TIME
- 5=ALL OF THE TIME

MIMIC CODES

- 1= AT NO TIME
- 2 =SOME OF THE TIME
- 3 =LESS THAN HALF OF THE TIME
- 4 =MORE THAN HALF OF THE TIME
- 5 =MOST OF THE TIME
- 6 =ALL OF THE TIME

Over the last two weeks...

STATEMENT	At No Time	Some of the Time	Less Than Half of the Time	More Than Half of the Time	Most of the Time	All of the Time
1. (fwho1)I have felt cheerful and in good spirits.						
2. (fwho2)I have felt calm and relaxed.						
3. (fwho3)I have felt active and vigorous (<i>full of life and energy</i>).						
4. (fwho4)I woke up feeling fresh and rested.						

5. (fwho5) My daily life has been filled with things that interest me.						
--	--	--	--	--	--	--

Blurb 1(self-completion accepted):

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

Part 4: Quality of Life (fqol1-21)

The next several questions are about how you feel about your life together as a family. Your “family” may include many people – mother, father, partners, children, aunts, uncles, grandparents, etc. For these questions, please consider your family as those people who:

- **Think of themselves as part of your family (even though they may or may not be related by blood or marriage), and**
- **Support and care for each other *on a regular basis*.**

For this survey, please DO NOT think about relations who are only involved with your family every once in a while. Please think about your family life over the past 12 months.

The items below are things that hundreds of families have said are important for a good family quality of life. We want to know how *satisfied* you are with these things in your family. Please check the boxes on the following pages that reflect your level of satisfaction with each item. Please use CARD 39 to help you answer.

SHOW CARD 39

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

STATEMENT	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
1. (fqol1) My family enjoys spending time together.					
2. (fqol2) My family members help the children learn to be independent.					
3. (fqol3) My family has the support we need to relieve stress.					

4. (fqo14) My family members have friends or others who provide support.					
5. (fqo15) My family members help the children with schoolwork and activities.					
6. (fqo16) My family members have transportation to get to the places they need to be.					
STATEMENT	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
7. (fqo17) My family members talk openly with each other.					
8. (fqo18) My family members teach the children how to get along with others.					
9. (fqo19) My family members have some time to pursue their own interests.					
10. (fqo110) Our family solves problems together.					
11. (fqo111) My family members support each other to accomplish goals.					
12. (fqo112) My family members show that they love and care for each other.					
13. (fqo113) My family has outside help available to us to take care of special needs of all family members.					
14. (fqo114) Adults in our family teach the children to make good decisions.					
15. (fqo115) My family gets medical care when needed.					
16. (fqo116) My family has a way to take care of our expenses.					
17. (fqo117) Adults in my family know other people in the children's lives (friends, teachers, etc.).					

18. (fqo118) My family is able to handle life's ups and downs.					
19. (fqo119) Adults in my family have time to take care of the individual needs of every child.					
20. (fqo120) My family gets dental care when needed.					
21. (fqo121) My family feels safe at home, work, school, and in our neighbourhood.					

If answered 2(married), 3(co-habiting), or 4(boyfriend/partner not living together) to Q5, Module B continue to Part 5. If answered 1(single), 5 (divorced), or 6(legally separated) to Q5, Module B then skip to Module G.

The next six questions are about your relationship with your partner. Please use CARD 40 to help you answer.

SHOW CARD 40

- 1 VERY STRONGLY DISAGREE
- 2 STRONGLY DISAGREE
- 3 DISAGREE
- 4 NEITHER AGREE NOR DISAGREE
- 5 AGREE
- 6 STRONGLY AGREE
- 7 VERY STRONGLY AGREE

Part 5: Relationship Quality (frqi1-6)

SURVEY QUESTIONS REDACTED FROM THIS SECTION DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Relationship Quality Index (RQI; Turner, K., Markie-Dadds, C., & Sanders, M., 1998), formally named Quality of Marriage Index (QMI; Norton, 1983)

STATEMENT	Very Strongly Disagree	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Very Strongly Agree
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SECTION G: YOUR HEALTH

Module G	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Health	Mother's General Health Status	<i>PFL</i> BL, 12mo, 18mo, 24mo
	Mother's Health Service Use in Last 12mo	<i>PFL</i> BL, 18mo
	Mother's GP Visits	<i>PFL</i> 6mo, 12mo, 18mo, 24mo
	Family Planning	<i>PFL</i> 12mo, 18mo, 24mo
	Mother's Birth Control Practices	<i>PFL</i> BL, 12mo, 18mo, 24mo
	Mother's Current Cigarette Use	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Current Alcohol Use	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo
	Mother's Current Drug Use	<i>PFL</i> BL, 6mo, 12mo, 18mo, 24mo

Part 1: Your Health

This part of our interview is about your health.

1. (g1) 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

Now I'm going to ask you a couple of questions about the health services you may have used in the last year.

2. Please look at CARD 42 and tell me if you have used any of the services listed in the last 12 months.

Pretick all as no

SHOW CARD 42 (lists of services)

HEALTH SERVICE	Yes	No
a. (g2a) Hospital as an inpatient		
b. (g2b) Hospital as a day patient		
c. (g2c) Hospital as an outpatient		
d. (g2d) A&E (Accident and emergency)		
e. (g2e) GP (General practitioner) services		
f. (g2f) Mental Health Services (including non-acute Psychiatric hospitals)		
g. (g2g) Public health nurse		
h. (g2h) Physiotherapist		
i. (g2i) Occupational Therapist		
j. (g2j) Psychology Services		
k.(g2k) Social Worker		
l. (g2l) Community Welfare Officer		
m.(g2m) Home help services		
n. (g2n) Chiropody/Podiatry		

HEALTH SERVICE	Yes	No
o. (g2o) Drug/Alcohol Outreach services		
p. (g2p) Speech Therapy		
q. (g2q) Dietician		
r. (g2r) Ophthalmologist (eye doctor)		
s. (g2s) Audiology		
t. (g2t) Dental Services		
u. (g2u) Residential services for the intellectual/physical or sensory disabled		
v. (g2v) Day services for the intellectual/physical or sensory disabled		
w. (g2w) Respite services for the intellectual/physical or sensory disabled		
x. (g2x) Home support for the intellectual/physical or sensory disabled		

3. (g3; g3dkr) How many times have you been to your GP in the last 12 months (not including visits for ^childname)?

_____TIMES

The next few questions are about your family plans.

4. (g4) Are you pregnant now?

- 1 YES
- 2 NO

If answered yes to Q4 continue to Q5. If answered no to Q4, skip to Q7.

5. (g5; g5dkr) When is your baby's due date?

_____ / _____ / _____

6. (g6) Was this pregnancy planned or did it just happen?

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

7. (g7) *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 Q7 continue to Q8. If answered 2 to Q7 skip to Q9.

8. (g8) How did that pregnancy end?

Note to interviewer: Do not read out responses

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

Only ask Q9 if answered 2 to Q4. If answered 1 to Q4 automatically fill in Q9 as 13.

9. (g9) 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 Q9, continue to Q10. If answered no to Q9 automatically fill in Q10 as 1 and skip to Q11.

10. (g10; g10other) Which type of birth control are you using? Please use CARD 43 to help you choose all options that apply.

SHOW CARD 43

- 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

11. (g11) Do you currently smoke?

- 1 YES
- 2 NO

If answered 1 to Q11 continue to Q12, if answered 2 to Q11 skip to Q13.

12. (g12; g12dkr) How many cigarettes per day do you smoke now?

_____ CIGARETTES PER DAY

13. (g13) Does any other person smoke in the house?

- 1 YES
- 2 NO

14. (g14) Have you drank alcohol in the past 12 months?

- 1 YES
- 2 NO

If answered 1 to Q14 continue to Q15, if answered 2 to Q14 skip to Q18.

15. (g15) On average, how often did you drink alcohol in the past 12 months?

Note to 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

16. (g16; g16other) What did you usually drink? Please use CARD 44 to tell me the option that best applies.

Probe: The type of drink you drink the most.

SHOW CARD 44

- 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)

17. (g17; g17dkr) In general, on the days that you drink alcohol, about how many drinks do you usually have?

_____ DRINKS

18. (g18) Please look at CARD 45 and tell me if you have used any of these drugs in the past year?

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 45 (show card showing list of drugs)

- 1 YES
- 2 NO

If answered 1 to Q18 continue to Q19, if answered 2 to Q18 skip to end of module.

19. (g19) Overall, about how often?

SHOW CARD 46

- 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

THAT'S THE END OF SECTION G.

**THANK YOU FOR ANSWERING THOSE QUESTIONS. THE
NEXT SECTION IS ABOUT YOUR FAMILY ENVIRONMENT.**

This section is about your family environment.

Please remember that all of your answers will be kept private. 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 4

(sc4)

1 SELF-COMPLETION ACCEPTED

2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

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

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

Blurb 1 (self-completion accepted):

PLEASE HAND THE LAPTOP TO PARTICIPANT.

Blurb 2 (self-completion administered by interviewer):

(hfes1-45)

Part 1: Family Environment (hfes1-45)

Blurb 1 (self-completion accepted):

The next several statements are about families. Please decide which of these statements are true of your family and which are false. Mark your answer to each question by ticking the 'TRUE' column if the statement is true or mostly true of your family, and ticking the 'FALSE' column if the statement is false or mostly false of your family.

You may feel that some of the statements are true for some family members and false for others. Mark true if the statement is true for most members. Mark false if the statement is false for most members. If the members are evenly divided, decide what is your strongest overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

PROBE: Answer true if you think it is true most of the time, true for most members of the family, or true on most days, and answer false if you think it is false most of the time, false for most members of the family, or false on most days.

Blurb 2 (self-completion administered by interviewer):

The next several statements are about families. Please decide which of these statements are true of your family and which are false. I will read each statement and please tell if the statement is true or mostly true of your family, or if the statement is false or mostly false of your family.

You may feel that some of the statements are true for some family members and false for others. Say true if the statement is true for most members. Say false if the statement is false for most members. If the members are evenly divided, decide what is your strongest overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.

PROBE: Answer true if you think it is true most of the time, true for most members of the family, or true on most days, and answer false if you think it is false most of the time, false for most members of the family, or false on most days.

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: The Family Environment Scale (FES; Moos & Moos, 2009)

Part 2: Life Circumstances (gd1c1-15)

Blurb 1 (self-completion accepted):

The next few pages have a list of problems people sometimes have. Please read each one and mark if it is a particular problem for you by marking 'yes' or 'no.' If any questions make you uncomfortable, you don't have to answer.

Blurb 2 (self-completion administered by interviewer):

Next, I am going to read a list of problems people sometimes have. After I read each one, please tell me if it is a particular problem for you by answering 'yes' or 'no.' If any questions make you uncomfortable, you don't have to answer.

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: The Difficult Life Circumstances scale (DLC; Johnson, Booth, & Barnard, 1989)

PROBLEM	Yes	No
1. (hdlc1) Difficult Life Circumstances item 1		
2. (hdlc2) Difficult Life Circumstances item 2		
3. (hdlc3) Difficult Life Circumstances item 3		
4. (hdlc4) Difficult Life Circumstances item 4		
5. (hdlc5) Difficult Life Circumstances item 5		
6. (hdlc6) Difficult Life Circumstances item 6		
7. (hdlc7) Difficult Life Circumstances item 7		
8. (hdlc8) Difficult Life Circumstances item 8		
9. (hdlc9) Difficult Life Circumstances item 9		
10. (hdlc10) Difficult Life Circumstances item 10		
11. (hdlc11) Difficult Life Circumstances item 11		

12. (hdlc12) Difficult Life Circumstances item 12		
13. (hdlc13) Difficult Life Circumstances item 13		
14. (hdlc14) Difficult Life Circumstances item 14		
15. (hdlc15) Difficult Life Circumstances item 15		

Blurb 1 (self-completion accepted):

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

THAT’S THE END OF SECTION H.

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

SECTION I: YOUR CHILD'S DEVELOPMENT: PART 2

Module I	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Child's Development: Part 2 <i>CBCL is given to mother to complete at the beginning of the interview.</i>	Child Behaviour: <i>Child Behaviour Checklist Preschool Form</i> (CBCL; Achenbach, 2000)	<i>PFL</i> 24mo
	Contamination Questions	<i>PFL</i> 6mo, 12mo, 18mo, 24mo (different questions)
	Social Emotional Development: <i>Brief Infant Toddler Social and Emotional Assessment</i> (BITSEA; Briggs-Gowan & Carter, 2006)	<i>PFL</i> 12mo, 24mo
	Peer Interaction: <i>Experiences with Other Young Children</i> (from <i>ITSEA</i>) (Briggs-Gowan & Carter, 2000)	New
	Cognitive Development: <i>Developmental Profile -3 (cognitive section)</i> (DP-3; Alpern, 2007)	<i>PFL</i> 12mo, 24mo
	Special Services Child is Receiving	<i>PFL</i> 12mo, 18mo, 24mo
	Maternal Developmental Concerns	<i>PFL</i> 12mo
	Bogus Question	New

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

1. (i1) Have you heard of emotional literacy?

- 1 YES
2 NO

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

2. (i2) Can you tell me what emotional literacy is?

(i2a) *Note to interviewer:* tick here if appropriate example

Note to interviewer: Emotional literacy means talking about feelings. It's being able to talk about feelings in a clear and acceptable way. It's about having the words to name feelings and emotions.

Part 2: Social Emotional (ibitsea1-42)

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 and 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 47 to help you answer.

SHOW CARD 47

- 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:

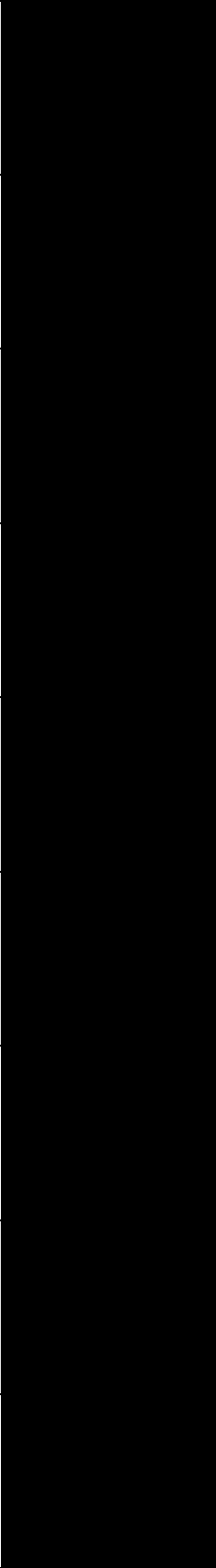
- 0 NOT TRUE/RARELY
- 1 SOMEWHAT TRUE/SOMETIMES
- 2 VERY TRUE/OFTEN

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				

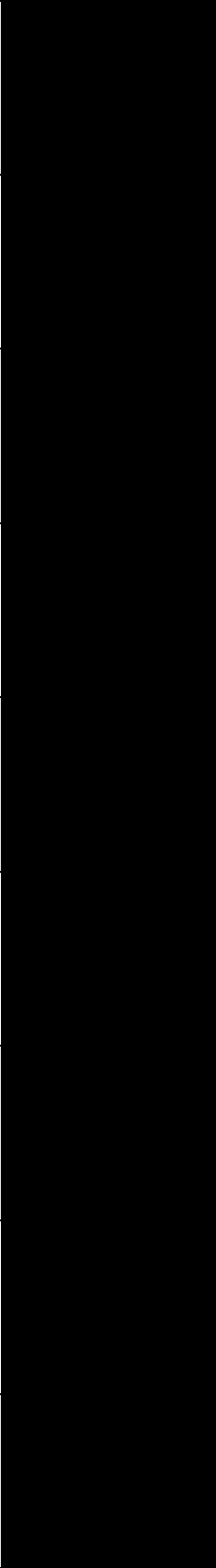
4. (gbitsea4) Brief Child-Toddler Social and Emotional Assessment item 4			
5. (gbitsea5) Brief Child-Toddler Social and Emotional Assessment item 5			
6. (gbitsea6) Brief Child-Toddler Social and Emotional Assessment item 6			
7. (gbitsea7) Brief Child-Toddler Social and Emotional Assessment item 7			
(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_____				

Part 3: Experiences with Other Young Children (iitsea1-12)

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Infant-Toddler Social and Emotional Assessment (ITSEA; Carter & Briggs-Gowan, 2006)
<http://www.pearsonclinical.com/childhood/products/100000652/infant-toddler-social-emotional-assessment-itsea.html?origsearchtext=itsea>

1. (iitsea1) Infant-Toddler Social and Emotional Assessment item 1

_____ HOURS

If the child has not had any contact with young children in the last month, skip to Part 3: Cognitive Development.

The next questions contain statements about your child's interactions with other young children in the last month.

For each statement, please tell me the answer that best describes your child in the LAST MONTH. The responses are the same as the previous section.

Please use CARD 47 to help you answer.

SHOW CARD 47

- 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

Automatically fill in iitsea5 with same response as ibitsea27 and do not display on screen.

STATEMENT	Not True/ Rarely	Somewhat True/ Sometimes	Very True/ Often
2. (iitsea2) Infant-Toddler Social and Emotional Assessment item 2			
3. (iitsea3) Infant-Toddler Social and Emotional Assessment item 3			
4. (iitsea4) Infant-Toddler Social and Emotional Assessment item 4			
5. (iitsea5) Infant-Toddler Social and Emotional Assessment item 5			
6. (iitsea6) Infant-Toddler Social and Emotional Assessment item 6			
7. (iitsea7) Infant-Toddler Social and Emotional Assessment item 7			
8. (iitsea8) Infant-Toddler Social and Emotional Assessment item 8			
9. (iitsea9) Infant-Toddler Social and Emotional Assessment item 9			

10. (iitsea10) Infant-Toddler Social and Emotional Assessment item 10			
11. (iitsea11) Infant-Toddler Social and Emotional Assessment item 11			
12. (iitsea12) Infant-Toddler Social and Emotional Assessment item 12			

Part 4: Cognitive Development (idpcog1-38)

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.’

Pretick items 1-8 as 'Yes'
 Pretick items 9-38 as '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>

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 item 26		
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 5: General Child Development

3. (i3) 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 Q3 continue to Q4. If answered 2 to Q3 skip to Q6.

4. (i4*; i4other) What services is ^childname receiving?

Note to 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

5. (i5; i5dkr; i5notes) How long has ^childname been receiving these services?

_____ MONTHS

INCLUDE TEXT BOX HERE FOR NOTES RELATED TO THIS Q

6. (i6) How worried are you about your child's language development?

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

7. (i7) 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

8. (i8) Do you have any concerns about your child's development?

9. (i9) Have you heard of the Pyramid of Progression?

- 1 YES
- 2 NO

If answered 1 to Q9 continue to Q10. If answered 2 to Q9, skip to end of module.

10. (i10) Can you tell me what the Pyramid of Progression is?

THAT'S THE END OF SECTION I.

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

SECTION J: YOUR THOUGHTS ON PARENTING: PART 2

Module J	Construct Measured	Previous <i>PFL</i> Surveys Used
Your Thoughts on Parenting: Part 2	Parental Acceptance (SC5): <i>Parental Acceptance-Rejection Questionnaire</i> (PARQ; Rohner & Khaleque, 2006)	New
	Parenting (SC5): <i>Parenting Styles and Dimensions Questionnaire</i> (PSDQ; Robinson, Mandleco, Olsen, & Hart, 2001)	New

Part 1: Parenting Behaviours (jpsdq1-32)

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

SELF COMPLETION SECTION 5

(sc5)

- 1 SELF-COMPLETION ACCEPTED (do example for part 1 with participant)
- 2 SELF-COMPLETION ADMINISTERED BY INTERVIEWER

If self-completion accepted use Blurb 1 (self-completion accepted) for all of Module J.

If self-completion administered by interviewer use Blurb 2 (self-completion administered by interviewer) for all of Module J.

Part 1: Parental Acceptance (jparqa1-24)

Blurb 1 (self-completion accepted):

The next statements describe the ways parents sometimes act toward their children. Please read each statement and think about how well it describes the way you treat your child.

Read the statement and first decide if the statement is true or not true for you. If the statement is *basically* true about the way you treat your child, then mark if it is *almost always true* or *sometimes true*. If you feel the statement is *basically* untrue about the way you treat your child, then mark if it is *rarely true* or *almost never true* about the way you treat your child.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel you really treat your child rather than how you would like to treat him/her.

Before you get started, we'll do the first few together (*interviewer complete first couple questions with participant to ensure correct completion; give participant time to answer questions, etc.*)

Blurb 2 (self-completion administered by interviewer):

The next statements describe the ways parents sometimes act toward their children. After I read each statement, please think about how well it describes the way you treat your child and decide if the statement is true or not true for you.

If the statement is *basically* true about the way you treat your child, then tell me if it is *almost always true* or *sometimes true*. If you feel the statement is *basically* untrue about the way you treat your child, then tell me if it is *rarely true* or *almost never true* about the way you treat your child.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel you really treat your child rather than how you would like to treat him/her.

STATEMENT	True of Me		Not True of Me	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
1. (jparq1) I say nice things about my child.				
2. (jparq2) I pay no attention to my child.				
3. (jparq3) I make it easy for my child to confide in me.				
4. (jparq4) I hit my child even when he/she may not deserve it.				
5. (jparq5) I see my child as a big nuisance.				
6. (jparq6) I punish my child when I am angry.				
7. (jparq7) I am too busy to answer my child's questions.				
8. (jparq8) I resent (<i>feel bitter or angry towards</i>) my child.				
9. (jparq9) I am really interested in what my child does.				
10. (jparq10) I say many unkind things to my child.				
11. (jparq11) I pay no attention to my child when he/she asks for help.				
12. (jparq12) I make my child feel wanted and needed.				
13. (jparq13) I pay a lot of attention to my child.				
14. (jparq14) I hurt my child's feelings.				

STATEMENT	True of Me		Not True of Me	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
15. (jparq15) I forget important things that my child thinks I should remember.				
16. (jparq16) I make my child feel unloved if he/she misbehaves.				
17. (jparq17) I make my child feel what he/she does is important.				
18. (jparq18) When my child does something wrong, I frighten or threaten him/her.				
19. (jparq19) I care about what my child thinks, and encourage him/her to talk about it.				
20. (jparq20) I feel other children are better than my child.				
21. (jparq21) I let my child know he/she is not wanted.				
22. (jparq22) I let my child know I love him/her.				
23. (jparq23) I pay no attention to my child as long as he/she does nothing to bother me.				
24. (jparq24) I treat my child gently and with kindness.				

Blurb 1 (self-completion accepted):

The next set of statements ask about how often you take part in certain activities with your child. For each statement, please mark how often you take part in each activity described. The response options are *Never, Once in a While, About Half of the Time, Very Often, or Always*.

Blurb 2 (self-completion administered by interviewer):

The next set of statements ask about how often you take part in certain activities with your child. For each statement, please tell me how often you take part in each activity described. The response options are *Never, Once in a While, About Half of the Time, Very Often, or Always*. Please use CARD 48 to help you answer.

SHOW CARD 48

- 1 NEVER
- 2 ONCE IN A WHILE
- 3 ABOUT HALF THE TIME
- 4 VERY OFTEN
- 5 ALWAYS

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING

SCALE: The Parenting Styles and Dimensions Questionnaire (PSDQ; Robinson et al., 1995)

http://www.academia.edu/13707474/The_parenting_styles_and_dimensions_questionnaire_PSDQ

STATEMENT	Never	Once in a While	About Half the Time	Very Often	Always
1. (jpsdq1) Parenting Styles and Dimensions Questionnaire item 1					
2. (jpsdq2) Parenting Styles and Dimensions Questionnaire item 2					
3. (jpsdq3) Parenting Styles and Dimensions Questionnaire item 3					

4. (jpsdq4) Parenting Styles and Dimensions Questionnaire item 4					
5. (jpsdq5) Parenting Styles and Dimensions Questionnaire item 5					
6. (jpsdq6) Parenting Styles and Dimensions Questionnaire item 6					
7. (jpsdq7) Parenting Styles and Dimensions Questionnaire item 7					
8. (jpsdq8) Parenting Styles and Dimensions Questionnaire item 8					
9. (jpsdq9) Parenting Styles and Dimensions Questionnaire item 9					
10. (jpsdq10) Parenting Styles and Dimensions Questionnaire item 10					
11. (jpsdq11) Parenting Styles and Dimensions Questionnaire item 11					
12. (jpsdq12) Parenting Styles and Dimensions Questionnaire item 12					
13. (jpsdq13) Parenting Styles and Dimensions Questionnaire item 13					
14. (jpsdq14) Parenting Styles and Dimensions Questionnaire item 14					
15. (jpsdq15) Parenting Styles and Dimensions Questionnaire item 15					
16. (jpsdq16) Parenting Styles and Dimensions Questionnaire item 16					
17. (jpsdq17) Parenting Styles and Dimensions Questionnaire item 17					
18. (jpsdq18) Parenting Styles and Dimensions Questionnaire item 18					
19. (jpsdq19) Parenting Styles and Dimensions Questionnaire item 19					
20. (jpsdq20) Parenting Styles and Dimensions Questionnaire item 20					
21. (jpsdq21) Parenting Styles and Dimensions Questionnaire item 21					

22. (jpsdq22) Parenting Styles and Dimensions Questionnaire item 22					
23. (jpsdq23) Parenting Styles and Dimensions Questionnaire item 23					
24. (jpsdq24) Parenting Styles and Dimensions Questionnaire item 24					
25. (jpsdq25) Parenting Styles and Dimensions Questionnaire item 25					
26. (jpsdq26) Parenting Styles and Dimensions Questionnaire item 26					
27. (jpsdq27) Parenting Styles and Dimensions Questionnaire item 27					
28. (jpsdq28) Parenting Styles and Dimensions Questionnaire item 28					
29. (jpsdq29) Parenting Styles and Dimensions Questionnaire item 29					
30. (jpsdq30) Parenting Styles and Dimensions Questionnaire item 30					
31. (jpsdq31) Parenting Styles and Dimensions Questionnaire item 31					
32. (jpsdq32) Parenting Styles and Dimensions Questionnaire item 32					

Burb 1 (self-completion accepted):

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

HOME + SHIF Inventory

Now we are going to do something a bit different. I am going to ask you some questions about your family and your home. These questions might seem to jump around a bit, so just bear with me.

HOME INVENTORY HERE + SHIF

Completed on HOME+SHIF Score Sheet

THAT'S THE END OF SECTION J.

**THANK YOU FOR ANSWERING THOSE QUESTIONS. THE
NEXT SECTION IS OUR LAST SECTION.**

SECTION K: CLOSING

Module K	Construct Measured	Previous <i>PFL</i> Surveys Used
Closing	Programme Satisfaction (<i>PFL Only</i>): <i>Client Satisfaction Questionnaire</i> (CSQ; Turner, Markie-Dadds, & Sanders, 1998)	<i>PFL</i> 6mo, 12mo, 24mo
	Important Events Since Last Interview	<i>PFL</i> 6mo, 18mo
	Age Related Questions	<i>PFL</i> 12mo, 18mo, 24mo
	Relevant Notes about Interview (<i>not asked, interviewer recorded</i>)	<i>PFL</i> 6mo, 12mo, 18mo, 24mo

4. (kcsq4) To what extent has this *PFL* programme met *your* needs?

SHOW CARD 51

1	2	3	4	5	6	7
No needs have been met			Half of needs have been met			Almost all needs have been met

5. (kcsq5) How satisfied are you with the *amount of help* you and your child have received?

SHOW CARD 52

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

6. (kcsq6) Has the *PFL* programme helped you to deal more effectively with your child's behaviour?

SHOW CARD 53

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. (kcsq7) Has the *PFL* programme helped you to deal more effectively with problems that arise in your family?

SHOW CARD 53

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 Q5, Module B continue to Q8. If answered 1(single), 5 (divorced), or 6(legally separated) to Q5, Module B then skip to Q9.

8. (kcsq8) Do you think your relationship with your partner has been improved by the *PFL* programme?

SHOW CARD 54

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

9. (kcsq9) In an overall sense, how satisfied are you with the *PFL* programme you and your child have received?

SHOW CARD 55

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

10. (kcsq10) Has the *PFL* programme helped you develop skills that can be applied to other family members?

SHOW CARD 56

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

11. (kcsq11) In your opinion, how is your child's behaviour compared to when your child was about two years old?

SHOW CARD 57

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

12. (kcsq12) How would you describe your feelings at this point about your child's progress/development?

SHOW CARD 58

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

13. (kcsq13) 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. (kcsq14) Do you have any other comments about this *PFL* programme?

The last few questions are about what you like and don't like about being a mam of a three year old. These are the last questions in this interview. We are almost done.

1. (k1) What do you like most about being the mam of a 3 year old?

2. (k2) What don't you like about being a mam of a 3 year old?

3. (k3) Is there anything you want to tell us about how you feel about being a mam? This can be both good and bad things.

4. (k4) 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:

(pfl6InterviewNotes)

INTERVIEWER CHECKS OF ADDITIONAL MATERIALS/MEASURES:

1. HAVE YOU MEASURED THE CHILD'S HEIGHT AND WEIGHT???
2. HAVE YOU DONE THE HOME + SHIF INVENTORY???
3. HAVE YOU DONE THE CBCL???

THAT'S THE END OF SECTION K.

THANK YOU FOR ANSWERING 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 24 MONTH INTERVIEW.

Additionally, we would like to do some activities with your child over the next year as part of the research. I'd like to explain this in more detail to you now and ask if it would be ok for your child to participate in these activities.

GO TO THE DIRECT ASSESSMENT CONSENT FORM.

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 four years old. When you complete the next research questionnaire, you will receive another voucher. Do you have any questions before I leave?