

Incredible Years Study

Date / /

RI Initials

FAMID

Demographic Information Form

I'd like to begin by asking you some questions about yourself, your child, and your household, including information about how we will be able to get in touch with you for follow-up interviews in the future.

Looking at Box 1...

1. What is your relationship to (CHILD)? _____

	1	Biological Mother
	2	Biological Father
	3	Step Mother
	4	Step Father
	5	Adoptive Mother
	6	Adoptive Father
	7	Foster Mother
	8	Foster Father
	9	Parent's Partner (living in household)
	10	Grandmother
	11	Grandfather
	12	Aunt
	13	Uncle
	14	Other adult caregiver relationship Describe below:
	14t	

2. What is your birth date? (xx-xx-xx)

Month	Day	Year

3. What is your marital status? See Box 2.

	Single, never married
	Separated
	Divorced
	Married
	Living with a partner
	Widowed
	Missing data

4. Now, looking at Box 3, what is the highest level of education you have completed?

	Grades 0-8
	Grades 9-11
	High School or GED
	Some College
	College Graduate
	Post-College Degree
	Missing data

5. Are you Spanish, Hispanic, or Latino/a?

	Yes, Hispanic or Latino
	No, Not Hispanic or Latino
	Missing data

6. Looking at the list of Racial Categories in Box 4, which describes you best?

	1	White, European "Refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa, such as: Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish" (Census 2000)
	2	Black, African American
	3	American Indian or Alaska Native
	4	Asian
	5	Native Hawaiian or other Pacific Islander
	6	More than one race, describe below
	6t	
	x	Missing data

7. If more than one race listed in 6, ask:

Which one of these do you identify with most? 7.a. Code for primary identification: _____

8. What is (CHILD)'s birth date?

Month	Day	Year

9. What is (CHILD)'s gender?

Male	Female

10. Is (CHILD) Spanish, Hispanic, or Latino/a?

	Yes, Hispanic or Latino
	No, Not Hispanic or Latino
	Missing data

11. Looking at Box 4, which number(s) describe (CHILD) best?

1	White, European “Refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa, such as: Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish” (Census 2000)
2	Black, African American
3	American Indian or Alaska Native
4	Asian
5	Native Hawaiian or other Pacific Islander
6	More than one race, describe below
6t	
x	Missing data

12. If more than one race listed in Question 11, ask: “Which of these would you say is the primary race for (CHILD)?”

Code for primary identification: _____

13. Looking at the list of relationships in Box 1, who would you say is (CHILD)’s primary caregiver?

1	Biological Mother
2	Biological Father
3	Step Mother
4	Step Father
5	Adoptive Mother
6	Adoptive Father
7	Foster Mother
8	Foster Father
9	Parent’s Partner (living in household)
10	Grandmother
11	Grandfather
12	Aunt
13	Uncle
14	Other adult caregiver relationship Describe below:
14t	

14. How many people currently live in your household? _____

15. How many of these people are adults (>=18 years old)? _____

16. How many of these people are children (< 18 years old)? _____

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

18. Regarding each of the adults in your household, please look at Box 1 again and tell me the number that corresponds to their relationship to (CHILD), starting with yourself.

Person 1: _____	1	Biological Mother
	2	Biological Father
Person 2: _____	3	Step Mother
	4	Step Father
Person 3: _____	5	Adoptive Mother
	6	Adoptive Father
Person 4: _____	7	Foster Mother
	8	Foster Father
Person 5: _____	9	Parent's Partner (living in household)
	10	Grandmother
Person 6: _____	11	Grandfather
	12	Aunt
Person 7: _____	13	Uncle
	14	Other adult caregiver relationship Describe below:
Person 8: _____	14t	

19. Please tell me the ages of each of the children in your household other than (CHILD), beginning with the youngest: (Enter all ages in years, if less than 1 yr, enter 0.)

Age in Years Child 1: _____ Age in Years Child 5: _____

Age in Years Child 2: _____ Age in Years Child 6: _____

Age in Years Child 3: _____ Age in Years Child 7: _____

Age in Years Child 4: _____ Age in Years Child 8: _____

20. For each of the children in your household, please tell me the number that corresponds to their relationship to (CHILD). Begin with the youngest. Look at Box 5.

Relationship Code 1:	1	Sister	_____
Relationship Code 2:	2	Half Sister	_____
Relationship Code 3:	3	Step Sister	_____
Relationship Code 4:	4	Foster Sister	_____
Relationship Code 5:	5	Adoptive sister	_____
Relationship Code 6:	6	Brother	_____
Relationship Code 7:	7	Half Brother	_____
Relationship Code 8:	8	Step Brother	_____
	9	Foster Brother	_____
Relationship Code 6:	10	Adoptive Brother	_____
Relationship Code 7:	11	Cousin	_____
Relationship Code 8:	12	Other – describe below	_____
	12t		_____
	x	Missing data	_____

**21. What language(s) are spoken in your home?
Begin with the primary and then note any others that are spoken. Look at Box 6.**

Language Code 1:	1	English	_____
Language Code 2:	2	Spanish	_____
Language Code 3:	3	Vietnamese	_____
	4	Chinese	_____
	5	Korean	_____
	6	Russian	_____
	7	Oromo	_____
	8	Tigrinea	_____
	9	Bosnian	_____
	10	Amharic	_____
	11	Tagalog	_____
	12t	Other – describe	_____

	x	Missing data	_____

22. Which of the following best describes your physical home in Box 7.

	Single room residence (e.g., room in a house, individual room in a building)
	Apartment
	Condominium
	Detached home (shared with more than one family)
	Detached home (only your family)
	Other, describe below
	Missing data

23. Which of the following best describes (CHILD)'s current living situation? See Box 8.

	Lives with you 80-100 percent of the time
	Lives with you and/or another parent 20-80 percent of the time each
	Lives with another parent 80-100 percent of the time
	Lives in a foster home
	Has some other living arrangement, describe
	Missing data

24. How many months in the past year have you lived with (CHILD)? See Box 9.

	0-2 months
	3-4 months
	5-6 months
	7-8 months
	9-10 months
	11-12 months
	Missing data

25. How many times have you moved in the past year? See Box 10.

	Once
	Twice
	3 times
	4 times
	5 times
	6 times
	7 or more times
	Missing data

26. Does your child (in the project) take any medications on a regular basis?

No	Yes

Please List Them:

- a) _____ For What? _____
- b) _____ For What? _____
- c) _____ For What? _____
- d) _____ For What? _____

27. Does your child (in the study) have any of the following?

- a. Language delay?
- b. Cognitive delay?
- c. Physical handicap (mobility)?

No	Yes
----	-----

No	Yes
----	-----

No	Yes
----	-----

d. Attention Deficit
Hyperactivity Disorder?

No	Yes
----	-----

e. Vision or hearing impairment?

No	Yes
----	-----

f. Learning problem?

No	Yes
----	-----

g. Emotional or behavioral problem?

No	Yes
----	-----

28. Do you have a spouse or partner that lives with you?

No	Yes
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**29. What is your spouse/partner's relationship to (CHILD)? Box 1.
Choose the first applicable code.**

	1	Biological Mother
	2	Biological Father
	3	Step Mother
	4	Step Father
	5	Adoptive Mother
	6	Adoptive Father
	7	Foster Mother
	8	Foster Father
	9	Parent's Partner (living in household)
	10	Grandmother
	11	Grandfather
	12	Aunt
	13	Uncle
	14	Other adult caregiver relationship Describe below:
	14t	

30. What is the highest level of education your spouse/partner has completed? See Box 3.

	Grades 0-8
	Grades 9-11
	High School or GED
	Some College
	College Graduate
	Post-College Degree
	Missing data

31. Is your partner Spanish, Hispanic, or Latino/a?

<input type="checkbox"/>	Yes, Hispanic or Latino
<input type="checkbox"/>	No, Not Hispanic or Latino
<input type="checkbox"/>	Missing data

32. Looking at the list of races in Box 3, which number(s) describe your partner best? If multiple races are identified, prioritize up to 3.

<input type="checkbox"/>	1	White, European “Refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa, such as: Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish” (Census 2000)
<input type="checkbox"/>	2	Black, African American
<input type="checkbox"/>	3	American Indian or Alaska Native
<input type="checkbox"/>	4	Asian
<input type="checkbox"/>	5	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	6	If other than above, describe below
<input type="checkbox"/>	6t	
<input type="checkbox"/>	x	Missing data

32a. Which of these would you say is the primary race for your spouse/partner?

33. What is your gross (before taxes) annual household income (include child support and financial aid)? See Box 11.

<input type="checkbox"/>	1	Less than \$4,999
<input type="checkbox"/>	2	\$5,000-\$9,999
<input type="checkbox"/>	3	\$10,000-\$14,999
<input type="checkbox"/>	4	\$15,000-\$19,999
<input type="checkbox"/>	5	\$20,000-\$24,999
<input type="checkbox"/>	6	\$25,000-\$29,999
<input type="checkbox"/>	7	\$30,000-\$34,999
<input type="checkbox"/>	8	\$35,000-\$39,999
<input type="checkbox"/>	9	\$40,000-\$44,999
<input type="checkbox"/>	10	\$45,000-\$49,999
<input type="checkbox"/>	11	\$50,000-\$54,999
<input type="checkbox"/>	12	\$55,000-\$59,999
<input type="checkbox"/>	13	\$60,000 and over
<input type="checkbox"/>	x	Missing data

34. How many people contribute to that income?

Number of people: _____

35. Do you receive any of the following kinds of financial aid? (Mark all that apply.) See Box 12.

<input type="checkbox"/>	Food stamps/ WIC
<input type="checkbox"/>	Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/>	Other welfare (not TANF)
<input type="checkbox"/>	Medical only
<input type="checkbox"/>	Student financial aid
<input type="checkbox"/>	Other, please describe below
<input type="checkbox"/>	

	Missing data
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36. Are you working right now? See Box 13.

	Yes, full time
	Yes, part time
	Earning money by working at home
	Not working, but looking for a job
	Not working by choice (homemaker, retired)
	Missing data

37. What is your current specific job or occupation? (allow multiple)

- a. _____ (primary)
- b. In what industry is this job or occupation? _____
- c. Do you have another job or occupation? If yes, what is that other job or occupation? _____ (secondary)
- d. In what industry is this job or occupation? _____

38. On an average how many hours per week do you work? _____

39. On average, how many hours each week do you spend seeking employment or engaged in employment preparation activities? Number of hours: _____

40. Is your spouse/partner working right now? See Box 13.

	Yes, full time
	Yes, part time
	Earning money by working at home
	Not working, but looking for a job
	Not working by choice (homemaker, retired)
	Missing data

41. What is his/her current specific job/occupation?

- a. _____ (primary)
- b. In what industry is this job or occupation? _____
- c. Does s/he have another current job occupation? If yes, what is that other job or occupation? _____ (secondary)
- bb. In what industry is this job or occupation? _____

42. On an average how many hours per week do you work? _____

43. On average, how many hours each week do you spend seeking employment or engaged in

employment preparation activities? Number of hours: _____

Contact Information Sheet

Confirm accuracy and fill in as much additional information as possible. **[Inserted document from .db]**
447. What is your current contact information?

_____		_____
Street Address		Apt. #

_____	_____	_____
City	State	Zip
_____		Yes / No
Home Phone: (area code)		Okay to leave message?
_____		Yes / No
Cell Phone, if applicable: (area code)		Okay to leave message?

Best Time to Call You (day of week and time)		

45. In case you should move before the project is completed, we would like to have the name, address, and telephone number of three relatives or friends who would always know how to get in touch with you.

a. First contact person.

_____		_____
Other Contact Name (First, Last)		Relationship to you (friend, brother/sister, etc.)

_____		_____
Street Address		Apt. #

_____	_____	_____
City	State	Zip
_____		Yes / No
Home Phone: (area code)		Okay to leave message?
_____		Yes / No
Cell Phone, if applicable: (area code)		Okay to leave message?

b. Second contact person.

_____		_____
Other Contact Name (First, Last)		Relationship to you (friend, brother/sister, etc.)

_____		_____
Street Address		Apt. #

_____	_____	_____
City	State	Zip
_____		Yes / No
Home Phone: (area code)		Okay to leave message?
_____		Yes / No
Cell Phone, if applicable: (area code)		Okay to leave message?



Teacher or Child Care provider information:

In order to get another perspective on your child’s behavior and development, we’d like to have another person who knows your child well complete two short questionnaires about your child’s behavior and development, either a teacher or a child care provider. The questionnaires that this person will complete ask the same kinds of questions we have already asked you about your child’s behavior and development, but ask about a school or child care setting. In order to do this, we are asking you to provide us with the name of a teacher or child care provider that knows your child well and for you to sign a brief form that gives your permission for that person to complete the questionnaires and return them to us.

46. What is the name of your child’s school or child care provider?

School/child care name: _____

47. Looking at Box 14, which answer best describes your child’s primary school or child care arrangement at the present time?

	No school or child care (with primary caregiver almost exclusively)
	Elementary school
	Head Start / State preschool
	Private preschool
	Parent cooperative preschool
	Family run child care (not in your family)
	Child care from friend or relative
	Other, describe below

RI: If answer to above is 1 (no school), skip to next section after confirming again that there is no appropriate teacher or child care provider to contact.

48. What is the name of a teacher or child care provider there who knows your child well?

Name: _____

49. In case we can’t get a hold of that person, is there another teacher or child care provider who we could talk to instead?

Name: _____

50. What is the address and phone number for your child’s school or child care provider (as much as you have available)?

_____ Apt. #

City State Zip

_____ Phone: (area code)

51. Sometimes we have a hard time finding a teacher or school. Is there any other information you can share with us about how best to get a hold of one of these individuals?

No	Yes

52.. Please describe how we might get a hold of them:
