



Vermont Child Health and Behavior Questionnaire

Parent Report

Demographic questions

1. Today's date: _____ - _____ - 20____
2. Your name: _____
 First M Last
3. Your gender: ₁ male
₂ female
4. Your address: _____

5. Your phone number: _____
6. Your cell number: _____
7. Your email: _____
8. Relation to child: ₁ Biological Parent ₂ Step Parent ₃ Grandparent
₄ Adoptive Parent ₅ Foster Parent ₆ Other (Specify): _____
9. Who has legal custody of the child: _____
10. Child's name: _____
 First M Last
11. Child's gender : Girl Boy
12. Child's date of birth: ____/____/____
13. Child's grade in school: _____
14. Child's race (check all that apply): ₁ American Indian or Alaskan ₂ Black or African American ₃ White Native
₄ Asian ₅ Native Hawaiian or Other Pacific Islander
- a. Child's ethnicity: ₁ Hispanic or Latino or Spanish Origin
₂ Not Hispanic or Latino or Spanish Origin

Please answer the questions below by **filling in the blank** or **checking the box** that corresponds to the correct answer.
Please answer the questions as they have been formulated; do not change the questions.

Please give one answer for each question.

CHILD QUESTIONS

Please answer these questions about the child identified for care, treatment, or study.

Health

15. Child's Primary Care Physician: _____
Practice name: _____ Phone number: _____
16. Does the child currently use prescription medication? ₁ No
₂ Yes
- 16a. Does the child have any allergies to medications? ₁ No ₂ Yes, namely: _____
17. If the answer to question 16 was "yes", please indicate which medication is being used, how often, and since when the medication has been used.

	Medications Used	Dose and Frequency of use	Used since (date)
a.	_____	_____	____-____-____
b.	_____	_____	____-____-____
c.	_____	_____	____-____-____
18. How would you describe the child's health in general? ₁ poor
₂ fair
₃ reasonable
₄ good
₅ excellent

19. Is the child right-handed or left-handed? ₁ right-handed
₂ left-handed
₃ both
20. What is the child's current height and weight? Height: _____ inches Weight: _____ lbs.
 Measurement date: ____/____/____
21. Have people (other than the child) ever worried about his/her weight since he/she was four-years-old? ₁ no
₂ yes, the child is/was too heavy
₃ yes, the child is/was too light
22. How would you describe the child's height? ₁ He/she hasn't started growing fast yet
₂ He/she has just started growing fast
₃ He/she's been growing fast for some time now
₄ The period of accelerated growth ended when he/she was: → age:.....years
23. How tall was the child compared to his/her classmates during elementary school and high school? ₁ just as tall/taller at elementary school and just as tall/taller at high school
₂ just as tall/taller at elementary school and smaller/just as tall at high school
₃ smaller/just as tall at elementary school and just as tall/taller at high school
₄ smaller/just as tall at elementary school and smaller/just as tall at high school
₅ Not applicable (the child has not yet entered elementary school)
24. How many hours a night does the child sleep on average during a school week/working week? ₁ less than 6 hours a night
₂ 6-8 hours a night
₃ 8-9 hours a night
₄ more than 9 hours a night
25. Please indicate for each of the following ailments whether they apply **now** and whether they have applied **in the past**:

		In the past		Now	
		NO	YES	NO	YES
a.	Allergies	1	2	1	2
b.	Poor vision/blurred vision	1	2	1	2
c.	Headaches	1	2	1	2
d.	Unusual movements	1	2	1	2
e.	Tremor (shaking)	1	2	1	2
f.	Seizures	1	2	1	2
g.	Decreased hearing	1	2	1	2
h.	Ear aches	1	2	1	2
i.	Excessive nosebleeds/bruising/bleeding	1	2	1	2
j.	Lumps in neck	1	2	1	2
k.	Fever	1	2	1	2
l.	Rashes	1	2	1	2
m.	Itching	1	2	1	2
n.	Cough	1	2	1	2
o.	Wheezing	1	2	1	2
p.	High blood pressure	1	2	1	2
q.	Heart palpitations	1	2	1	2

		In the past		Now	
		NO	YES	NO	YES
r.	Chest pain	1	2	1	2
s.	Joint pain or stiffness	1	2	1	2
t.	Muscle cramps	1	2	1	2
u.	Excessive thirst	1	2	1	2
v.	Excessive urinating	1	2	1	2
w.	Loose or watery stool	1	2	1	2
x.	Constipation	1	2	1	2
y.	Decrease in appetite	1	2	1	2
z.	Nausea	1	2	1	2
aa.	Vomiting	1	2	1	2
bb.	Abdominal (stomach) pain	1	2	1	2
cc.	Pain when urinating	1	2	1	2
dd.	Red or brown urine	1	2	1	2
ee.	Boys: pain in penis or testicles	1	2	1	2
ff.	Girls: pain during periods	1	2	1	2
gg.	Girls: missed or stopped having periods	1	2	1	2

26. What medical diagnoses has your child received? _____

27. Please list any past surgeries/hospitalizations your child has had: _____ Date: _____
 _____ Date: _____
 _____ Date: _____

28. Does the child have a disability or disease that makes it hard to do things in his/her daily life?
₁ no
₂ yes, namely: _____

29. Does the child have an injury that makes it hard to participate in sports?
₁ no
₂ yes, namely: _____

30. Has the child ever been in contact with a medical/mental health professional for emotional and/or behavioral problems (for example, mental health counselor, psychologist, psychiatrist, social worker, school counselor, pediatrician)? ₁ No ₂ Yes
 If "yes", please provide the name(s) of that person or organization:

 Approximate dates visited: _____
 Diagnosis or treatment: _____

31. Has the child ever been psychiatrically hospitalized? ₁ No ₂ Yes
 If "yes", please provide the date(s) of hospitalization: _____
 The name of hospital: _____
 The reason: _____

32. Has the child ever had thoughts of hurting/killing him/herself in the past? ₁ No ₂ Yes

33. Does the child have thoughts about hurting/killing him/herself now? ₁ No ₂ Yes

34. Has the child you ever acted on those thoughts? ₁ No ₂ Yes ₃ n/a
 If yes, please explain:

35. Has the child ever harmed his/her body without the intent to kill him/herself (for example, by burning or cutting his/her body)? ₁ No ₂ Yes
 If yes, please explain: _____

36. Has the child ever experienced physical abuse? ₁ No ₂ Yes
 If yes, please explain: _____

37. Has the child ever experienced sexual abuse? ₁ No ₂ Yes
 If yes, please explain: _____

Pregnancy and delivery history

38. Did the mother have any medical problems during pregnancy with this child? (such as bleeding, infections, high blood pressure, high blood sugar, convulsions, large weight gain, injuries, operations, etc.)
- | | | |
|--|-----------|------------|
| | No | Yes |
| | 1 | 2 |
- If so, please describe: _____

39. Did the mother take any medications during pregnancy?
- | | | |
|--|-----------|------------|
| | No | Yes |
| | 1 | 2 |
- If so, please describe: _____

40. Did the mother smoke or use alcohol during pregnancy?
- | | | |
|--|-----------|------------|
| | No | Yes |
| | 1 | 2 |
- If so, please describe: _____

41. Were there problems during labor or delivery?
- | | | |
|--|-----------|------------|
| | No | Yes |
| | 1 | 2 |
- If so, please describe: _____

42. Was the child born premature?
- | | | |
|--|-----------|------------|
| | No | Yes |
| | 1 | 2 |
- If so, please describe: _____

43. Birth weight: _____ pounds _____ ounces
44. Were there problems in newborn period or infancy? (such as being born blue, birth defects, yellow jaundice, seizures, infections, injuries, feeding or sleeping problems, etc.)
- | | | |
|--|-----------|------------|
| | No | Yes |
| | 1 | 2 |
- If so, please describe: _____

Child's developmental history

45. When was your child first able to do the following? Age
- a. Walk alone _____ months
 - b. Speak _____ months
 - c. Bowel training _____ months
 - d. Bladder training _____ months
 - e. Staying dry at night _____ months

46. Which parental techniques do you use, and how often on average in the past 6 weeks? (please circle one number for each technique)

		Multiple times/day	About once/day	1-6 times/week	Less than once/week	Never
a.	Verbal praise for positive behavior	1	2	3	4	5
b.	Rewards/incentives for positive behavior	1	2	3	4	5
c.	Time-out for negative behavior	1	2	3	4	5
d.	Withdrawing privileges	1	2	3	4	5
e.	Spanking	1	2	3	4	5
f.	Other: _____	1	2	3	4	5

Questions 47 to 53 Only for girls

(boys → go to question 54)

47. Are the girl's breasts growing? ₁ no, not yet
₂ yes, they have just started growing
₃ yes, but they are still small
₄ no, they stopped growing when the child was → age: ____ years
₅ don't know
48. Has the girl ever menstruated (had her period)? ₁ yes
₂ no → go to question 53
₃ don't know → go to question 53
49. How old was the girl when she first menstruated? _____ years and _____ months
 don't know
50. Does the girl have regular periods? ₁ very regular, to the exact day
₂ pretty regular, usually within three days of the expected day
₃ irregular, unpredictable
₄ don't know
51. How often does the girl have periods? ₁ more than once a month
₂ once every 28 days (once a month)
₃ less than once a month
₄ less than once every two months
₅ don't know
52. Has the girl ever missed 3 periods in a row since she started menstruating? ₁ no
₂ yes
₃ don't know
53. Does the girl take birth control pills? ₁ no ₂ yes

54. Is the boy's voice changing (becoming deeper and/or breaking)?
- ₁ no, it has not yet started to change → go to question 56
 - ₂ yes, it has just started to change
 - ₃ yes, it is clearly changing
 - ₄ no, the changes stopped when he was → age: _____ years
 - ₅ don't know → go to question 56
55. Did the boy's voice start changing earlier or later than most of his classmates?
- ₁ earlier
 - ₂ later
 - ₃ I don't know
56. Has the boy started shaving?
- ₁ no
 - ₂ yes, sometimes
 - ₃ yes, several times a week, namely _____ times
 - ₄ don't know

Eating habits

57. Has the child ever gone on a diet to lose weight or avoid gaining weight?
- ₁ never
 - ₂ a few times
 - ₃ several times
 - ₄ often
 - ₅ the child is always on a diet
 - ₆ I don't know
58. How old was the child when he/she first went on a diet?
- ₁ _____ years
 - ₂ the child has never been on a diet
59. What role does the child's figure and/or weight play in how he/she sees him/herself?
- ₁ the most important role
 - ₂ an important role
 - ₃ a moderate role
 - ₄ a small role
 - ₅ no role at all
 - ₆ don't know
60. Some children engage in binge eating. This means that they eat large amounts of food within a short period of time (e.g. within two hours). We speak of binge eating when this amount is clearly more than what most children would eat within the same period of time and under the same circumstances.
- a. Does the child suffer from, or has he/she ever engaged in, binge eating? If so, how often does/ did this happen?
- ₁ never → go to question 62
 - ₂ less than once a month
 - ₃ 1-3 times a month
 - ₄ once a week
 - ₅ more than once a week
 - ₆ don't know
- b. While binge eating, does the child have the feeling that he/she's losing control and that he/she can't stop eating, even if he/she would like to?
- ₁ no
 - ₂ yes
 - ₃ don't know

- c. How long did the period of binge eating last?
- ₁ more than 1 year
 - ₂ 6 months to 1 year
 - ₃ 3 months to 6 months
 - ₄ 1 to 3 months
 - ₅ less than 1 month
 - ₆ don't know

61. If the child has ever engaged in binge eating, how old was he/she when it happened for the first time? _____ years
₁ don't know

Smoking

62. Has the child ever smoked?
- ₁ no → go to question 66
 - ₂ a few times just to try → age when he/she first tried: _____
 - ₃ yes → age when he/she started smoking: _____
 - ₄ don't know
63. How often does the child smoke now?
- ₁ he/she's never been a regular smoker
 - ₂ he/she's quit smoking
 - ₃ he/she smokes once a week or less
 - ₄ he/she smokes several times a week, not every day
 - ₅ he/she smokes once or several times a day
 - ₆ don't know
64. How many cigarettes has the child smoked so far?
- ₁ just one
 - ₂ about 2 to 10
 - ₃ about 10 to 50
 - ₄ more than 50
 - ₅ don't know
65. How many cigarettes does the child smoke on an average day?
- ₁ less than 1 a day
 - ₂ 1-5 a day
 - ₃ 6-10 a day
 - ₄ 11-20 a day
 - ₅ 21-30 a day
 - ₆ more than 30 a day
 - ₇ don't know
66. Does one or more of the child's friends smoke tobacco?
- ₁ no, none of his/her friends
 - ₂ yes, one of his/her friends
 - ₃ yes, 2-5 of his/her friends
 - ₄ yes, more than 5 of his/her friends
 - ₅ don't know
67. Do you think he/she will start smoking within a year?
- ₁ absolutely not
 - ₂ probably not
 - ₃ I don't know
 - ₄ he/she probably will
 - ₅ I'm sure he/she will
 - ₆ He/she is already smoking

Alcohol

68. Has the child ever used alcohol? ₁ no → go to question 73
₂ a few times just to try → age when he/she first tried: _____ (don't know: _____)
₃ yes → age when he/she started using alcohol: _____ (don't know: _____)
₄ don't know

69. How often has the child had an alcoholic drink (beer, wine, spirits or mixed drinks)?

(Put an 'X' in a box on each line)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often	don't know
a.	In his/her entire life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b.	In the last 12 months	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c.	In the last 4 weeks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

70. How often does the child drink alcohol? (Include the times when he/she only had a little bit to drink, e.g. half a pint of beer or a few sips of wine)
- ₁ He/she doesn't drink alcohol
₂ once a year or less
₃ several times a year
₄ about once a month
₅ several times a month
₆ once a week
₇ several times a week
₈ every day
₉ don't know

71. How many glasses of alcohol does the child drink in an average week (including the weekend)?
- ₁ less than 1 glass
₂ 1-2 glasses a week
₃ 3-5 glasses a week
₄ 6-10 glasses a week
₅ 11-16 glasses a week
₆ more than 16 glasses a week
₇ don't know

72. Has the child ever been drunk or tipsy as a result of drinking alcohol?

(Put an 'X' in a box on each line)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often	don't know
a.	In his/her entire life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b.	In the last 12 months	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c.	In the last 4 weeks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

73. Do one or more of the child's friends drink alcohol?
- ₁ no, none of his/her friends
₂ yes, one of his/her friends
₃ yes, 2-5 of his/her friends
₄ yes, more than 5 of his/her friends
₅ don't know

74. Has the child ever ridden in a car driven by someone (including the child) who had been using alcohol?

₁ No ₂ Yes ₃ don't know

75. Does the child ever use alcohol to relax, feel better about him/herself, or fit in?

₁ No ₂ Yes ₃ don't know

76. Does the child ever use alcohol while he/she is alone?

₁ No ₂ Yes ₃ don't know

77. Does the child ever forget things he/she did while using alcohol?

₁ No ₂ Yes ₃ don't know

78. Does the child's family or friends ever tell the child that he/she should cut down on his/her alcohol use?

₁ No ₂ Yes ₃ don't know

79. Has the child ever gotten into trouble while he/she was using alcohol?

₁ No ₂ Yes ₃ don't know

Drugs

80. Has the child ever used marijuana? ₁ no → go to question 82
₂ a few times just to try → age when he/she first tried: _____ (don't know: _____)
₃ yes → age when he/she first started using Marijuana: _____ (don't know: _____)
₄ don't know

81. How often has the child used marijuana?

(Put an 'X' in a box on each line)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often	don't know
a.	In his/her entire life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b.	In the last 12 months	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c.	In the last 4 weeks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

82. Does one or more of the child's friends use marijuana? ₁ no, none of his/her friends
₂ yes, one of his/her friends
₃ yes, 2-5 of his/her friends
₄ yes, more than 5 of his/her friends
₅ don't know

83. Has the child ever used other drugs? ₁ no → go to question 85
₂ yes
₃ don't know

If yes, please list: _____

84. How often has the child used other drugs? (Put an 'X' in a box on each line)

	number of times	never	1-2	3-4	5-6	7-8	9-10	11-19	20-39	more often	don't know
a.	In his/her entire life	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
b.	In the last 12 months	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉
c.	In the last 4 weeks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉

85. Does one or more of the child's friends use drugs other than marijuana? ₁ no, none of his/her friends
₂ yes, one of his/her friends
₃ yes, 2-5 of his/her friends
₄ yes, more than 5 of his/her friends
₅ don't know

86. Has the child ever ridden in a car driven by someone (including the child) who was high on drugs or had been using? ₁ No ₂ Yes ₃ Don't know
87. Does the child ever use drugs to relax, feel better about him/herself, or fit in? ₁ No ₂ Yes ₃ Don't know
88. Does the child ever use drugs while he/she is alone? ₁ No ₂ Yes ₃ Don't know
89. Does the child ever forget things he/she did while using drugs? ₁ No ₂ Yes ₃ Don't know
90. Does the child's family or friends ever tell the child that he/she should cut down on his/her drug use? ₁ No ₂ Yes ₃ Don't know
91. Has the child ever gotten into trouble while he/she was using drugs? ₁ No ₂ Yes ₃ Don't know

Events

92. Below is a list of events that **may have** occurred in the child's life. Please indicate for each event whether it has or has not occurred. (Several answers are possible: some events may have occurred more than once, e.g. less and more than two years ago.)

	has not occurred	occurred less than 2 years ago	occurred more than 2 years ago
a. The child moved to another neighborhood or town	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. A good friend of the child moved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. The child changed schools (not from elementary to high school)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. The child was seriously ill or had a serious accident	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Someone close to the child was or is seriously ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Someone close to the child died	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. The child's parents/guardians had serious conflicts/fights	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. The child's mother or father left home or the child's parents got divorced	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. The child's mother's or father's new partner came to live with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. The child's brother or sister left home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. The child's mother or father became unemployed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. The child's mother or father started working again after a long period at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. A little brother or sister was born or adopted	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Education

93. What school does the child now attend? _____

94. Did he/she ever repeat a grade? ₁ No ₂ Yes
Grade: _____

94a. If "yes", please explain: _____

95. Did he/she complete high school with a diploma? ₀ no, he/she is still at school
₁ no (specify reason): _____
₂ yes

96. If he/she still goes to school, how many days was he/she absent from school in the past four weeks? (put an 'X' in a box on each line) (If he/she is now on vacation, answer this question for the last 4 weeks before vacation)

	number of days:	0	1	2	3 or 4	5 or 6	7 or more
a. because he/she was ill		<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. because he/she was skipping		<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. other reasons		<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

97. Has the child ever received services at school for a learning disorder? ₁ No ₂ Yes
If "yes," please describe: _____

97.a If "yes," has the child ever been on a 504 plan or an IEP for a learning disorder? ₁ No ₂ Yes
Grade(s): _____

98. Has the child ever received services at school for an emotional/behavioral problem? ₁ No ₂ Yes
If "yes," please describe: _____

98.a If "yes," has the child ever been on a 504 plan or an IEP for an emotional/behavioral problems ₁ No ₂ Yes
Grade(s): _____

		More than 6 hours per day	3-6 hours per day	1-3 hours per day	4-7 hours per week	1-3 hours per week	Less than 1 hour per week	Rarely or never
h.	handicrafts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i.	being at home with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
j.	visiting friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
k.	on the street with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
l.	sports clubs/scouting/activity clubs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
m.	homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
n.	shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
o.	dancing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
p.	other: _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

110. What kind of work does the child do? (several answers possible)
- ₀ doesn't work
₁ full-time paid work: more than 32 hours a week
₂ part-time paid work: 12-32 hours a week
₃ part-time paid work: less than 12 hours a week
₄ volunteer work: more than 32 hours a week
₅ volunteer work: 12-32 hours a week
₆ volunteer work: less than 12 hours a week

How the child sees him/herself

111. Please indicate the extent to which you agree or disagree with the following statements about the child.

	strongly agree	agree	disagree	strongly disagree
a. The child is generally satisfied with him/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. The child sometimes feels that he/she is no good at all	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. The child feels he/she has a number of good qualities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. The child is able to do things just as well as others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. The child feels he/she doesn't have much to be proud of	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. The child sometimes feels worthless	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. The child feels he/she is a valuable person, at least as valuable as others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. The child wishes he/she had more self respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. The child tends to feel that he/she is a failure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. The child feels good about him/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. The child is a spiritual person	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Religion

112. Was the child raised in a particular religious faith? ₁ no ₂ yes
113. Is he/she religious now? ₁ no, the child is not religious
₂ yes, the child is religious but not a practicing member of a church or religious community
₃ yes, the child is religious and a practicing member of a church or religious community

114. What is/was the child's religion?

- ₁ The child has never had a religion
- Christian:
 - ₂ Catholic
 - ₃ Protestant
 - ₄ Evangelical Christian
 - ₅ Other Christian: _____
- ₆ Jewish
- ₇ Muslim
- ₈ Hindu
- ₉ Buddhist: _____
- ₁₀ Other, namely: _____

Wellbeing

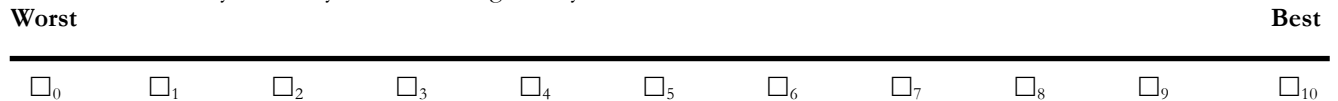
115. Please indicate the extent to which you agree or disagree with the following statements about the child.

		Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
a.	His/her life is going more or less as he/she wishes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b.	His/her living conditions are excellent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c.	He/she is satisfied with life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d.	Until now he/she has always gotten the most important things he/she wanted in life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
f.	On the whole he/she is a happy person.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
g.	Compared with most of his/her peers, he/she is less happy than they are.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
h.	On the whole, he/she is very happy. He/she enjoys life. Come what may, he/she always makes the best of things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i.	On the whole, he/she is not very happy. Although he/she is not depressed, he/she never seems to be as happy as he/she could be.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

116. The '10' on the right of the bar below means **the best life** you can imagine for your child.

The '0' on the left of the bar means **the worst life** you can imagine for your child.

Where on the bar do you think your child's life generally stands?



PLEASE CONTINUE ON THE NEXT PAGE

Family

117. Does the child have any brothers/sisters (also count half brothers/sisters, step-brothers/sisters, etc.) No **Yes**
1 **2**

*If the answer to question 117 was “yes”, please provide the information requested below for the **other** children:*

Definitions: - full brother/ sister has the same biological father **and** the same biological mother as the child
 - half brother/ sister has the same biological father **or** the same biological mother as the child
 - step brother/ sister has **other** biological father *and* **other** biological mother than the child

	Name of sibling	Age	Sex		How does he/she relate to the child?				lives with the child	
			male	female	full brother / sister	half-brother / sister	step-brother / sister	adoptive or foster brother / sister	no	yes
a.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h.			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

118. For each of the twelve statements below, indicate whether each statement is true (check “yes”) or not true (check “no”) for the members of your family?

		no	yes
a.	If two of us have an argument, everyone sticks his nose in it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Family members sometimes hit each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Family members often criticize each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	We often have arguments at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	We sometimes swear at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.	When we quarrel at home, it’s always the same person’s fault	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g.	Family members rarely become openly angry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h.	We sometimes quarrel when we go to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i.	We have small conflicts every day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j.	Family members sometimes get so angry they throw things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k.	We almost always quarrel during dinner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l.	We fight a lot in our family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m.	Family members hardly ever lose their tempers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
n.	If there is a disagreement in our family, we try hard to smooth things over and keep the peace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
o.	Family members often try to one-up or out-do each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
p.	In our family, we believe you don’t ever get anywhere by raising your voice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

119. Which of answers below **best describes** the status of the child’s biological parents?
- ₁ The child’s biological mother and biological father are married/live together.
 - ₂ The child’s biological mother and biological father are divorced/no longer live together. [since (year): _____]
 - ₃ The child’s biological mother and biological father are separated/no longer live together. [since (year): _____].
 - ₄ The child’s biological mother and biological father were never married and they live together.
 - ₅ The child’s biological mother and biological father were never married and they do not live together.
 - ₆ The child’s biological mother has died. (year _____)
 - ₇ The child’s biological father has died. (year: _____)
 - ₈ Other: (describe: _____)

120.	Which of the answers below best describes the child's current living arrangement ? Check all that apply.											
	Examples:											
	1. If the child lives fulltime with biological mother only, under "Caregiver 1" you would check the boxes marked "female" and "biological parent". You would write "100" for "% of time child spends in this household" and you would leave the other "Caregiver" columns blank.											
	2. If the child lives with biological father and step-mother half of the time and biological mother the other half of the time, then under "Caregiver 1" you would mark "male," "biological," and "50%"; under "Caregiver 2" you would mark "female," "step," and "50%"; and under "Caregiver 3" you would mark "female," "biological," and "50%."											
	Caregiver 1			Caregiver 2			Caregiver 3			Caregiver 4		
	<input type="checkbox"/>	1	male	<input type="checkbox"/>	1	male	<input type="checkbox"/>	1	male	<input type="checkbox"/>	1	male
	<input type="checkbox"/>	2	female	<input type="checkbox"/>	2	female	<input type="checkbox"/>	2	female	<input type="checkbox"/>	2	female
	<input type="checkbox"/>	3	biological parent	<input type="checkbox"/>	3	biological parent	<input type="checkbox"/>	3	biological parent	<input type="checkbox"/>	3	biological parent
	<input type="checkbox"/>	4	adoptive	<input type="checkbox"/>	4	adoptive	<input type="checkbox"/>	4	adoptive	<input type="checkbox"/>	4	adoptive
	<input type="checkbox"/>	5	step	<input type="checkbox"/>	5	step	<input type="checkbox"/>	5	step	<input type="checkbox"/>	5	step
	<input type="checkbox"/>	6	grandparent	<input type="checkbox"/>	6	grandparent	<input type="checkbox"/>	6	grandparent	<input type="checkbox"/>	6	grandparent
	<input type="checkbox"/>	7	foster	<input type="checkbox"/>	7	foster	<input type="checkbox"/>	7	foster	<input type="checkbox"/>	7	foster
	<input type="checkbox"/>	8	other	<input type="checkbox"/>	8	other	<input type="checkbox"/>	8	other	<input type="checkbox"/>	8	other
	% of time child spends in this household: _____%			% of time child spends in this household: _____%			% of time child spends in this household: _____%			% of time child spends in this household: _____%		

Family Routines and Activities

The following questions will ask you about a variety of activities or routines in your family during the past 6 months. You will be asked to indicate the **REGULARITY** of the activity or routine during the past 6 months. That is, does an activity occur in some very regular or predictable way or not in a regular way at all?

A highly regular activity might be something that occurs in the same way each day. For example, John may take a peanut butter sandwich to school for lunch every day. And a highly regular activity might also be that John takes a peanut butter sandwich to school every Monday, tuna every Tuesday, turkey every Wednesday, etc.

121.	How regular is the routine in your house in the morning when people are going to work or school?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
122.	How regular is the routine for your child at bedtime on weekdays ?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
123.	How regular is the mealtime routine in your house? (For example, do you eat at about the same time every night and does everyone eat together?)	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
124.	How regularly does your child complete his/her chores?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
125.	How regularly are other household responsibilities met in your home (such as clothes getting washed, school lunches made)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
126.	How regular is your child's homework routine after school? (For example, does your child do homework at about the same time and the same place each day?)	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
127.	How regularly do you or other adult look over your child's homework or work with your child on it?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
128.	How regularly does your child participate in organized activities that involve other children (for example, scouts, team sports)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
129.	How regularly does your child participate in organized activities that are individual (for example, music lessons, dance lessons, tutoring)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
130.	How regularly is time set aside for you or another parent to talk to your child?	0 not at	1	2 slightly	3	4 quite	5	6 extremely

		all						
131.	How regularly does your child have time to do things on his/her own (for example, playing, reading, relaxing)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
132.	How regularly does your child get together with friends outside of school?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
133.	On weekdays , how regularly does your child participate in enjoyable activities with you or a member of your immediate family (for example, playing games, watching TV)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
134.	On weekends , how regularly does your child participate in enjoyable activities with you or a member of your immediate family?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
135.	On weekends , how regularly does your child engage in enjoyable activities with someone other than your family?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
136.	How regularly does your family go some place special together?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
137.	How regularly does your child or your family see or communicate with members of your family who do not live with you (for example, grandparents, cousins)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
138.	How regularly does your child or your family see or communicate with other people or other families who are not related to you (for example, family friends)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
139.	How regularly does your child or your family participate in activities related to your religion or culture (for example, attend church or synagogue, religious or ethnic classes, home activities such as prayer or candle lighting)?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
140.	How regularly do members of your family keep each other informed of where they are going or where they will be?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
141.	How regular is your child's school attendance? (For example, is your child rarely absent and regularly on time, or frequently absent and/or late?)	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
142.	Is someone available on a regular basis to care for your child if he or she gets sick and has to stay home from or leave school?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
143.	How regular is your child's after-school routine?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely
144.	Overall , how regular do you think activities or routines are in your family?	0 not at all	1	2 slightly	3	4 quite	5	6 extremely

PLEASE CONTINUE ON THE NEXT PAGE

145. Below are twelve statements about families. Thinking about your own family **within the past year**, please indicate by circling the appropriate number, how much you agree or disagree with each statement.

		strongly agree	agree	disagree	strongly disagree
a.	Planning family activities is difficult because we misunderstand each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b.	In times of crisis we can turn to each other for support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c.	We cannot talk to each other about the sadness we feel	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d.	Individuals are accepted for what they are	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e.	We avoid discussing our fears and concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f.	We can express feelings to each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g.	There are lots of bad feelings in the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h.	We feel accepted for what we are	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i.	Making decisions is a problem for our family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j.	We are able to make decisions about how to solve problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k.	We don't get along very well together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l.	We confide in each other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

146. Have you or any relative of the child had the following? If so, specify relationship to the child.

		No	Yes	Relationship to child	Please describe
a.	Medical disease , such as diabetes, thyroid disease, heart disease, etc.	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
b.	Mental illness , such as ADHD, schizophrenia, manic-depressive episodes, etc.	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
c.	Mental retardation	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
d.	Learning problems	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
e.	Excessive use of alcohol	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
f.	Excessive use of drugs	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
g.	Trouble with the law	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
h.	Suicidal behavior	1	2	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____

PARENT WHO COMPLETED THIS QUESTIONNAIRE

We would now like to ask you questions about yourself.

147. What kind of job do you have? *(Please check one answer only. If several answers apply, check the most appropriate one).*

- ₁ Full-time paid job (on average more than 32 hours a week)
- ₂ Part-time paid job (on average 12-32 hours a week)
- ₃ Part-time paid job (on average less than 12 hours a week)
- ₄ Student
- ₅ Unemployed, since _____
- ₆ Retired, since _____
- ₇ Stay-at-home parent, since _____
- ₈ Disabled, since _____

148. Please describe your job: _____

149. What is the highest level of education you have completed? *(Please check one answer only.)*

- ₁ Did not graduate from high school
- ₂ Graduated high school
- ₃ Completed some college
- ₄ Completed Associate's degree
- ₅ Completed Bachelor's degree
- ₆ Completed Master's degree
- ₇ Completed beyond the Master's level
- ₈ Other _____

150. Are you religious?

- ₁ no, I'm not religious
- ₂ yes, I'm religious but I'm not a practicing member of a church or religious community
- ₃ yes, I'm religious and a practicing member of a church or religious community

151. Which answer is closest to your past or current religion?

- ₁ I've never had a religion
- Christian:
 - ₂ Catholic
 - ₃ Protestant
 - ₄ Evangelical Christian
 - ₅ Other Christian: _____
- ₆ Jewish
- ₇ Muslim
- ₈ Hindu
- ₉ Buddhist: _____
- ₁₀ Other, namely: _____

152. Please describe the type of sports in which you are currently involved.

	type of sport		number of years	number of months per year	number of times a week	average time spent per session
a.	I don't do any sports at the moment	<input type="checkbox"/> ₀				
b.	_____	<input type="checkbox"/> ₁	_____ years	_____ months	_____ times	_____ mins
c.	_____	<input type="checkbox"/> ₂	_____ years	_____ months	_____ times	_____ mins
d.	_____	<input type="checkbox"/> ₃	_____ years	_____ months	_____ times	_____ mins
e.	_____	<input type="checkbox"/> ₄	_____ years	_____ months	_____ times	_____ mins

153. Have you ever smoked?

- ₁ no
- ₂ a few times just to try
- ₃ yes

154. How often do you smoke?

- ₁ I've never been a regular smoker
- ₂ I've quit smoking, since: ___/___/_____
- ₃ I smoke once a week or less
- ₄ I smoke several times a week, not every day
- ₅ I smoke once or several times a day

155. How many cigarettes did you smoke on an average day during the period when you smoked most heavily? ₁ less than 1 a day ₂ 1-5 a day ₃ 6-10 a day ₄ 11-20 a day ₅ 21-30 a day ₆ more than 30 a day
156. Do you ever use alcohol to relax, feel better about yourself, or fit in? ₁ No ₂ Yes
157. Do you ever use alcohol while you are by yourself, or alone? ₁ No ₂ Yes
158. Do you ever forget things you did while using alcohol? ₁ No ₂ Yes
159. Do your family or friends ever tell you that you should cut down on your drinking? ₁ No ₂ Yes
160. Have you ever gotten into trouble while using alcohol? ₁ No ₂ Yes

Other Parent/Caregiver Living in the Home

We would now like to ask you questions about the other parent/care-giver living in the house of this child.

Check here if you are the **only** caregiver living in the child's house.

161. Referring to question 120, for whom do you answer these questions?
₁ Caregiver 1
₂ Caregiver 2
₃ Caregiver 3
₄ Caregiver 4
₅ There is no other caregiver living in the child's house (→ skip to end)
162. Other parent/caregiver's date of birth: ___/___/_____
163. What kind of job does he/she have now? *(Please check one answer only. If several answers apply, check the most appropriate one).*
₁ Full-time paid job (on average more than 32 hours a week)
₂ Part-time paid job (on average 12-32 hours a week)
₃ Part-time paid job (on average less than 12 hours a week)
₄ School pupil/student
₅ Unemployed, since _____
₆ Retired, since _____
₇ Stay-at-home parent, since _____
₈ Disabled, since _____
164. Please give other parent/caregiver's job title and responsibilities: _____

165. What is the highest level of education he/she has completed? *(Please check one answer only.)*
₁ Did not graduate from high school
₂ Graduated high school
₃ Completed some college
₄ Completed Associate's degree
₅ Completed Bachelor's degree
₆ Completed Master's degree
₇ Completed Doctorate degree

166. Is he/she religious? ₁ no, not religious
₂ yes, religious but not a practicing member of a church or religious community
₃ yes, religious and a practicing member of a church or religious community

167. Which answer is the closest to his/her past or current religion?
₁ He/she's never had a religion
Christian:
₂ Catholic
₃ Protestant
₄ Evangelical Christian
₅ Other Christian: _____
₆ Jewish
₇ Muslim
₈ Hindu
₉ Buddhist: _____
₁₀ Other, namely: _____

Thank you!