

**SUPPORTING HEALTHY MARRIAGE PROJECT**

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**APPENDIX A**

**12-MONTH FOLLOW-UP SURVEY INSTRUMENT**

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## **INTRODUCTION**

### **SOURCE FOR INTRODUCTION: BSF**

May I please speak with [SAMPLE MEMBER]? My name is [NAME] and I'm calling from [Research company], a research company in [Location of research company].

SAMPLE MEMBER AVAILABLE	1
SAMPLE MEMBER NOT AVAILABLE	2

If not available:

What do you think would be the best time to reach [SAMPLE MEMBER]?/When would be a good time to do the interview?)

INSTRUCTION: RECORD DATE AND TIME FOR CALL BACK.

CALL BACK INFORMATION
-----------------------

Hello, my name is [NAME] and I'm calling from [Interviewer's Company], a research company in [City where company is located]. I'm calling you about the Supporting Healthy Marriage study you joined about a year ago. You may have already received a letter letting you know that we would be calling. Did you receive that letter?

- Yes
- No
- DK
- Ref

When you joined the study, you and [SPOUSE] were each asked to complete a short questionnaire and we told you that we would be contacting each of you again to learn how you are doing.

The interview will take about 50 minutes and you will receive a gift card \$30 for completing it. Everything that you tell me is confidential. Your spouse will also receive a \$30 gift card for completing the interview as well.

Is now a good time to start? Are you free for the next 50 minutes to answer these questions?

OK TO CONTINUE	1
NOT A GOOD TIME	2

(When would be a good time to reach [SAMPLE MEMBER]?/When would be a good time to do the interview?)

INSTRUCTION: RECORD DATE AND TIME FOR CALL BACK

CALL BACK INFORMATION
-----------------------

I just need to verify that I am speaking with the correct person. What is your date of birth?

Respondent's Birthday	MM/DD/YYYY
DK	d
Ref	r

If DOB is incorrect:

I'm sorry. I need to check my records before I can interview you. Is this the best time to reach you in the future?

INSTRUCTION: RECORD DATE AND TIME FOR CALL BACK

Yes	
No, Call Back Info	

If DOB is correct:

Are the last 4 digits of your Social Security Number? \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

[INTERVIEWER – ENTER SSN EVEN IF IT MATCHES THE SAMPLE INFO]

COMPARE RESPONSE GIVEN TO LAST FOUR DIGITS OF SSN ON SAMPLE FILE. IF THE 4 DIGITS GIVEN AGREE WITH THE NUMBER ON THE FILE, SKIP TO NAME ITEM BELOW. IF THEY DO NOT AGREE, DISCONTINUE THE INTERVIEW. IF SSN IS MISSING IN THE SAMPLE AND THERE IS A MISMATCH IN DOB, SKIP TO DISCONTINUED TEXT.

IF INTERVIEW DISCONTINUED: I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will re-contact you when the problem is resolved. Thank you for your time.

I would also like to make sure we have your name recorded correctly.

Can you confirm that your name is:

Enter name [First, Middle, Last]	Yes (Skip next)	No
----------------------------------	-----------------	----

If No, What is your name? [First, Middle, Last]

Enter name [First, Middle, Last]
----------------------------------

Are you usually called [Respondent's First Name] or do you go by another name?

INSTRUCTION: IF SAME, CONTINUE

INSTRUCTION: IF DIFFERENT NAME, CHANGE TO USUAL NAME WHICH WILL BE USED TO FILL IN THE REMAINDER OF SURVEY

PROBE: Can you spell that for me please?

Alternative Name of Respondent	
--------------------------------	--

Our records indicate that you were married when you first entered the study. Before we get started, I would like to make sure that I have the correct name of your spouse at that time.

Enter name [First, Middle, Last]	Yes (Skip next)	No
----------------------------------	-----------------	----

If No, What is his/her name? [First, Middle, Last]

Enter name [First, Middle, Last]
----------------------------------

Is he/she usually called [Respondent's First Name] or does h/she go by another name?

INSTRUCTION: IF SAME, CONTINUE

INSTRUCTION: IF DIFFERENT NAME, CHANGE TO USUAL NAME

WHICH WILL BE USED AS FILL IN THE REMAINDER OF SURVEY

PROBE: Can you spell that for me please?

Alternative Name of Spouse/Former spouse	
--	--

Great! Let's get started with some questions I have for you about your family.

### **SECTION A: HOUSEHOLD STRUCTURE**

A. Last year you gave us some information about all the children living in your household. I'm going to ask you some questions about those children to make sure the information we have is correct. **(HTE KS/MO 15-month follow up)**

INTERVIEWER: LOOP THROUGH AND ASK Q. 1 through Q. 2 FOR ALL CHILDREN LISTED AT BASELINE. IF MORE THAN ONE CHILD, START WITH THE OLDEST AND WORK DOWN TO THE YOUNGEST.

	Yes	No	DK	Ref	
1. Is [CHILD] still living with you at least half the time?	SKIP TO Q. 2	ASK Q. 1a			<b>HTE KS/MO 15-month</b>
1a. And who does [CHILD] usually live with? INTERVIEWER: DO NOT READ CHOICES, HAVE RESPONDENT ANSWER AND CODE FOR RESPONSE					<b>Fragile Families 1-year mother follow-up</b>

<input type="radio"/> Biological father <input type="radio"/> Biological mother <input type="radio"/> Maternal grandparent(s) <input type="radio"/> Paternal grandparent(s) <input type="radio"/> Other relative(s) <input type="radio"/> Friend <input type="radio"/> Foster care <input type="radio"/> Adoptive parent <input type="radio"/> Other...Specify <input type="radio"/> DK <input type="radio"/> Ref					
2. Just to check, is his/her birthday [BIRTHDATE LISTED AT BASELINE]?		Can you please tell me his/her correct birthday? ENTER DATE.			<b>Fragile Families</b>

3. Are there any other children under the age of 18, including biological, adoptive, foster, step, or other children or relatives currently living in your home at least half the time who I did not mention? **[HTE KS/MO 15-month follow-up]**

- Yes [COMPLETE QUESTION 3 GRID BELOW]
- No [SKIP TO Q. 4]
- DK
- Ref

**Key:**  
1=Biological/adoptive child  
2=Step-child  
3=Foster child  
4=Other relative under 18  
5=Other dependent child  
6=Unspecified or don't know  
7=Refused

3a. What is the child's first name?	3b. What is child's last name?	3c. What is child's date of birth?	3d. Is the child a...?	3e. How is the child related to you?	3f. How is the child related to your spouse?
A: Name:  Refused <input type="checkbox"/>	Name:	MM/DD/YY	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Ref	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

				0 6 0 7	0 6 0 7
B: Name:  Refused <input type="checkbox"/>	Name:	MM/DD/YY	0 Male 0 Female 0 Ref	0 1 0 2 0 3 0 4 0 5 0 6 0 7	0 1 0 2 0 3 0 4 0 5 0 6 0 7
C: Name:  Refused <input type="checkbox"/>	Name:	MM/DD/YY	0 Male 0 Female 0 Ref	0 1 0 2 0 3 0 4 0 5 0 6 0 7	0 1 0 2 0 3 0 4 0 5 0 6 0 7

4. How many adults 18 years or older live in your home at least half the time? (**SHM Baseline**)

WAIT FOR ANSWER. And that includes you, correct?

- ENTER NUMBER OF ADULTS
- DK
- Ref

5. Can you tell me the names of each of the adults, their ages, and their relationship to you? (**New**)

	NAME	AGE	RELATIONSHIP TO RESPONDENT
5a			
5b			
5c			

**SECTION B: IDEALS, EXPECTATIONS, AND STANDARDS  
ABOUT MARITAL RELATIONSHIPS**

***Views of Marriage***

Now, I want to ask you a few questions about marriage in general. These questions **ARE NOT** intended to be about your marriage in particular, but about your views of marriage in general.

1. Please indicate whether you *strongly agree*, *agree*, *disagree*, or *strongly disagree* with each of the following statements. First.... [READ STATEMENT]. Do you...

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	Ref	Source
a. It is much better for everyone if the man earns the money and the woman takes care of the house and family.	1	2	3	4			<b>Fragile Families</b>
b. If a husband and wife both work full-time, they should share household chores equally.	1	2	3	4			<b>SHM Baseline, NSFH</b>
c. Mothers are more important than fathers in raising children.	1	2	3	4			<b>New</b>
d. The important decisions should be made by husbands	1	2	3	4			<b>Fragile Families</b>
e. Wives should feel as free as their husbands to say what they think and feel in a marriage.	1	2	3	4			<b>New</b>
f. Marriage is a lifelong relationship and should not be ended except in extreme circumstances.	1	2	3	4			<b>New (Cognitive tested)</b>

2. In your opinion, should divorce in this country be easier or more difficult to obtain than it is now? (GSS; Martin and Parashar, 2003)

- Easier
- More difficult
- Same [VOLUNTEERED]
- DK
- Ref

3. Here are some statements that describe beliefs and opinions some people have about marriage and what it takes to get along in a marriage. For each statement, please indicate whether you *strongly agree*, *agree*, *disagree*, or *strongly disagree* with the statement.

First... [READ STATEMENT]. Do you...

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	Ref	Source
a. Once a couple starts to have marriage problems, it usually is not possible to fix them.	1	2	3	4			<b>NSFH</b>
b. Couples should not have to work on their relationships in order to have a happy marriage.	1	2	3	4			<b>NSFG, Modified</b>
c. Married persons should be willing to give up things that are important to them for the sake of their marriage.	1	2	3	4			<b>New</b>
d. Most people can learn to communicate better with their spouse.	1	2	3	4			<b>New</b>
e. Most [husbands/ wives ASK	1	2	3	4			<b>Fragile Families, revised</b>



ONLY OF OPPOSITE GENDER] cannot be trusted to be sexually faithful.							
f. In a happy marriage, husbands and wives should know what each other is thinking without having to talk about it.	1	2	3	4			<b>New</b>
g. When one spouse says something mean or hurtful, it is OK for the other spouse to say something mean or hurtful back.	1	2	3	4			<b>New</b>
h. When husbands and wives have very different views about important things in the family, it is best not to talk about those things.	1	2	3	4			<b>New</b>
i. It is sometimes OK for couples to get a little rough physically, like pushing or hitting.	1	2	3	4			<b>New</b>

4. People expect different things in a good marriage. I'm going to read a list of some of the things people expect in marriage, and I'd like to know how important you feel each one *should be*. For each one, please tell me if you think it should be *very important*,

*somewhat important, somewhat unimportant, or very unimportant* thing to expect in a good marriage. **(New)**

	Very Important	Somewhat Important	Not Very Important	DK	Ref
a. First, financial security...  Do you think it is <i>very important, somewhat important, somewhat unimportant, or very unimportant</i> for people to expect this in a good marriage?	1	2	3		
b. Next, love and affection	1	2	3		
c. Sharing household chores	1	2	3		
d. Personal growth	1	2	3		
e. A respected place in the community	1	2	3		
f. A good sex life	1	2	3		
g. Common interests and activities	1	2	3		
h. Common beliefs	1	2	3		
i. Companionship	1	2	3		

5. Which of these items do you think is the most important thing to expect from a good marriage? \_\_\_\_\_

### **SECTION C: MARITAL STATUS AND STABILITY**

**The next questions are about you and [SPOUSE]. (BSF)**

1. Are you and [SPOUSE] currently...

Married?	1	Skip to Q.2
Divorced?	2	Skip to Q.3
Separated?	3	Skip to Q.3
DK		
Ref		

Or did you and [SPOUSE]

Have your marriage	4	Skip to Q.3
--------------------	---	-------------

annulled?		
DK		
Ref		

Or are you widowed?

	5	“I am so sorry to hear about your loss. WAIT FOR RESPONSE. Do you think that it would be OK for me to ask you a few questions about your children? WAIT FOR RESPONSE, IF RESPONDENT ANSWERS “NO,” SAY: “Would another time be better?” SKIP TO SECTION G
DK	D	
Ref	R	

OTHER, specify \_\_\_\_\_

2. Are you currently living with [SPOUSE/FORMER SPOUSE]? [Only select one option.] **(New)**

All of the time	1		Option 1 in Q.5
Most of the time	2		Option 1 in Q. 5
Some of the time	3		Option 1 in Q. 5
None of the time	4		Option 2 in Q. 5
DK	D		
Ref	R		

3. How often do you and [SPOUSE/FORMER SPOUSE] see each other? Is it...**(adapted BSF)**

More than once a day	1		
Every day or almost every day	2		
A few times a week	3		
A few times a month	4		
About once a month	5		
Only a few times in the past year	6		
Hardly ever or never	7		DO NOT ASK QUESTIONS IN SECTION D
DK	d		
REF	r		

4. How often do you and [SPOUSE/FORMER SPOUSE] talk to each other? Is it...  
**(adapted BSF)**

More than once a day	1	
Every day or almost every day	2	
A few times a week	3	
A few times a month	4	
About once a month	5	
Only a few times in the past year	6	
Hardly ever or never	7	DO NOT ASK QUESTIONS IN SECTION D
DK	d	
REF	r	

5. OPTION 1: How many times have you and [SPOUSE] lived apart for one or more nights since [RAD]?

OPTION 2: Including this current time of living apart, how many times have you and [SPOUSE/FORMER SPOUSE] lived apart since [RAD]?

- \_\_\_\_\_
- [IF ANSWER IS “0,” SKIP TO Q.8]
  - DK
  - Ref

6. OPTION 1: Thinking about all of the times that you and [SPOUSE/FORMER SPOUSE] have lived apart since [RAD], what is the total amount of time that you and [SPOUSE/FORMER SPOUSE] have lived apart for?

OPTION 2: Thinking about all of the times that you and [SPOUSE/FORMER SPOUSE] lived apart since [RAD], including this most time apart, what is the total amount of time that you and [SPOUSE] have lived apart for?

PROBE: If you don’t know the exact amount of time, you can just give me an estimate in months of how long you think you were living apart.

- \_\_\_\_\_ Days and \_\_\_\_\_ Months  
 [If less than 1 month, enter number of days, and enter 0 for months. If more than 1 month, enter number of months rounded to the nearest month.]
- DK
  - Ref

7. OPTION 1: For the most recent spell that you and [SPOUSE] lived apart from one another, can you me what the main reason was for your separation? **(BSF)**

OPTION 2: Can you tell me what the main reason is that you and [SPOUSE/FORMER SPOUSE] do not currently live together? **(BSF)**

[INTERVIEWER: DO NOT READ CHOICES, CODE FOR THE RESPONSE THE RESPONDENT GIVES, UNLESS RESPONDENT CANNOT COME UP WITH A REASON.]

PROMPT, IF NECESSARY: Was/Is it because...

		If YES, Was it you, [SPOUSE], or both of you?
a. You and/or [SPOUSE/FORMER SPOUSE] were/are in the military?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
b. You or [SPOUSE/FORMER SPOUSE] work far away from home?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
c. The two of you were not communicating well or were arguing too much?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
d. Of lack of support from family members?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
e. You or [SPOUSE/FORMER SPOUSE] were/was visiting or living with relatives?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
f. You or [SPOUSE/FORMER SPOUSE] cheated or were unfaithful?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER

	<input type="radio"/> DK <input type="radio"/> Ref	[SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
g. You or [SPOUSE/FORMER SPOUSE] went to jail or prison?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
h. You or [SPOUSE/FORMER SPOUSE] were/was abusive or violent?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
i. You or [SPOUSE/FORMER SPOUSE] used drugs or alcohol?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
j. You or [SPOUSE/FORMER SPOUSE] could not keep a job or contribute enough financially to the family?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
k. You or [SPOUSE] were/was not a good parent or role model?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref
l. Other reasons why you and [SPOUSE] live(d) apart?	SPECIFY:	<input type="radio"/> You <input type="radio"/> [SPOUSE/FORMER SPOUSE] <input type="radio"/> Both <input type="radio"/> DK <input type="radio"/> Ref

8. Had you ever been married prior to this marriage? **(SHM Baseline)**

Yes

- No (GO TO 9)
- DK
- REF

8a. How many times were you married prior to (RA Date)? **(New)**

- 0
- 1
- 2
- 3
- 4 or more
- DK
- Ref

9. [If currently divorced, separated, or marriage annulled OR currently married and living together “none of the time,”]

Are you currently involved in a romantic relationship with [someone other than [SPOUSE/FORMER SPOUSE]/with someone else]? **(BSF)**

[If married and living together at least “some of the time,” skip to SECTION D]

- Yes
- No (Skip to SECTION D)
- DK
- Ref

9a. Do you currently live with him/her in the same household...**(BSF)**

All of the time,	1	
Most of the time,	2	
Some of the time,	3	
None of the time, or	4	
DK	D	
Ref	R	

9b. Are you currently married to him/her? **(BSF)**

- Yes
- No
- DK
- Ref

## **SECTION D: MARITAL RELATIONSHIP OUTCOMES**

1. The next questions are about your relationship with [SPOUSE/FORMER SPOUSE]. Please tell me if you *strongly agree, agree, disagree, or strongly disagree* with the following statements. [IF RESPONDENT ANSWERED “HARDLY EVER OR NEVER” TO Q. C3. AND/OR Q. C4, SKIP TO SECTION E. OTHERWISE, FOLLOW

INSTRUCTIONS IN INDIVIDUAL CELLS, I.E. WHICH QUESTIONS TO OMIT FOR SEPARATED/DIVORCED RESPONDENTS.]

		Strongly Agree	Agree	Disagree	Strongly Disagree	Source
a	[SPOUSE/FORMER SPOUSE] understands that there are times when I do not feel like talking, and times when I do.	1	2	3	4	
b	If I was unhappy, I would stay married to [SPOUSE] because my family expects it.**	1	2	3	4	<b>Cognitive testing</b>
c	I trust [SPOUSE] completely.**	1	2	3	4	<b>SHM Baseline</b>
d	[SPOUSE] knows and understands me.**	1	2	3	4	<b>BSF</b>
e	[SPOUSE] makes sacrifices for the good of our marriage.**	1	2	3	4	<b>Cognitive testing</b>
f	If I was unhappy, I would stay married to [SPOUSE] because of our children.**	1	2	3	4	<b>New</b>
g	I am comfortable expressing how I feel about sex with [SPOUSE].**	1	2	3	4	<b>ENRICH</b>
h	I can count on [SPOUSE] to be there for me.**	1	2	3	4	<b>SHM Baseline</b>
i	It is hard for me to talk with [SPOUSE/FORMER SPOUSE] about the important things in our lives.	1	2	3	4	<b>SHM Baseline</b>
j	[SPOUSE/FORMER SPOUSE] respects me.	1	2	3	4	<b>BSF</b>
k	I believe this relationship can be strong even through hard times.**	1	2	3	4	<b>SHM Baseline</b>
l	I view our marriage as lifelong.**	1	2	3	4	<b>SHM Baseline</b>
m	I feel appreciated by [SPOUSE/FORMER SPOUSE].	1	2	3	4	<b>BSF</b>
n	If I was unhappy, I would stay married to [SPOUSE] because of religious reasons.**	1	2	3	4	<b>New</b>
o	[SPOUSE] expresses love and affection towards me.**	1	2	3	4	<b>SHM Baseline</b>

\*\* Not administered to separated couples.

2. Please indicate whether each of the following happens *all of the time, most of the time, some of the time, or none of the time.*

		All of the time	Most of the time	Some of the time	None of the time	Source
a	[SPOUSE/FORMER SPOUSE] listens to me when I need someone to talk to.	1	2	3	4	<b>SHM Baseline</b>
b	[SPOUSE/FORMER SPOUSE] and I talk about things that happened during our	1	2	3	4	<b>BSF Modified</b>



	day.					
c	[SPOUSE/FORMER SPOUSE] and my arguments get very heated.	1	2	3	4	<b>Cognitive testing</b>
d	After an argument, [SPOUSE/FORMER SPOUSE] and I stay mad at one another.	1	2	3	4	<b>Cognitive testing</b>
e	[SPOUSE] and I have similar views about what is important in life.**	1	2	3	4	<b>SHM Baseline</b>
f	I do things to show [SPOUSE] I value him/her.**	1	2	3	4	<b>Cognitive testing</b>
g	We enjoy doing even ordinary, day-to-day things together.**	1	2	3	4	<b>Cognitive testing</b>

\*\* Not administered to separated couples.

In the last month.....

		Daily	2-3 times per week	About once a week	1-3 times a month	Never	DK	Ref	
h	How often did you and [SPOUSE] spend time together as a couple, just the two of you?***	1	2	3	4	5			<b>Cognitive testing</b>
i	How often did you and [SPOUSE/FORMER SPOUSE] spend time together with your children.	1	2	3	4	5			<b>Cognitive testing</b>

		Would you say...				Source
		Never	Hardly ever	Sometimes	Often	
3. When you have a serious disagreement with [SPOUSE/FORMER SPOUSE], how often did you:						
a.	Just keep your thoughts to yourself?	1	2	3	4	<b>EHS/NSFH/ECLS-B</b>
b.	Discuss your disagreements respectfully?	1	2	3	4	<b>EHS/NSFH/ECLS-B</b>
c.	Argue in front of the children?	1	2	3	4	<b>EHS/NSFH/ECLS-B</b>
d.	Work on it together to find a resolution?	1	2	3	4	<b>CCQ</b>

4.		Never	Hardly ever	Sometimes	Often	Source
	In the last three months, how often did you and [SPOUSE/FORMER SPOUSE] have a serious disagreement? Was it <i>never, hardly</i>	1	2	3	4	<b>Modified from SHM Baseline</b>

<i>ever, sometimes, or often?</i>					
-----------------------------------	--	--	--	--	--

5. Please indicate whether each of the following happens *never, hardly ever, sometimes, or often* in your relationship.

	Never	Hardly ever	Sometimes	Often	Source
a. Small issues suddenly become big arguments.	1	2	3	4	<b>BSF</b>
b. [SPOUSE/FORMER SPOUSE] and I are good at working out our differences.	1	2	3	4	<b>BSF</b>
c. When we argue, past hurts get brought up again.	1	2	3	4	<b>Cognitive testing</b>
d. [SPOUSE/FORMER SPOUSE] is rude and mean to me when we disagree.	1	2	3	4	<b>Cognitive testing</b>

6. The following questions are about how you and [SPOUSE/FORMER SPOUSE] feel about your children. When thinking of these questions please include your biological, adoptive, and stepchildren. Please tell me if you *strongly agree, agree, disagree, or strongly disagree* with the following statements.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Source
a	[SPOUSE/FORMER SPOUSE] is willing to make sacrifices to help take care of our kids.	1	2	3	4	<b>Cognitive testing</b>
b	[SPOUSE/FORMER SPOUSE] takes his/her responsibilities for our children seriously.	1	2	3	4	<b>BSF</b>
c	I could/can raise our kids just as well without [SPOUSE/FORMER SPOUSE].	1	2	3	4	<b>Cognitive testing</b>

[SKIP TO QUESTION 16A IF COUPLE IS SEPARATED]

7. These questions are about extended family, such as grandparents, parents, sisters and brothers, aunts and uncles, and so on. Please tell me if you *strongly agree, agree, disagree, or strongly disagree*.

		Strongly agree	Agree	Disagree	Strongly disagree	
a	I can count on [SPOUSE] to help with whatever problems my extended family faces.	1	2	3	4	<b>Cognitive testing</b>
b	[SPOUSE] respects and values my extended family.	1	2	3	4	<b>Cognitive testing</b>

8. Sometimes couples are not always faithful to each other. In the last three months, has [SPOUSE] cheated on you with someone else? Is that...[BSF]

INSTRUCTION: IF RESPONDENT ANSWERS 'DK' DO NOT PROBE.

Definitely yes,	1
Probably yes,	2
Probably no, or	3
Definitely no?	4
DK	d
REF	r

9. In the last three months, have you cheated on [SPOUSE] with someone else?

YES	1
NO	0
DK	d
REF	r

No matter how well people get along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. People also have many different ways of trying to settle their differences. **(Modified from BSF)**

In the last three months, how many times has [SPOUSE] ...		<u>TIMES</u>				
6.	thrown something at you?	0	1	2	3-5	6+
7.	pushed, shoved, hit, slapped, or grabbed you?	0	1	2	3-5	6+
8.	used a knife, gun, or weapon on you?	0	1	2	3-5	6+
9.	choked, slammed, kicked, burned, or beat you?	0	1	2	3-5	6+
10	used threats or force (like hitting, holding down, or using a weapon) to make you have sex?	0	1	2	3-5	6+

10. Here is a list of things that might happen when you have disagreements.

11.	In the last three months how often...	Never	Hardly Ever	Sometimes	Often
-----	---------------------------------------	-------	-------------	-----------	-------

a	Have you felt afraid that [SPOUSE] would hurt you?  Was it never, hardly ever, sometime, or often?	1	2	3	4
b	Have your arguments gotten physical?	1	2	3	4
c	Has [SPOUSE] accused you of having an affair?	1	2	3	4
d	Tried to keep you from seeing or talking with your friends or family?	1	2	3	4
e	Kept money from you, made you ask for money, or taken your money?	1	2	3	4
f	Yelled or screamed at you?	1	2	3	4
g	Made you feel stupid?	1	2	3	4
h	Blamed you for his/her problems?	1	2	3	4
i	Threatened to hurt you or the children?	1	2	3	4

12. In the last three months, have you thought about getting help for your marriage?  
(New)

- Yes
- No
- DK
- Ref

13. In the last three months, have you ever thought your marriage was in trouble? (SAQ)

- Yes
- No [GO TO SECTION D]
- DK

- o Ref

14. In the last three months, have you spoken to anyone about the possibility that you and [SPOUSE] might separate or get a divorce? (**Child Trends**)

- o Yes
- o No
- o DK
- o Ref

**15. All things considered, on a scale from 1 to 7, where 1 is “completely unhappy,” 4 is neither happy nor unhappy (neutral), and 7 is “completely happy”, how happy are you with your marriage to [SPOUSE]? (SAQ)**

1	2	3	4	5	6	7	DK	Ref

16. And, how often are you satisfied with: [INTERVIEWER: ASK ALL QUESTIONS TO INTACT COUPLES, BUT ONLY A, B, AND E TO SEPARATED COUPLES.]

	All the time	Most of the time	Some of the time	None of the time
a. The way [SPOUSE/FORMER SPOUSE] and you communicate?	1	2	3	4
b. The way you and [SPOUSE/FORMER SPOUSE] handle your problems and disagreements?	1	2	3	4
c. The amount of time you spend together as a couple?***	1	2	3	4
d. The emotional side of your relationship?***	1	2	3	4
e. The responsibility [SPOUSE/FORMER SPOUSE] takes for raising your children?	1	2	3	4
f. Your sex life?***	1	2	3	4
g. How you divide household chores?***	1	2	3	4
h. The way you handle your money and debt?***	1	2	3	4

\*\*\*Not administered to separated couples.

## **SECTION E: PARTICIPATION IN SERVICES**

### **A. Marriage Education Services**

We are interested in the types of services you may have received since [RAD] to help you work on your marriage or relationship with your spouse.

1 Since [RAD:] \_\_\_\_\_] have you been enrolled in any program(s) where you received services or counseling to help you work on your marriage or your relationship by yourself or with your spouse? **(CSS)**

- YES
- NO (SKIP TO Q. 2)
- DK
- REF

1a. Since [RAD:] \_\_\_\_\_] have you received marriage education, marriage counseling or mentoring services by yourself or with your spouse? **(CSS)**

- By his or herself
- With spouse
- DK
- Ref

1b. Were these meetings typically group sessions with other couples or with only you and your spouse? **(BSF, CSS)**

- Group
- Couple [Skip to Q. 6]
- DK
- Ref

1c. About how many classes, workshops, or group sessions did you attend since [RA DATE]? **(BSF, CSS)**

- 1 (Ask 1d.) PROBE: Did your spouse attend with you?
  - Yes
  - No
  - DK
  - Ref
- 2 (Ask 1d, 1e, 1f)
- 3 (Ask 1d, 1e, 1f)
- 4 OR MORE (Ask 1d, 1e, 1f)
- DK
- Ref

1d. About how many hours did the class, workshop or group session last? **(BSF)**

- RECORD RESPONSE \_\_\_\_\_
- DK
- Ref

1e. How often did [SPOUSE/FORMER SPOUSE] attend the class, workshop or group session with you? **(BSF)**

- All of the time
- Most of the time
- Some of the time
- A few times
- None of the time
- DK
- REF

1f. Where did you receive these services? Name program(s): **(CSS)**

- Enter program(s):
- DK
- Ref

2. About how many of the services that you were assigned to did you actually attend?

Was it ... **(CSS)**

- None of them
- Some of them
- Most of them (skip to Q. 4)
- All of them (skip to Q. 4)

3. What are the reasons that you didn't attend?

- RECORD ANSWER
- DK
- Ref

PROBE: Of the following, was it because ... **(CSS)**

		Check all that apply
a	Of the health of your spouse, child, or yourself?	
b	You had trouble finding child care?	
c	You had trouble finding transportation?	
d	Of a family issue?	
e	Of a problem with your housing?	
f	Of a conflict with your job?	
g	Of a conflict with your school or training program?	
h	Of religious observance?	
i	You didn't want to participate?	
j	You did not find the program to be helpful?	
k	A feeling that the group meetings weren't helpful?	

l	A feeling that attendance at group meeting was causing more conflict with [SPOUSE/FORMER SPOUSE]?	
m	DK	
n	Ref	
o	Other, specify	

**B. Perception of Program**

[INTERVIEWER: THESE QUESTIONS SHOULD ONLY BE ASKED TO RESPONDENTS WHO ANSWERED “GROUP” TO 1A]

4. Do you ever socialize with, see, or talk on the phone with other people from marriage education classes, workshops, or group sessions outside of the program? **(CSS)**

- YES (Ask 4a)
- NO (Skip to Q 5.)
- DK
- Ref

4a. How often?

- Once a week
- Once a month
- Once every two months
- Once every six months
- DK
- Ref

4b. Do you socialize as couples or do wives get together and/or husbands get together? [Check all that apply.] **(New)**

- As a couple
- Wives get together
- Husbands get together
- DK
- Ref

5. Do you feel that your marriage education group should have kept meeting for more weeks, should have met fewer weeks, or met just about the right number of weeks? **(New)**

		Should have kept meeting for more weeks	Should have met fewer weeks	Met just about the right number of weeks	DK	Ref
a	I feel that the marriage education classes...	1	2	3		



5a. In the marriage education classes, would you have liked to...? **(New)**

		More	Less	Same	DK	Ref
a	Spend more time in group discussions?	1	2	3		
b	Spend more time practicing skills with my spouse?	1	2	3		
c	Spend more time with the facilitator teaching and explaining new ideas?	1	2	3		

5b. How often did the classes focus on topics that were important to you and your spouse? **(New)**

- All of the time
- Most of the time
- Some of the time
- None of the time
- DK
- Ref

### **C. Other Marriage Services**

6. Since [RAD], other than through workshops, classes and group, did you meet with any kind of social worker, counselor, therapist, or clergy member to work on your relationship? **(adapted from BSF)**

- YES
- NO (Skip to Q. 7)
- DK
- Ref

6a. Since [RAD], about how many times did you meet with this person/these people? **(BSF)**

- 1
- 2 [ASK ALWAYS, ETC RESPONSES IN 6C]
- 3 [ASK ALWAYS, ETC RESPONSES IN 6C]
- 4 or more [ASK ALWAYS, ETC RESPONSES IN 6C]
- DK
- Ref

6b. About how long did the sessions with this person last? **(BSF)**

- Record Response
- DK

- o Ref

6c. Did [SPOUSE/FORMER SPOUSE] attend the session with you? **(BSF)**

- o Yes/No [or if more than one session]
  - Always
  - Sometimes
  - Seldom
  - Never

***D. Supplemental Services***

7. Since [RAD], did you

a	Participate in any classes, groups, or workshops to help you improve your parenting skills? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
b	Participate in a job training program? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
c	Get services to help you with anger management or domestic violence? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
d	Get mental health services, such as counseling, or help with emotional problems? <b>(BSF/ERA)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
e	Get services to help you deal with drug or alcohol abuse? <b>(BSF/ERA)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
f	Get services to help you with domestic violence issues? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref

8. There are many kinds of programs and organizations that help people find jobs, training, food, housing, childcare, health care, and help with other problems they may have. For each of the following, please tell me whether you have spoken with anyone from an agency, program, or school, or with a social worker, case manager or counselor offering these kinds of help since [RAD]? **(ERA)**

a	Help finding or paying for child care arrangements?	<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> DK <input type="radio"/> Ref
b	Help with housing problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
c	Help finding or paying for transportation to work or transportation to child care?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
d	Help getting Food Stamps or TANF?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
e	Help getting Medicaid or regular access to medical treatment or regular checkups?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
f	Help handling a financial emergency such as possible eviction, or if your car broke down, etc?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
g	Take any classes to finish high school, get a GED, or finish college? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
h	Get vocational training for a specific job, trade, or occupation to enhance your job opportunities? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
i	Take any classes to learn English? <b>(BSF)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref

**SECTION F: CO-PARENTING AND PARENTING**

[INTERVIEWER: IF ONE PARENT IS DECEASED, SKIP Q. 5, 6, 7, 8, 9, 10]

[IF RESPONDENT ANSWERED “EVERY DAY OR ALMOST EVERY DAY,” “A FEW TIMES A WEEK,” “A FEW TIMES A MONTH,” “ABOUT ONCE A MONTH,” OR “ONLY A FEW TIMES IN THE PAST YEAR,” TO ITEM C. 3, ASK ALL ITEMS IN SECTION F (UNLESS OTHERWISE NOTED). IF RESPONDENT ANSWERED “HARDLY OR NEVER,” SKIP Q. 5, 6, 7, 8]

1. Which of the following statements best describes your relationship with [SPOUSE/FORMER SPOUSE] when it comes to parenting? (**Survey Team/Fragile Families**)

- We get along very well.
- We get along okay.
- We do not get along well at all.
- DK
- Ref

**Family Routines**

2. In the last week, please tell me the number of days...

		0	1	2	3	4	5	6	7
a	Your family eats dinner together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	And, how many days the evening meal is served at a regular time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ECLS-B 24 month survey]

**Family Expressiveness**

3. Do you strongly agree, agree, disagree, or strongly disagree with the following statements about your family?

		Strongly agree	Agree	Disagree	Strongly disagree	DK	Ref
a	Family members help and support one another.	1	2	3	4		
b	Family members express deep affection and love for one another.	1	2	3	4		
c	Family members are encouraged to express their thoughts and feelings.	1	2	3	4		
d	Family members fight a lot.	1	2	3	4		
e	Family members put one another down, or blame one another for family troubles.	1	2	3	4		

[**Moos Family Environment Scale/Halberstadt, 1983**]

**Aggravation**

4. Please tell me if you *strongly agree, agree, disagree, or strongly disagree* with the following statements.

		Strongly agree	Agree	Disagree	Strongly disagree	DK	Ref
a	Being a parent is harder than I thought it would be.	1	2	3	4		
b	I feel trapped by my responsibilities as a parent.	1	2	3	4		
c	I find that taking care of my child(ren) is more work than pleasure.	1	2	3	4		
d	I am usually too busy to joke and play around with my child(ren).	1	2	3	4		
e	Even when I'm in a bad mood, I show my child(ren) a lot of love.	1	2	3	4		
f	By the end of a long day, I find it hard to be warm and loving toward my child(ren).	1	2	3	4		

**[Fragile Families, Mother 36-month follow-up; PSID-CDS II, Primary Caregiver Child Interview]**

5. The following questions are about the ways in which parents raise their children. Please tell me how often the following statements are true for you and [SPOUSE/FORMER SPOUSE]:

		All of the time	Most of the time	Some of the time	Never	DK	Ref
a	When [SPOUSE/FORMER SPOUSE] is with the child(ren), he/she acts like the kind of parent you want for your child(ren)...  Would you say...	1	2	3	4		
b	You can trust [SPOUSE/FORMER SPOUSE] to take good care of the child(ren)...	1	2	3	4		
c	[SPOUSE/FORMER SPOUSE] supports you in the way you want to raise the child(ren)...	1	2	3	4		

**[Cognitive testing]**

6. For each of these items, do you *strongly agree, agree, disagree, or strongly disagree* with the statement?

		Strongly agree	Agree	Disagree	Strongly agree	DK	Ref
a	I believe that [SPOUSE/FORMER SPOUSE] is a good parent.	1	2	3	4		
b	When there is a problem with the child(ren), [SPOUSE/FORMER SPOUSE] and I work out a good solution together.	1	2	3	4		
c	When I'm having a rough day with the (child)ren, I can turn to [SPOUSE/FORMER SPOUSE] for support and advice.	1	2	3	4		
d	When I have to make rules for the child(ren), [SPOUSE/FORMER SPOUSE] backs me up.	1	2	3	4		

**[Revised from Building Strong Families, First Follow-Up Father Survey]**

7. Now I would like to read you a list of issues that parents may have disagreements about. For each one, please tell me how often you and [SPOUSE/FORMER SPOUSE] disagree.

		Never	Hardly Ever	Sometimes	Often	DK	Ref
a	Setting rules and disciplining the child(ren)  Would you say...	1	2	3	4		
b	The child(ren)'s daily routines and schedules	1	2	3	4		
c	Selecting child care or schools	1	2	3	4		
d	How money is spent on the child(ren)	1	2	3	4		
e	Who does childcare tasks	1	2	3	4		
f	Supervision and limit setting	1	2	3	4		
g	The activities that the child(ren) participate in	1	2	3	4		
h	The amount of time each of you spend	1	2	3	4		

	with the child(ren)					
--	---------------------	--	--	--	--	--

**[Revised from ECLS-B, 9 and 24-Month Surveys Non-Resident Father Questionnaires]**

8. People handle raising children and running a household differently. Please tell me if YOU or [SPOUSE] is primarily responsible for the following duties, or if you share the responsibility equally.

[INTERVIEWER: ASK THIS ITEM ONLY TO COUPLES WHO ARE INTACT AT FOLLOW-UP]

		My spouse is primarily responsible for	We share this responsibility equally	I am primarily responsible for	DK	Ref
a	Cooking/household chores?	1	2	3		
b	Running errands, like picking up items from the store?	1	2	3		
c	Caring for children?	1	2	3		
d	Handling finances, money, paying bills?	1	2	3		
e	Earning family income?	1	2	3		

**[New]**

INTERVIEWER: Now, I'd like to ask you some questions about [FOCAL CHILD]...

**[IF NON-RESIDENTIAL PARENT OF FOCAL CHILD, ASK ITEMS 9 AND 10: IF RESIDENT PARENT OR COUPLE IS INTACT, SKIP TO Q. 11]**

9. During the past month, how many times have/has [YOU] sent a card, letter, e-mail, text message, or phone call to [FOCAL CHILD]? **[NLSY97: round 1 youth]**
  - Never
  - Once or twice
  - Three or four times
  - More often
  - DK
  - Ref
  
10. During the past month, about how often did [YOU] see [FOCAL CHILD]? **[NLSY97: round 1 youth]**
  - Not at all
  - Once or twice
  - Three or four times
  - More often
  - DK
  - Ref

[IF PARENT DOES NOT HAVE CONTACT OR SEE FOCAL CHILD, GO TO ITEM 1 IN SECTION G]

IF [FOCAL CHILD] IS 5 YEARS OLD OR YOUNGER AT FOLLOW-UP ASK ITEM 11a – 11F.

***Involvement/Engagement***

11. In the past month, how often did you ...

		Daily	Weekly	Less Often	Never	DK	Ref
a	Play inside with toys, such as blocks or legos with [FOCAL CHILD]?	1	2	3	4		
b	Take [FOCAL CHILD] for a walk or to play outside?	1	2	3	4		
c	Sing songs or nursery rhymes with [FOCAL CHILD]?	1	2	3	4		
d	Read books or tell stories to [FOCAL CHILD]?	1	2	3	4		
e	Deal with [FOCAL CHILD] when he/she did something wrong?	1	2	3	4		
f	Comfort or soothe [FOCAL CHILD] when he/she is crying or upset?	1	2	3	4		

**[ECLS-B]**

IF [FOCAL CHILD] IS 6 - 11 YEARS OLD AT FOLLOW-UP ASK ITEM 12a – 12f.

***Involvement/Engagement***

12. About how often in the past month have you:

		Daily	Weekly	Less Often	Never	DK	Ref
a	Talked with [FOCAL CHILD] about school, grades, and/or other things that (he/she) does at school?  Was it...	1	2	3	4		
b	Spent time with [FOCAL CHILD] doing one of (his/her) favorite activities, like shopping, playing a sport, going to a movie, watching TV, or playing videogames?	1	2	3	4		
c	Talked with [FOCAL	1	2	3	4		



	CHILD] about (his/her) relationships with friends?						
d	Dealt with [FOCAL CHILD] when he/she did something wrong?	1	2	3	4		
e	Comforted or sooth [FOCAL CHILD] when he/she was upset?	1	2	3	4		
f	Read a book with [FOCAL CHILD] or talk about a book he or she was reading?	1	2	3	4		

**[PSID-CDS]**

IF [FOCAL CHILD] IS 12 - 15 YEARS OLD AND AT FOLLOW-UP ASK ITEM 13a – 13f.

***Involvement/Engagement***

13. About how often in the past month have you:

		Daily	Weekly	Less Often	Never	DK	Ref
a	Talked with [FOCAL CHILD] about school, grades, and/or other things that (he/she) does at school?  Would you say...	1	2	3	4		
b	Spent time with [FOCAL CHILD] doing one of (his/her) favorite activities, like shopping, playing a sport, or going to a movie, play, museum, or concert?	1	2	3	4		
c	Talked with [FOCAL CHILD] about (his/her) relationships, like (his/her) relationships with friends or someone (he/she) is dating?	1	2	3	4		
d	Dealt with [FOCAL CHILD] when he/she did something wrong?	1	2	3	4		
e	Talked with [FOCAL CHILD] about a personal problem he/she is having?						
f	Talked about a book						

	[FOCAL CHILD] was reading?						
--	----------------------------	--	--	--	--	--	--

**[PSID-CDS]**

IF [FOCAL CHILD] IS 6 - 15 YEARS OLD AT FOLLOW-UP ASK ITEM 14a – 14e.

**Monitoring/Supervision**

14. Over the past month, how often did you know...

		Always	Usually	Sometimes	Almost Never	DK	Ref
a	...where (FOCAL CHILD) was before and after school?  Would you say...	1	2	3	4		
b	...who (FOCAL CHILD) was with before and after school?	1	2	3	4		
c	...whether (FOCAL CHILD) came home when he/she was supposed to?	1	2	3	4		
d	...whether (FOCAL CHILD) had finished his/her schoolwork?	1	2	3	4		
e	...which TV programs (FOCAL CHILD) watched?	1	2	3	4		

**[MFIP Report]**

**Warmth and Harsh Discipline**

15. [ASK Q. 15 IN REFERENCE TO ALL FOCAL CHILDREN] Over the past month, how many times did you...

		Daily	Weekly	Less Often	Never	DK	Ref
a	...hug, kiss, or show other physical affection to [FOCAL CHILD]?  Was it...	1	2	3	4		
b	How many times did you praise [FOCAL CHILD]?	1	2	3	4		
c	Yell, shout, scream at, or threaten [FOCAL CHILD]?	1	2	3	4		
d	Hit, spank, grab or use physical punishment with [FOCAL CHILD]?	1	2	3	4		

**[MFIP; NEWWS]**

## **SECTION G: NON-RESIDENT INVOLVEMENT**

INTERVIEWER: ADMINISTER QUESTIONS 1 and 2 TO CUSTODIAL PARENT IF PARENTS DO NOT LIVE TOGETHER WITH FOCAL CHILD.

1. During the past month, how many times have/has [FORMER SPOUSE] sent a card, letter, e-mail, text message, or phone call to [FOCAL CHILD]? **[NLSY97: round 1 youth]**
  - Never
  - Once or twice
  - Three or four times
  - More often
  
2. During the past month, about how often did [FORMER SPOUSE] see [FOCAL CHILD]? **[NLSY97: round 1 youth]**
  - Not at all
  - Once or twice
  - Three or four times
  - More often

### **Child Support Payment (all ages)**

[IF RESPONDENT IS A NON-RESIDENT BIOLOGICAL OR ADOPTIVE PARENT, PLEASE ANSWER THE QUESTIONS DIRECTLY. IF THE RESPONDENT IS THE RESIDENT PARENT ANSWER THE QUESTIONS ABOUT THE NON-RESIDENT BIOLOGICAL PARENT'S PRACTICES]

[IF FORMER SPOUSE IS NOT THE BIOLOGICAL PARENT OF FOCAL CHILD, DO NOT ASK MEASURES ABOUT CHILD SUPPORT.]

3. Since [YOU/FORMER SPOUSE] stopped living with [FOCAL CHILD], have/has (you/he/she) ever contributed money or child support for [FOCAL CHILD]'s upbringing? **[adapted from NSFG 2002]**
  - Yes
  - No (SKIP TO NEXT SECTION)
  
4. Last month, how much money for child support did you/he/she give? **[adapted from NSFG 2002, NCAMOUNT]**

\_\_\_\_\_ Record Response

- DK
- Ref

5. Thinking about child support, do you have a legal agreement, an informal agreement, or no agreement at all with [FORMER SPOUSE]? [ECLS-B 9-month interview, BF200; Fragile Families Father 12 month interview, FC19A]

- Legal  
 Informal  
 No arrangement

6. In the last month, have/has [YOU/FORMER SPOUSE] spent money on [FOCAL CHILD]'s? [Fragile Families 36-month interview A1-A5, C30E1-5]

		Yes	No
A	Clothes?	<input type="checkbox"/>	<input type="checkbox"/>
B	Medicine/health care?	<input type="checkbox"/>	<input type="checkbox"/>
C	Schooling/child care?	<input type="checkbox"/>	<input type="checkbox"/>
D	Food?	<input type="checkbox"/>	<input type="checkbox"/>

## **SECTION H: CHILD OUTCOMES**

INTERVIEWER: ASK Q. 1A-1L TO BOTH PARENTS OF INTACT AND SEPARATED COUPLES. IF THERE ARE NO CHILDREN IN HOME OLDER THAN 1 YEAR, ASK ONLY Q. 1G AND 1L.

1. I am going to read a list of items that sometimes describe children. For each item, please tell me if this is true for (any of) your child(ren) during the *past three months*.  
 INTERVIEWER: IF YES, ASK: WHICH CHILD?

			If yes, which child(ren)?
a	Have any of your child(ren) ever had an accident or injury that required medical attention?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
b	Do any of your child(ren) hit, kick, push, or hurt other children or adults outside the family?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
c	Do any of your child(ren) destroy things that belong to others on purpose?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
d	Have you ever gotten a call or note home because any of your child(ren) had a behavior or discipline problem at daycare/school?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	

e	Are any of your child(ren) very timid, afraid of new things or new situations?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
f	Are any of your child(ren) high-strung, tense, and nervous?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
g	Have any of your child(ren) been unhappy, sad, or depressed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
h	Do any of your child(ren) withdraw and want to be alone a lot?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
i	Do any of your child(ren) smoke, drink, use drugs, or skip school?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
j	Do any of your child(ren) have a lot of difficulty getting along with their siblings?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
k	Do any of your child(ren) have a lot of difficulty getting along with other children?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
l	Do any of your children have sleep problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	

[ JOBS, ECLS-B, CD080, NCSH, National Survey of Children: Wave 1]

## **SECTION I: PARENTAL WELL-BEING**

### **Stress:**

Now I am going to ask you some questions about situations that may cause stress in your life. **(PSS, Cohen & Williamson)**

1. In the last month, how often have you....

		Never	Hardly ever	Sometimes	Often	DK	Ref
a	Felt that you were unable to control the important things in your life?	1	2	3	4	d	ref
b	Felt that things were going your way?	1	2	3	4	d	ref
c	Felt confident about your ability to handle your personal problems?	1	2	3	4	d	ref

### **Financial Strain**

2. The next set of items will ask you to think about your feelings toward your and your family's financial situation. Please tell us how true the following statements are to your life. Respond with *not true at all*, *somewhat true*, *mostly true*, or *very true*. **(Conger et al, 1999)**.

		Not true at all	Somewhat true	Mostly True	Very true	DK	Ref
a	I worry about paying my monthly bills.	1	2	3	5	d	ref
b	I worry that there won't be enough money to buy clothing, household items, food, and medical care.	1	2	3	5	d	ref
c	We never seem to have enough money to buy something we'd like to have or go somewhere just for fun.	1	2	3	5	d	ref

### **Mental Health**

3. These next questions are about feelings you may have experienced over the past 30 days. Choose only one option for each statement. During the past 30 days, how often did you feel...**(National Health Interview Survey)**

		Never	Hardly Ever	Sometimes	Often	DK	Ref
a	...so sad that nothing could cheer you up?	1	2	3	4	d	ref
b	...nervous?	1	2	3	4	d	ref
c	...restless or fidgety?	1	2	3	4	d	ref
d	...hopeless?	1	2	3	4	d	ref
e	...that everything was an effort?	1	2	3	4	d	ref

f	...worthless?	1	2	3	4	d	ref
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**Physical Health:**

4. Would you say that your health in general is...(SAQ)

- Excellent
- Very good
- Good
- Fair
- Poor
- DK
- Ref

**Substance Abuse:**

5. In the **last month**, have you had five or more drinks on any one day?

- Yes (Ask a, b, and c)
- No (Skip to Q. 6)

In the **past month**...(SAQ)

	Yes	No	DK	Ref
a. Have you felt you should cut down on your drinking?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	d	ref
b. Have people annoyed you by complaining about your drinking?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	d	ref
c. Have you ever felt bad or guilty about your drinking?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	d	ref

6. In the last month, have you used drugs other than those prescribed by a doctor or purchased over the counter for illness?

- Yes (Ask d, e, f)
- No (Skip to Q. 7)

In the **past month**...(SAQ)

	Yes	No	DK	Ref
d. Have you felt you should cut down on your drug use?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	d	ref
e. Have people annoyed you by complaining about your drug use?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	d	ref
f. Have you ever felt bad or guilty about your drug use?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	d	ref

7. In the past year, did [SPOUSE/FORMER SPOUSE] have problems keeping a job or getting along with family and friends because of alcohol or drug abuse? (Survey Team)

- Yes

- No
- DK
- Ref

**SECTION J: ECONOMIC SECURITY AND MATERIAL HARDSHIP**

**Income**

Now, please tell me whether you, your spouse, children, or other family members who live in your household received income from these sources in the past month. This includes anyone who you support and who supports you and lives in your household.

1. Did you, [SPOUSE/CURRENT PARTNER], children, or other family members who live with you receive income from this source in the past month? **(BSF)**

			(IF YES) How much did you receive [Fill in income source] in the past month?
a	Cash welfare which is also known as TANF, or [Local name of TANF]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
b	Food stamp benefits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
c	Disability insurance such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
d	Unemployment Insurance Benefits or UI?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
e	Child support?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref	
f	Money from friends or relatives outside of the household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	



		<input type="radio"/> Ref	
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2. In the past month, did you (or [SPOUSE/FORMER SPOUSE]/Current Partner, children, or other family members) receive money from any other source, such as rent from boarders, other government benefits, or any other income we have not already talked about? **[BSF]**

- Yes
- No (Skip to Question 3)
- DK
- Ref

2a. How much money from these other sources did you (or [Father/Mother/Current Partner, children, or other family members]) receive in the past month? **[BSF]**

- Record Response
- DK
- Ref

### **Employment**

The next questions are about your work. **[BSF]**

3. Have you worked for pay at any time during the past 12 months? Please include odd jobs and temporary jobs.

- Yes
- No (Skip to Question 10)
- DK
- Ref

4. How many months did you work for pay in the past 12 months?

- RECORD RESPONSE
- DK
- Ref

5. Did you work for pay in the past month?

- YES
- NO (Skip to Question 10)
- DK
- Ref

6. What were your total earnings in the past month before taxes and other deductions? Please include tips, commissions, and overtime pay.

PLEASE ENTER IF RESPONDENT PROVIDED THE AMOUNT...

BEFORE TAXES WITHOUT PROBING
BEFORE TAXES AFTER PROBING
AFTER TAXES
NOT SURE

7. How many hours per week did you typically work last month?

- RECORD RESPONSE (Skip to Question 11)
- DK
- Ref

8. Thinking about the last month that you did work, what were your total earnings during that month before taxes and other deductions? Please include tips, commissions, and overtime pay.

- RECORD RESPONSE
- DK
- Ref

9. Which of the following best describes your usual weekly work schedule(s) at the job(s) that you worked during the last month you worked? Did you work a: [CHECK ALL THAT APPLY. If respondent worked more than one job, interviewer should mark the weekly work schedule for each job worked.]

a	Regular daytime shift	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
b	Regular evening shift	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
c	Regular night shift	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
d	Rotating shift (one that changes regularly from days to evenings to nights)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
e	Split shift (one consisting of two distinct periods each day)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref

f	An irregular schedule (one that changes from day to day)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
g	Something else? SPECIFY.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref

**Difficulty Affording Basic Necessities**

10. In the past 6 months, has there been a time when you and your immediate family...  
**[New Hope 24, New Hope 60, MFIP, CT, FTP, IWRE]**

a	Were without telephone service for any reason?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
b	Didn't pay the full amount of the rent or mortgage? <b>BSF</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
c	Were evicted from your home or apartment for not paying the rent or mortgage? <b>BSF</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
d	Had service turned off by the gas or electric company, or the oil company wouldn't deliver oil because payments were not made? <b>BSF</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
e	Had someone who needed to see a doctor or dentist, or go to the hospital but could not go because there was not enough money?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
e	Had to cut the size of your meals or skip meals because there wasn't enough money for food? <b>(adapted from USDA)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref

**Residence**

11. Are you living in the same house or apartment as you were in {RA MONTH/YEAR}? [INTERVIEWER: DO NOT ASK THIS QUESTION IF THERE IS A REPORT OF EVICTION IN Q. 10] **[New Hope 24]**
- YES (Skip to Question 14)
  - NO
  - DK
  - Ref
12. How many times altogether have you moved since {RA MONTH/YEAR}, including your most recent move?

NUMBER OF TIMES.....|\_|\_|

### **SECTION K: SOCIAL SUPPORT**

**Instrumental and Emotional Support.**

All people sometimes need help from others with different things in their lives.

1. Other than (SPOUSE/FORMER SPOUSE), is there someone you turn to...

a	If you needed \$100?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
b	If you wanted to have fun and relax?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
c	If you needed help taking care of your children in the case of an emergency?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> Ref
d	If you wanted to talk about things that are very personal or private?	<input type="radio"/> Yes <input type="radio"/> No [SKIP TO Q. 3] <input type="radio"/> DK <input type="radio"/> Ref

**[SHM Baseline, BSF, Chapin Hall Community Partnerships for Protecting Children (CPPC)]**

**Social Networks**

2. About how many people do you have in your life that you feel at ease with, can call about private matters, or can call on for help? These people can include clergy, close friends or relatives. Would you say that you have no one, one or two people like this, three to five, six to ten, or more than that?
- No one
  - One or two

- Three to five
- Six to ten
- More than that
- DK
- Ref

**Social Capital Community Benchmark Survey**

3. Some people are members of different organizations like church, job-related, recreation, or fraternal or civic groups. Do you belong to any groups or clubs like these? [**Penn State Marital Instability Study**]
- Yes
  - No
  - DK
  - Ref
4. Going back to you and [SPOUSE/FORMER SPOUSE’S] relationship, how often do/did you have trouble getting along with [SPOUSE/FORMER SPOUSE]’s family and relatives?
- Often
  - Sometimes
  - Hardly ever
  - Never
  - DK
  - Ref

**Support for Marriage**

5. How often do you feel that your family interferes/interfered with your relationship with [SPOUSE/FORMER SPOUSE]? Would you say: [**New**]
- Often
  - Sometimes
  - Hardly ever
  - Never
  - DK
  - Ref
  -
6. How often do you feel that your friends interfere/interfered with your relationship with [SPOUSE/FORMER SPOUSE]? Would you say: [**New**]
- Often
  - Sometimes
  - Hardly ever
  - Never
  - DK
  - Ref

**SECTION L: LOCATING AND DEMOGRAPHIC INFORMATION**

**SOURCE FOR LOCATION INFORMATION: BSF**

Before we end, I would like to find out a little bit more information about where you're from.

1. Were you born in the United States?
  - Yes [SKIP TO QUESTION 3]
  - No
  - DK
  - Ref
  
2. In what country were you born?
  - SPECIFY \_\_\_\_\_
  - DK
  - Ref
  
3. Do you speak a language other than English at home
  - Yes, PROBE: And what language do you speak at home? \_\_\_\_\_
  - No
  - DK
  - Ref
  
4. Do(es) your child(ren) speak a language other than English at home?
  - Yes
  - No
  - DK
  - Ref \_\_\_\_\_
  
5. (For all participants) How well do you speak English?
  - Very well
  - Well
  - Not well
  - Not at all
  - DK
  - Ref
  
6. The U.S. is a country made up of many cultures and values that can change when people live in this country. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

		Strongly agree	Agree	Disagree	Strongly disagree	DK	Ref
--	--	----------------	-------	----------	-------------------	----	-----

a	I identify with American culture.	1	2	3	4		
b	[ASK ONLY IF BORN IN ANOTHER COUNTRY] I identify with the culture of [COUNTRY OF ORIGIN].	1	2	3	4		

We are almost done. We will be sending you a check for [\$30] within the next two weeks. We need to make sure we have your correct address and some information on other people in case you move.

What is your full address?

PROBE: Can you spell the street name for me please?

PROBE: Is there an apartment number?

PROBE: Besides the P.O. Box, do you have a street address?

ENTER ADDRESS LINE 1
----------------------

ENTER ADDRESS LINE 2
----------------------

ENTER NAME OF CITY
--------------------

ENTER STATE
-------------

ENTER ZIP CODE
----------------

What is your home phone number?

Home phone number	
Does not have a phone	
DK	
REF	

Whose name is that phone number listed in?

ENTER NAME	
Listed in Sample member's name	
DK	
REF	

Is there (a/another) phone number where you can be reached?

Home phone number	
No other phone	

DK	
REF	

Whose name is that phone number listed in?

ENTER NAME	
Listed in Sample member's name	
DK	
REF	

What is their relationship to you?

Relationship	
DK	
REF	

Do you (also) have a cell-phone or pager number?

Cell phone/pager number	
Does not have phone	
DK	
REF	

As part of the study, we will contact you again in about a year and a half. In case you move, we would like the name, address and telephone number of up to three relatives or close friends who would know where you are. We will only contact them if we have trouble getting in touch with you directly.

PROBE: Your grandmother or your mother or someone else who would always know where you are would be most helpful.

What is the first name of a person who would always know where you are?

PROBE: Can you spell that for me please?

INSTRUCTION: HIT DK IF THERE ISN'T A CONTACT

First name of contact	
No contact person	
DK	
REF	

And a middle name please?

PROBE: Can you spell that for me please?

MIDDLE NAME OF CONTACT
------------------------

And a last name please?



PROBE: Can you spell that for me please?

LAST NAME OF CONTACT  
~~What is their relationship to you?~~

Relationship	
DK	
REF	

Does [he/she] have a nickname?

INSTRUCTION: HIT ENTER IF NO NICKNAME

NICKNAME	
No Nickname	
DK	
REF	

What is their full address?

PROBE: Can you spell the street name for me please?

PROBE: Is there an apartment number?

PROBE: Besides the P.O. Box, do they have a street address?

ENTER ADDRESS LINE 1

ENTER ADDRESS LINE 2

ENTER NAME OF CITY

ENTER STATE

ENTER ZIP CODE

What is their home phone number?

Home phone number	
Does not have a phone	
DK	
REF	

Whose name is that phone number listed in?

ENTER NAME	
Listed in Sample member's name	
DK	
REF	

Could you tell me the name, address and telephone number of another relative or close friend who will know how to contact you a year and a half from now?

PROBE: Can you spell that for me please?

INSTRUCTION: HIT DK IF THERE ISN'T A CONTACT

First name of contact	
No contact person	
DK	
REF	

And a middle name please?

PROBE: Can you spell that for me please?

MIDDLE NAME OF CONTACT

And a last name please?

PROBE: Can you spell that for me please?

LAST NAME OF CONTACT

What is their relationship to you?

Relationship	
DK	
REF	

Does [he/she] have a nickname?

INSTRUCTION: HIT ENTER IF NO NICKNAME

NICKNAME	
No Nickname	
DK	
REF	

What is their full address?

PROBE: Can you spell the street name for me please?

PROBE: Is there an apartment number?

PROBE: Besides the P.O. Box, do they have a street address?

ENTER ADDRESS LINE 1

ENTER ADDRESS LINE 2

ENTER NAME OF CITY

ENTER STATE

ENTER ZIP CODE

What is their home phone number?

Home phone number	
Does not have a phone	
DK	
REF	

Whose name is that phone number listed under?

ENTER NAME	
Listed in Sample member's name	
DK	
REF	

Could you tell me one more name, address and telephone number of a relative or close friend who will know how to contact you a year and a half from now?

PROBE: Can you spell that for me please?

INSTRUCTION: HIT DK IF THERE ISN'T A CONTACT

First name of contact	
No contact person	
DK	
REF	

And a middle name please?

PROBE: Can you spell that for me please?

MIDDLE NAME OF CONTACT

And a last name please?

PROBE: Can you spell that for me please?

LAST NAME OF CONTACT

What is their relationship to you?

Relationship	
DK	
REF	

Does [he/she] have a nickname?

INSTRUCTION: HIT ENTER IF NO NICKNAME

NICKNAME

No Nickname	
DK	
REF	

What is their full address?

PROBE: Can you spell the street name for me please?

PROBE: Is there an apartment number?

PROBE: Besides the P.O. Box, do they have a street address?

ENTER ADDRESS LINE 1

ENTER ADDRESS LINE 2

ENTER NAME OF CITY

ENTER STATE

ENTER ZIP CODE

What is their home phone number?

Home phone number	
Does not have a phone	
DK	
REF	

Whose name is that phone number listed in?

ENTER NAME	
Listed in Sample member's name	
DK	
REF	

Thank you very much for your time. Those are all the questions I have right now.

IF COUPLE IS INTACT AND/OR LIVING TOGETHER. Is [SPOUSE] available? I'd like to interview [him/her] too, if [he/she] are around.

If YES: Great, can you put him/her on the phone?

If NO: OK, when would be a good time to reach her/him.

INSTRUCTION: IF [SPOUSE] IS AVAILABLE, ASK TO SPEAK TO HIM/HER.  
CLOSE THE CURRENT CASE AFTER LEAVING A NOTE ABOUT THIS CASE  
AND OPEN [SPOUSE'S] CASE.

INSTRUCTION: IF [SPOUSE] ISN'T AVAILABLE, ASK FOR THE BEST TIME TO  
REACH HIM/HER AND RECORD ON [SPOUSE]'S CONTACT SHEET.

## SUPPORTING HEALTHY MARRIAGE PROJECT

### APPENDIX B

#### Proposed Marital Interaction and Quality Outcome Measures, by Construct

<p><b>Communication Measures</b></p> <ul style="list-style-type: none"> <li>• Please tell me if you <i>strongly agree, agree, disagree, or strongly disagree</i> with the following statements about communicating with [SPOUSE/FORMER SPOUSE]:             <ul style="list-style-type: none"> <li>○ SPOUSE/FORMER SPOUSE] understands that there are times when I do not feel like talking, and times when I do.</li> <li>○ It is hard for me to talk with [SPOUSE/FORMER SPOUSE] about the important things in our lives.</li> </ul> </li> <li>• Please indicate whether each of the following happens <i>all of the time, most of the time, some of the time, or none of the time</i>:             <ul style="list-style-type: none"> <li>○ [SPOUSE/FORMER SPOUSE] listens to me when I need someone to talk to.</li> <li>○ [SPOUSE/FORMER SPOUSE] and I talk about things that happened during our day.</li> </ul> </li> </ul>	<p><b>Sources:</b> SHM Baseline, BSF, FACES II, Cowan &amp; Cowan, and developed by the SHM Team through cognitive testing.</p>
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<p><b>Disagreement and Conflict Resolution Measures</b></p> <ul style="list-style-type: none"> <li>• Please indicate whether each of the following happens never, hardly ever, sometimes, or often.             <ul style="list-style-type: none"> <li>○ In the last three months, how often did you and [SPOUSE/FORMER SPOUSE] have a serious disagreement?</li> <li>○ In the last three months, when you had a serious disagreement with [SPOUSE/FORMER SPOUSE], how often did you:                 <ul style="list-style-type: none"> <li>▪ Just keep your thoughts to yourself?</li> <li>▪ Discuss your disagreements respectfully?</li> <li>▪ Argue in front of the children?</li> <li>▪ Work on it together to find a resolution?</li> </ul> </li> </ul> </li> <li>• Please indicate whether each of the following happens <i>never, hardly ever, sometimes, or often</i>:             <ul style="list-style-type: none"> <li>○ Small issues suddenly become big arguments.</li> <li>○ [SPOUSE/FORMER SPOUSE] and I are good at working out our differences.</li> <li>○ When we argue, past hurts get brought up again.</li> <li>○ [SPOUSE/FORMER SPOUSE] is rude and mean to me when we disagree.</li> </ul> </li> <li>• How often does each of the following happen (<i>all of the time, most of the time, some of the time, none of the time</i>)?             <ul style="list-style-type: none"> <li>○ [SPOUSE/FORMER SPOUSE] and my arguments get very heated.</li> <li>○ After an argument, [SPOUSE/FORMER SPOUSE] and I</li> </ul> </li> </ul>	<p><b>Source:</b> SHM Baseline, BSF, EHS, NSFH, ECLS-B, CCQ, GSRH, and developed by the SHM Team through cognitive testing.</p>
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stay mad at one another.	
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<p><b>Intimacy Measures</b></p> <ul style="list-style-type: none"> <li>• For each statement please tell me if you <i>strongly agree, agree, disagree, or strongly disagree</i>. <ul style="list-style-type: none"> <li>○ [SPOUSE] knows and understands me.</li> <li>○ [SPOUSE] expresses love and affection towards me.</li> <li>○ I can count on [SPOUSE] to be there for me.</li> <li>○ I am comfortable expressing how I feel about sex with [SPOUSE].</li> <li>○ I feel appreciated by [SPOUSE].</li> <li>○ I trust [SPOUSE] completely.</li> <li>○ [SPOUSE] respects me.</li> </ul> </li> <li>• Please tell me whether each of the following is happens <i>all of the time, most of the time, some of the time, or none of the time</i>. <ul style="list-style-type: none"> <li>○ [SPOUSE] and I have similar views about what is important in life.</li> <li>○ I do things to show [SPOUSE] I value him/her.</li> </ul> </li> </ul>	<p><b>Source:</b> SHM Baseline, BSF, ENRICH, Walker and Thompson, ISS, and developed by the SHM Team through cognitive testing.</p>
<p><b>Commitment to Couple Measures</b></p> <ul style="list-style-type: none"> <li>• Please indicate if you strongly agree, agree, disagree, or strongly disagree with the following statements. <ul style="list-style-type: none"> <li>○ [SPOUSE] makes sacrifices for the good of our marriage.</li> <li>○ I believe this relationship can stay strong even through hard times.</li> <li>○ I view our marriage as lifelong.</li> <li>○ Even if I was unhappy, I would stay married to [SPOUSE] because my family expects it.</li> <li>○ Even if I was unhappy, I would stay married to [SPOUSE] because of religious reasons.</li> <li>○ Even if I was unhappy, I would stay married to [SPOUSE] because of our children.</li> </ul> </li> </ul>	<p><b>Source:</b> SHM Baseline, STMI, RRF, DTS, Commitment Inventory, and developed by the SHM Team through cognitive testing.</p>
<p><b>Time in Shared Experiences/Interaction Measures</b></p> <ul style="list-style-type: none"> <li>• Please indicate if you strongly agree, agree, disagree, or strongly disagree with the following statements. <ul style="list-style-type: none"> <li>○ [SPOUSE] and I have places to go or things to do that are special for us as a couple</li> <li>○ We enjoy doing even ordinary, day-to-day things together.</li> </ul> </li> <li>• Please respond to the following questions with <i>daily, 2-3 times per week, about once a week, 1-3 times a month, or never</i>. <ul style="list-style-type: none"> <li>○ In the last month, how often did you and [SPOUSE] spend time together, just the two of you?</li> <li>○ In the last month, how often did you and [SPOUSE/FORMER SPOUSE] spend time together with your children?</li> </ul> </li> </ul>	<p><b>Source:</b> SHM Baseline, BSF, NSFH, and developed by the SHM Team through cognitive testing.</p>
<p><b>Joint Commitment to Children and Extended Family Measures</b></p>	<p><b>Source:</b> BSF and developed by</p>

<ul style="list-style-type: none"> <li>• Do you <i>strongly agree, agree, disagree, or strongly disagree</i> that: <ul style="list-style-type: none"> <li>○ [SPOUSE/FORMER SPOUSE] is willing to make sacrifices to help take care of our kids.</li> <li>○ [SPOUSE/FORMER SPOUSE] takes his/her responsibilities for our children seriously.</li> <li>○ I could/can raise our kids just as well without [SPOUSE/FORMER SPOUSE].</li> <li>○ [SPOUSE/FORMER SPOUSE] supports me in the way I want to raise our child(ren).</li> </ul> </li> <li>• [Extended Family] Do you <i>strongly agree, agree, disagree, or strongly disagree</i> that: <ul style="list-style-type: none"> <li>○ I can count on [SPOUSE] to help with whatever problems my family faces.</li> <li>○ [SPOUSE] respects and values my family.</li> </ul> </li> </ul>	<p>the SHM Team through cognitive testing.</p>
<p><b>Fidelity Measures</b></p> <ul style="list-style-type: none"> <li>• Sometimes couples are not always faithful to each other. In the last three months, has [SPOUSE/FORMER SPOUSE] cheated on you with someone else? Would you say <i>definitely yes, probably yes, probably no, or definitely no</i>?</li> <li>• In the last three months, have you cheated on [SPOUSE/FORMER SPOUSE] with someone else? Would you say <i>definitely yes, probably yes, probably no, or definitely no</i>?</li> </ul>	<p><b>Source:</b> BSF</p>
<p><b>Violence Measures</b></p> <ul style="list-style-type: none"> <li>• In the last three months, how many times has [SPOUSE/FORMER SPOUSE]... Was it 0, 1, 2, 3-5, or 6 or more times? <ul style="list-style-type: none"> <li>▪ thrown something at you?</li> <li>▪ pushed, shoved, hit, slapped, or grabbed you?</li> <li>▪ used a knife or gun on you?</li> <li>▪ choked, slammed, kicked, burned, or beat you?</li> <li>▪ used force (like hitting, holding down, or using a weapon) to make you have sex?</li> </ul> </li> <li>• There are five response categories for the above items (<i>0, 1, 2, 3-5, 6+ times</i>). <ul style="list-style-type: none"> <li>○ In the last three months, how often have you felt afraid that [SPOUSE] would hurt you?</li> <li>○ In the last three months, how often has [SPOUSE]: Was it never, hardly ever, sometimes, or often? <ul style="list-style-type: none"> <li>▪ Accused you of having an affair?</li> <li>▪ Tried to keep you from seeing or talking with your friends or family?</li> <li>▪ Kept money from you, made you ask for money, or taken your money?</li> <li>▪ Yelled or screamed at you?</li> <li>▪ Made you feel stupid on purpose?</li> <li>▪ Blamed you for his/her problems?</li> <li>▪ Threatened to hurt you or the children?</li> <li>▪ In the last three months, how often have your arguments become physical?</li> </ul> </li> </ul> </li> </ul>	<p><b>Source:</b> SHM Baseline, PMWI</p>



<p><b>Satisfaction Measures</b></p> <ul style="list-style-type: none"> <li>• All things considered, on a scale from 1 to 7, where 1 is <i>completely unhappy</i> and 7 is <i>completely happy</i>, how happy are you with your marriage?</li> <li>• How often are you satisfied with: Is it <i>all of the time</i>, <i>most of the time</i>, <i>some of the time</i>, or <i>none of the time</i>? <ul style="list-style-type: none"> <li>○ The way [SPOUSE/FORMER SPOUSE] and you communicate.</li> <li>○ The way you handle you and [SPOUSE/FORMER SPOUSE] handle problems and disagreements.</li> <li>○ The amount of time you spend together as a couple.</li> <li>○ The emotional side of your relationship.</li> <li>○ The responsibility [SPOUSE/FORMER SPOUSE] takes for raising the children.</li> <li>○ Your sex life.</li> <li>○ How you divide household chores.</li> <li>○ The way you handle your money and debt.</li> </ul> </li> </ul>	<p><b>Source:</b> SHM Baseline, RELATE, ENRICH, and developed by the SHM Team through cognitive testing.</p>
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<p><b>Marital Stability Measures</b></p> <ul style="list-style-type: none"> <li>• Please respond with <i>yes</i> or <i>no</i>. <ul style="list-style-type: none"> <li>○ In the last three months, have you thought about getting help for your marriage?</li> <li>○ In the last three months, have you ever thought your marriage was in trouble?</li> <li>○ In the last three months, have you spoken to anyone about the possibility that you and your spouse might separate or get a divorce?</li> </ul> </li> </ul>	
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# SUPPORTING HEALTHY MARRIAGE PROJECT

## APPENDIX C

### 12-Month Observational Study Protocol

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**Observational Instructions for Conducting Couple, Co-Parenting, and Parent-Child Interactions at 12-Month Follow-Up**

[INTERVIEWER INSTRUCTIONS ARE IN CAPITAL LETTERS, SCRIPT IS LOWER CASE.

PRIOR TO IN-HOME VISIT, INTERVIEWER WILL HAVE VERIFIED SEVERAL PIECES OF INFORMATION:

FIRST, THE INTERVIEWER WILL HAVE VERIFIED THE COUPLE’S CURRENT MARITAL STATUS (I.E, SEPARATED OR INTACT) AT FOLLOW-UP.

SECOND, THE INTERVIEWER WILL HAVE VERIFIED WHETHER THE FOCAL CHILD LIVES WITH THE MOTHER OR THE FATHER OR BOTH PARENTS AT FOLLOW-UP. THE FOCAL CHILD WILL HAVE BEEN RANDOMLY SELECTED FROM ALL CHILDREN IN THE HOUSEHOLD AT BASELINE WHO ARE BETWEEN THE AGES OF 0 AND UP TO 15 AT RANDOM ASSIGNMENT PRIOR TO THE OBSERVATIONAL IN-HOME VISIT.

THIRD, THE INTERVIEWER WILL HAVE VERIFIED THE AGE OF THE FOCAL CHILD, SO THAT HE/SHE CAN BRING THE AGE-APPROPRIATE MATERIALS FOR THE INTERACTIONS.]

LASTLY, THE INTERVIEWER WILL HAVE VERIFIED THAT INFORMED CONSENT HAS BEEN OBTAINED.

I. **[INTERVIEWER] RECORD TODAY’S DATE: mm/dd/year**

II. **[INTERVIEWER] RECORD START TIME: \_\_\_\_\_**

“Hello everyone, and thank you for allowing us to come into your home today! We are going to do some activities with your family today. But first, I have some questions for [PARENT 1] [and, if intact [PARENT 2]].

III. **PARENT(S) NAMES AND DATE OF BIRTH**

Before we get started, I just need to verify that I have the correct family. TO PARENT(S):  
“Can you confirm that your name(s) are/is [NAME(S) TAKEN FROM BASELINE/FOLLOW-UP DATA]?”

YES→”Great!” SKIP TO A (BIRTHDATE CONFIRMATION)

NO→”OK, what is/are your name(s)? PROBE: Can you spell that for me?”

RECORD NAMES

**SECTION A:**

I would also like to make sure that we have your birth date recorded correctly. What is your date of birth? [ASK FOR BOTH PARENTS’ DATES OF BIRTH IF COUPLE IS INTACT, IF COUPLE IS SEPARATED, ONLY PRIMARY PARENT SHOULD PARTICIPATE IN OBSERVATIONAL INTERACTIONS.]

Mother’s Birthday	MM/DD/YYYY
DK	d
Ref	r

Father’s Birthday	MM/DD/YYYY
DK	d
Ref	r

CHECK TO MAKE SURE THAT THE DOBS GIVEN BY PARENTS MATCH THE BIRTHDATE GIVEN ON THE INFORMATION SHEET.

IF ALL DOBS ARE CORRECT, SKIP TO SECTION IV.  
IF MOTHER’S DOB OR FATHER’S DOB IS INCORRECT IN INTACT COUPLE OR PRIMARY PARENT’S BIRTH DATE IS INCORRECT FOR SEPARATED COUPLE:

“I’m sorry. I need to check my records before we can continue. Is this the best time to reach you in the future?”

INSTRUCTION: RECORD DATE AND TIME FOR CALL BACK

Yes	
No, Call Back Info	

**IV. FOCAL CHILD’S NAME AND DATE OF BIRTH**

“Can you confirm that your child’s first name is [NAME TAKEN FROM BASELINE/FOLLOW-UP DATA]?”

YES→”Great!” Skip to IVa.

NO→”OK, what is his/her name? PROBE: Can you spell that for me?”

RECORD NAME.

IVa. “Can you also confirm [FOCAL CHILD’S] date of birth?”

Child’s Birthday	MM/DD/YYYY
DK	d

Ref	r
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IF CHILD'S INFORMATION IS INCORRECT:

IF SEPARATED COUPLE: "I am sorry, I need to check my records before we can continue. When would be a good time that I could come back to observe you and [CHILD] engaging in some activities?"

RECORD DATE/TIME:

[IF COUPLE IS INTACT] "I am sorry, I need to check my records before [CHILD] can participate in these activities. But, we can continue with the activities involving just [MOTHER] and [FATHER] today. These discussions will take about 30 minutes to complete. Would this be a good time for me to observe you two engaging in some discussions?"

Yes → GO TO COUPLE INTERACTIONS SCRIPT (PAGE 30)

No → SCHEDULE ALTERNATIVE TIME TO CONDUCT OBSERVATIONS

IF CHILD'S INFORMATION IS CORRECT, CONTINUE WITH V.

**V. "And is [FOCAL CHILD] here today?"**

- Present in house at time of visit
- Not present

IF SEPARATED COUPLE: "I am sorry to see that [CHILD] is not here today. When would be a good time that I could come back to observe you and [CHILD] engaging in some activities?"

RECORD DATE/TIME:

[IF COUPLE IS INTACT] "Even though [CHILD] is not here right now, would this be a good time for me to observe you two engaging in some discussions? These discussions will take about 30 minutes to complete.

Yes → GO TO COUPLE INTERACTIONS [PAGE 30]

No → SCHEDULE ALTERNATIVE TIME TO CONDUCT OBSERVATIONS

**VI. "And how is [CHILD] feeling today?"**

WAIT FOR ANSWER.

IF PARENT SAYS THAT CHILD IS SICK OR NOT FEELING WELL: "Do you think that [CHILD] is feeling well enough to participate in some activities?"

YES → [IF CHILD IS HEALTHY AND ABLE TO PARTICIPATE, CONTINUE TO VII OR VIII, DEPENDING ON MARITAL STATUS OF PARENTS]

NO → [IF COUPLE IS SEPARATED] “I am so sorry to hear that [CHILD] does not feel well. We should postpone our meeting for a later time when [CHILD] is feeling better. When would be a good time to reschedule?” SCHEDULE DATE AND TIME FOR FOLLOW-UP MEETING. RECORD [DATE/TIME]. Thank you! We look forward to seeing you again on [DATE/TIME].

[IF COUPLE IS INTACT] “I am so sorry to hear that [CHILD] does not feel well. Our activities with [CHILD] can wait for another time. Let’s get started then with some activities involving [WIFE] and [HUSBAND]. And, at the end of these activities, we can set up another time when you think it might be better for [CHILD] to participate in some of these activities. OK?” GO TO COUPLE INTERACTIONS (PAGE 35).

## **VII. IF THIS IS A SEPARATED COUPLE, SAY TO PARENT:**

“OK, let’s get started. First, we would like to videotape you and [CHILD] while you do some short activities together. These are regular things that you and [CHILD] might do together everyday. I’ll talk with you about each activity as we go along and you’ll have a chance to ask questions before and after each activity. Altogether, the activities will take about 10 minutes.”

“While I set up the videotaping equipment, you and [CHILD] can take a little break and you can take care of anything that you think could interrupt our taping. [IF CHILD IS 3 YEARS OR YOUNGER: “Please use this time to feed or change [CHILD] and any other children in the household that might require your attention, or to check on anything else in the (house/apartment); IF CHILD IS OLDER THAN 3: “You can use this time to check on other things in the household that might require your attention.”]

“During the taping itself, we’d like to complete each activity without interruptions. If the phone rings or someone comes to the door, we would appreciate it if someone else took care of it; or, if you wouldn’t mind, I could answer it.”

[IF CHILD IS 3 YEARS OR YOUNGER: “We would also prefer that [CHILD] not use (his/her) pacifier or bottle during the activity.”]

IF OTHER FAMILY MEMBERS ARE PRESENT, ADD:

“Could you please also let other people in the (house/apartment) know that you’ll need some time now with [CHILD] without interruptions? If you wouldn’t mind, if any family members forget and come into this area while we are taping, I will ask them to leave so that you and [CHILD] are not interrupted just for these ten minutes.” [IF THERE ARE OTHER CHILDREN PRESENT, BE SURE TO WORK OUT A STRATEGY WITH THE PARENT FOR OCCUPYING THEM AND KEEPING THEM OUT OF CHILD’S

VIEW. INTERVIEWER SHOULD OFFER CRAYONS AND COLORING BOOK TO OTHER CHILDREN IN THE HOUSEHOLD AS WELL.]

“Do you have any questions?” [RESPOND TO PARENT’S QUESTIONS ACCORDINGLY, IF ANY.]

“Okay, let me get the camera set up. I’ll let you know when I’m ready for you.”

SKIP TO PARENT-CHILD INTERACTION (ACTIVITY II: PAGE 20)

**VIII. [INTERVIEWER] IF COUPLE IS INTACT, SAY TO BOTH PARENTS:**

“OK, let’s get started. First, we would like to videotape you and [CHILD] all doing some short activities together. I’ll talk with you about each activity as we go along and you’ll have a chance to ask questions before and after each activity. The activities will take about 20 minutes.

While I set up the videotaping equipment, you and [CHILD] can take a little break and you can take care of anything that you think could interrupt our taping. [IF CHILD IS 3 YEARS OR YOUNGER: “Please use this time to feed or change [CHILD] and any other children in the household that might require your attention, or to check on anything else in the (house/apartment).”] [IF CHILD IS OLDER THAN 3: “You can use this time to check on other things in the household that might require your attention.”]

During the taping itself, we’d like to complete each activity without interruptions. If the phone rings or someone comes to the door, we would appreciate if someone else took care of it; or, if you wouldn’t mind, I could answer it. [IF CHILD IS YOUNGER THAN 3: “We would also prefer that [CHILD] not use (his/her) pacifier or bottle during the activities.”]

IF OTHER FAMILY MEMBERS ARE PRESENT, ADD:

“Could you please also let other people in the (house/apartment) know that you’ll need some time now with [CHILD] without interruptions? If you wouldn’t mind, if any family members forget and come into this area while we are taping, I will ask them to leave so that you and [CHILD] are not interrupted.” [IF THERE ARE OTHER CHILDREN PRESENT, BE SURE TO WORK OUT AN AGE-APPROPRIATE STRATEGY WITH THE PARENT FOR OCCUPYING THEM AND KEEPING THEM OUT OF CHILD’S VIEW. INTERVIEWER SHOULD OFFER CRAYONS AND COLORING BOOK TO OTHER CHILDREN IN THE HOUSEHOLD AS WELL.]

“Do you have any questions?” [RESPOND TO PARENT’S QUESTIONS ACCORDINGLY, IF ANY.]

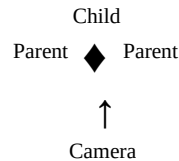
“Okay, let me get the camera set up. I’ll let you know when I’m ready for you.”



CAMERA SHOULD BE SET UP FOR FIRST INTERACTION AND REMAIN ON DURING THE ENTIRE VISIT, INCLUDING THE INSTRUCTIONS TO PARTICIPANT AND SET-UP. REMEMBER THAT FILMING THE TRANSITIONS AND SETS UPS OF TASKS IS JUST AS IMPORTANT AS FILM THE TASKS THEMSELVES.

### **ACTIVITY 1: CO-PARENTING INTERACTION**

**CAMERA INSTRUCTIONS:** FOR CO-PARENTING INTERACTION, MAKE SURE THAT CHILD, BOTH PARENTS, AND ACTIVITY ARE IN VIEW.



SELECT A LOCATION FOR VIDEOTAPING—THIS SHOULD AS MUCH AS POSSIBLE, BE OUT OF THE HOUSEHOLD TRAFFIC. A GOOD PLACE TO SET UP FOR THE CO-PARENTING INTERACTION IS ON THE FLOOR. ASK PARENTS IF IT IS OK TO SET UP CAMERA IN A PARTICULAR AREA OF THE HOUSE/APARTMENT. SET UP THE TRIPOD AND THE LIGHT. ADJUST THE LIGHTING IN THE ROOM AS NEEDED. FOR EXAMPLE, TURN ON INDOOR LIGHTING IN THE ROOM AND CLOSE BLINDS AND DRAW DRAPES AS NEEDED. **BE SURE TO ASK FOR PERMISSION BEFORE ADJUSTING LIGHTING OR BLINDS IN THE ROOM.** ADJUST THE CAMERA SETTING BY USING THE BACK LIGHT FUNCTION AS NEEDED AS WELL.

SKIP TO SECTION CORRESPONDING WITH AGE OF THE FOCAL CHILD AT THE TIME OF THE FOLLOW-UP INTERVIEW.

### **IF CHILD IS YOUNGER THAN 2 YEARS OLD:**

#### **2 ACTIVITIES**

FIRST ACTIVITY-5 MINUTE FREE PLAY WITH 3 BAGS OF TOYS

SECOND ACTIVITY-5 MINUTES PARENTS TEACHING NEW SKILL TO CHILD  
TOTAL INTERACTION TIME IS 10 MINUTES, DEPENDING ON BABY'S DISPOSITION.

### **FIRST CO-PARENTING INTERACTION FOR CHILDREN YOUNGER THAN 2 YEARS OLD**

#### **FIRST ACTIVITY MATERIALS:**

BAG #1: A BOY, A DOG, AND A FROG BOOK

BAG #2: POTS AND PANS SET

BAG #3: BARNYARD AND ANIMALS

MAT

TIMER

HIGH CHAIR, INFANT CAR SEAT, OR RECLINER CHAIR

FIRST ACTIVITY SET UP:

TIME: 5 MINUTES

CHILD IS PLACED IN A HIGH CHAIR, INFANT CAR SEAT, OR RECLINER CHAIR. MAKE SURE THAT CHILD IS SECURE IN THE CHAIR.

IF FAMILY DOES NOT HAVE A HIGH CHAIR, INFANT CAR SEAT, OR CHAIR, ADJUST INSTRUCTIONS FOR A FREE PLAY ON THE FLOOR.

[INTERVIEWER] “The first activity will last 5 minutes. We would like [WIFE] and [HUSBAND] and [CHILD] to spend this time playing with the toys in these three bags. During this activity, feel free to play and take care of [CHILD] as you normally would. We hope that both of you will interact with [CHILD] as you see fit.

The only rules are that you should leave [CHILD] in the chair/floor for the duration of the activity and that you stay in the general area of the mat and that [CHILD] not be sucking on a pacifier or drinking from a bottle because we want to see his or her whole face during the activity. I am going to stay in the room just to make sure that the camera is working correctly. I will not be interacting with you or [CHILD] at all throughout the activity. Do you have any questions?”

ANSWER QUESTIONS ACCORDINGLY.

PLACE THE THREE BAGS IN FRONT OF THE CHILD AND PARENTS WITH BAG #1 TO THE PARENTS’ LEFT, BAG #2 IN THE MIDDLE, AND BAG #3 TO PARENTS’ RIGHT.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

SAY TO THE PARENTS: “You can now go ahead and get started, and do whatever you normally would do with [CHILD] in a situation like this.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT INTERACT WITH THE PARENTS OR CHILD IN ANY WAY. TRY NOT TO CATCH THE CHILD’S EYE IF (HE/SHE) IS LOOKING AT YOU. IF PARENTS ASKS FOR GUIDANCE, SAY, “Feel free to take care of [CHILD] as you normally would if I were not here, but make sure you keep the child in the chair.”

IF BABY IS CRYING, BE CAREFUL NOT TO INTERFERE, OR DISPLAY EMOTIONS ABOUT THIS. NOTE THE TIME. IF BABY CRIES HARD FOR ONE MINUTE, SAY “This can be a frustrating situation, thanks for hanging in there! GIVE PARENTS A FEW MINUTES TO CALM CHILD DOWN. REMEMBER, DO NOT TURN OFF THE CAMERA. IF BABY CONTINUES TO CRY AFTER THREE MINUTES, TERMINATE THE ACTIVITY AND ALLOW PARENTS TO PICK CHILD UP. MAKE A NOTE OF THE TIME WHEN CHILD WAS REMOVED FROM CHAIR.

CHECK THE TIME.

AT THE END OF 5 MINUTES SAY:

“Great! That is the end of the first activity.”

RECORD END TIME OF TASK:

YOU MAY ALSO ALLOW THE PARENTS AND CHILD A FEW EXTRA MINUTES TO PLAY WITH AND CLEAN UP THE TOYS, ESPECIALLY IF THE CHILD IS VERY ENGAGED WITH THE TOYS. DO NOT TURN CAMERA OFF.

GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK, FEED, CHANGE A DIAPERS, ETC. AS NEEDED.

## **SECOND CO-PARENTING INTERACTION FOR CHILDREN YOUNGER THAN 2 YEARS OLD**

### **SECOND ACTIVITY MATERIALS:**

-

NEW SKILLS FOR INFANTS LIST (ATTACHMENT M)  
(IF PARENTS CHOOSE A SKILL THAT INVOLVES A CUP, PENCIL OR TOY,  
PLEASE ASK PARENT(S) TO PROVIDE YOU WITH THIS OBJECT.)

### **SECOND ACTIVITY SET UP:**

TIME: 5 MINUTES

CHILD IS PLACED IN A HIGH CHAIR, INFANT CAR SEAT, OR RECLINER CHAIR.  
MAKE SURE THAT CHILD IS SECURE IN THE CHAIR.

IF FAMILY DOES NOT HAVE A HIGH CHAIR, INFANT CAR SEAT, OR CHAIR, ADJUST INSTRUCTIONS FOR A FREE PLAY ON THE FLOOR.

[INTERVIEWER] “The second activity lasts 5 minutes. There are lots of different things that children of this age can do and a lot of new things that they are learning every day. For this activity, I would like for you to spend some time teaching [CHILD] a new skill. Here is a list of

some skills that may be new for your child. Please spend a couple of minutes reviewing the list together and pick one skill that [CHILD] does not know how to do yet.”

GIVE PARENTS A COUPLE OF MINUTES TO REVIEW THE LIST.

“Have you picked a skill?

RECORD SKILL THAT PARENTS CHOOSE:

“OK, for the next five minutes, I’d like you to try to teach [CHILD] [INSERT SKILL].”

“Please interact with your [CHILD] as you normally would in a similar situation. We hope that both of you will interact with [CHILD] as you see fit. The only rules are that you should leave [CHILD] in the chair/floor for the duration of the activity and that you stay in the general area of the mat and that [CHILD] not be sucking on a pacifier or drinking from a bottle because we want to see his/ her whole face during the activity. I am going to stay in the room just to make sure that the camera is working correctly. I will not be interacting with you or [CHILD] at all throughout the activity. Do you have any questions?”

ANSWER QUESTIONS ACCORDINGLY.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

SAY TO THE PARENTS: “You can now go ahead and get started, and do whatever you normally would do with [CHILD] in a situation like this.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT INTERACT WITH THE PARENTS OR CHILD IN ANY WAY. TRY NOT TO CATCH THE CHILD’S EYE IF (HE/SHE) IS LOOKING AT YOU. IF PARENTS ASK FOR GUIDANCE, SAY, “Feel free to take care of [CHILD] as you normally would if I were not here, but make sure you keep the child in the chair.”

IF BABY IS CRYING, BE CAREFUL NOT TO INTERFERE, OR DISPLAY EMOTIONS ABOUT THIS. NOTE THE TIME. IF BABY CRIES HARD FOR ONE MINUTE, SAY “This can be a frustrating situation, thanks for hanging in there! GIVE PARENTS A FEW MINUTES TO CALM CHILD DOWN. REMEMBER, DO NOT TURN OFF THE CAMERA. IF BABY CONTINUES TO CRY AFTER THREE MINUTES, TERMINATE THE ACTIVITY AND

ALLOW PARENTS TO PICK CHILD UP. MAKE A NOTE OF THE TIME WHEN CHILD WAS REMOVED FROM CHAIR.

CHECK THE TIME.

AT THE END OF 5 MINUTES SAY: "Great! The time is up."

RECORD END TIME

GIVE THE PARENTS AND CHILD AN OPPORTUNITY TO TAKE A BREAK, FEED, CHANGE A DIAPERS, ETC. AS NEEDED.

SKIP TO ACTIVITY II (PAGE 20)

**IF CHILD IS 2 YEARS OLD-6 YEARS OLD, 11 MONTHS:**

**2 ACTIVITIES:**

FIRST ACTIVITY-5 MINUTE FREE PLAY WITH 3 BAGS OF TOYS

SECOND ACTIVITY-5 MINUTE CHALLENGING PUZZLE ACTIVITY

TOTAL INTERACTION TIME IS 10 MINUTES.

**FIRST CO-PARENTING INTERACTION FOR CHILDREN 2 – 6 YEARS, 11 MONTHS OLD**

**FIRST ACTIVITY MATERIALS:**

BAGS OF TOYS

BAG #1: A BOY, A DOG, AND A FROG BOOK

BAG #2: POTS, PANS, WOODEN CARS, AND TRAINS

BAG #3: BARNYARD AND SET OF ANIMALS

MAT

TIMER

**FIRST ACTIVITY SET UP:**

TIME: 5 MINUTES

[INTERVIEWER] "The first activity will last 5 minutes. We would like [WIFE] and [HUSBAND] and [CHILD] to spend this time playing with the toys in these three bags. During this activity, feel free to play and take care of [CHILD] as you normally would. We hope that both of you will interact with [CHILD] as you see fit. The only rule is that you all stay on the mat throughout the activity. I am going to stay in the room just to make sure that the camera is working correctly. I will not be interacting with you or [CHILD] at all throughout the activity. Do you have any questions?"

ANSWER QUESTIONS ACCORDINGLY

PLACE THE THREE BAGS IN FRONT OF THE CHILD AND PARENTS WITH BAG #1 TO THE PARENTS' LEFT, BAG #2 IN THE MIDDLE, AND BAG #3 TO PARENTS' RIGHT.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING.

SAY TO THE PARENTS: "You can now go ahead and get started, and do whatever you normally would do with [CHILD] in a situation like this."

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT MAKE EYE CONTACT WITH PARENTS OR CHILD THROUGHOUT THE FIVE MINUTES. IF PARENTS ASK A QUESTION, ANSWER THEM: "You should act as you normally would if I was not here."

CHECK CAMERA FRAMING.

CHECK THE TIME.

AT THE END OF 5 MINUTES SAY:

"Great! That is the end of the first activity."

RECORD END TIME OF TASK:

YOU MAY ALSO ALLOW THE PARENTS AND CHILD A FEW EXTRA MINUTES TO PLAY WITH AND CLEAN UP THE TOYS, ESPECIALLY IF THE CHILD IS VERY ENGAGED WITH THE TOYS. DO NOT TURN CAMERA OFF.

GIVE THE PARENTS AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

## **SECOND CO-PARENTING INTERACTION FOR CHILDREN 2 – 6 YEARS, 11 MONTHS OLD**

SECOND ACTIVITY MATERIALS:

PUZZLE #1  
PUZZLE # 2  
PUZZLE # 3  
TIMER  
MAT

SECOND ACTIVITY SET UP:

TIME: 5 MINUTES

[INTERVIEWER] “The second activity will take about 5 minutes. Let me explain how this activity works.”

MAKE SURE THAT CHILD DOES NOT TOUCH OR SEE THE PUZZLES UNTIL THE SESSION STARTS.

INSTRUCTIONS TO PARENTS AND CHILD:

“I have three puzzles for you to play with. Some of them are pretty hard but I’d like you [CHILD] to do your best.

TO PARENTS: “Try and let [CHILD] work on each puzzle by him/herself, but you can offer any help that you think (he/she) needs”

PLACE PUZZLE #1 ASSEMBLED IN FRONT OF PARENTS AND CHILD.

“Here is the first puzzle. When you complete the first puzzle, I will give you another puzzle.”

AFTER SHOWING THE ASSEMBLED PUZZLE #1 TO CHILD, DISASSEMBLE THE PUZZLE AND SAY: “Here are the pieces of the puzzle. I’d like you to put all the pieces in the right places.”

“Do you have any questions before we begin?”

ANSWER QUESTIONS ACCORDINGLY

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

INSTRUCTIONS TO PARENTS AND CHILD: [INTERVIEWER] “OK, let’s get started. Please sit wherever you are comfortable. Please try to stay on the mat and keep yourselves facing the camera. Feel free to talk with each other and do whatever you would normally do in a situation like this.

SAY TO THE PARENTS AND CHILD: “You may begin now.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

LET [CHILD] WORK ON PUZZLE #1 FOR UP TO 5 MINUTES OR UNTIL PUZZLE IS COMPLETE

HAS CHILD COMPLETED PUZZLE #1 PRIOR TO THE END OF 5 MINUTES?

IF YES: PLACE DISASSEMBLED PUZZLE #2 IN FRONT OF THE CHILD AND REMOVE PUZZLE #1.

CHECK FRAMING OF CAMERA

CHECK TIME

IF CHILD COMPLETES PUZZLE #2 AND THERE IS STILL TIME LEFT, GIVE (HIM/HER) PUZZLE #3 DISASSEMBLED.

END THE TASK AFTER 5 MINUTES, OR WHEN THE PUZZLE IS COMPLETED.

RECORD END TIME OF TASK:

HAS CHILD COMPLETED THE PUZZLE?

YES → SAY INSTRUCTION A  
NO → SAY INSTRUCTION B

INSTRUCTION A: “Great Job!”

INSTRUCTION B: “That’s all the time we have. You did a great job!”  
YOU MAY ALLOW THE CHILD AN EXTRA COUPLE OF MINUTES TO FINISH THE PUZZLE, IF NECESSARY, TO AVOID UPSETTING (HIM/HER). DO NOT TURN OFF CAMERA.

GIVE THE PARENTS AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

SKIP TO ACTIVITY II (PAGE 20)

**IF CHILD IS 7-8 YEARS OLD, 11 MONTHS**

2 ACTIVITIES:



FIRST DISCUSSION-5 MINUTE ABOUT FAMILY RULES  
SECOND ACTIVITY-5 MINUTE CHALLENGING PUZZLE ACTIVITY

**FIRST CO-PARENTING INTERACTION FOR CHILDREN 7 – 8 YEARS, 11 MONTHS OLD**

**FIRST ACTIVITY MATERIALS:**

CARDS WITH DISCUSSION TOPICS (SPECIFIC TO CO-PARENTING INTERACTION) [ATTACHMENT N]  
INSTRUCTION CARD [ATTACHMENT F]  
TIMER  
SPINNER

**FIRST ACTIVITY SET UP:**

TIME: 5 MINUTES

[INTERVIEWER]: “In this first activity, I would like you all to talk to each other for 5 minutes about different rules that families might have. The rules are on the backs of each of these cards [ATTACHMENT N]. You’ll use the spinner to choose which piles of rules to draw from. The blue pile contains rules for kids, the red pile contains rules for parents, and the green pile contains rules about right and wrong behavior. You should take turns spinning to see which piles of cards you choose from. For example, if you [CHILD] spin red, take the first red card and read its rule out loud. If you need help reading the card, someone can help you read the card. Then, I’d like [CHILD] to start the discussion by first saying what he/she thinks about the rule, followed by (MOTHER) saying what she thinks, and then (FATHER) letting everyone know what he thinks. Then each of you should talk about your answers with each other.” “Now, there are not any right and wrong answers here – I just want the three of you to talk about these rules. Please take your time talking about the topic. When you all feel you have said what you want to say about the rule on the card, I’d like the next person to spin the wheel and pick up another card from the pile, and talk about the rule on the card in the same way. Don’t feel that you need to get through all of the cards on the table. If you only have a chance to discuss the rule on one of the cards, that is fine. I’ll let you know when the 5 minutes are up. Any questions?”

WAIT FOR QUESTIONS AND ANSWER ACCORDINGLY

“OK – Let’s try a practice round, so that you can see how it works. Let’s pretend that [CHILD] spins the spinner and it lands on red.”

INTRODUCE THE RED PRACTICE CARD #1

“This practice card says: ‘Kids should be able to decide if they want to go to school.’ So, [CHILD] should repeat what the card says out loud. [ALLOW CHILD TIME TO REPEAT THE

RULE.] “And then, [CHILD] should say what he/she thinks about the rule.” [ALLOW CHILD TIME TO SAY WHAT HE/SHE THINKS.] Next, [MOTHER] should say what she thinks about the rule and then [FATHER] should share his thoughts. The three of you can talk about it while I check the camera.”

GIVE THE PARENTS AND CHILD 2 MINUTES TO TALK TO EACH OTHER.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

WHEN 2 MINUTES ARE UP, SAY TO CHILD, MOTHER, AND FATHER: “Good! Do you have any questions before I start taping?”

ANSWER QUESTIONS ACCORDINGLY.

MAKE SURE THE TOPIC DISCUSSION CARDS ARE IN THE CORRECT ORDER AND THAT THE CARDS ARE LAID FACE DOWN ON THE TABLE WITH CARD ONE ON TOP.

“OK – Let’s get started. I am leaving a card with instructions, just in case you need it (ATTACHMENT F). Now, I’ll just check the camera one more time, then I’ll leave the room and I’ll come back when 5 minutes are up. Do any of you have any questions before we begin?”

“Please do not touch the camera while I am out of the room.”

ANSWER QUESTIONS ACCORDINGLY

CHECK FRAMING ONE LAST TIME

“OK, you may begin now.”

LEAVE THE ROOM.

START STOP WATCH, AND LET ACTIVITY CONTINUE FOR 5 MINUTES.

USE LISTENING EQUIPMENT TO ENSURE THAT SOUND IS WORKING AT START OF THE INTERACTION. CHECK TIME SPORADICALLY.

RECORD END TIME OF TASK:

RETURN TO ROOM AFTER 5 MINUTES. MAKE SURE TO KNOCK BEFORE ENTERING THE ROOM AGAIN.

“Thanks so much! That’s the end of this discussion.”

YOU MAY ALLOW THE PARENTS AND CHILD AN EXTRA COUPLE OF MINUTES TO FINISH UP THEIR DISCUSSION, IF NECESSARY. DO NOT TURN OFF CAMERA.

GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

**SECOND CO-PARENTING INTERACTION FOR CHILDREN 7 – 8 YEARS, 11 MONTHS OLD**

**SECOND ACTIVITY MATERIALS:**

PUZZLE #1  
PUZZLE # 2  
PUZZLE # 3  
TIMER  
MAT

**SECOND ACTIVITY SET UP:**

TIME: 5 MINUTES

[INTERVIEWER] “The second activity will take about 5 minutes. Let me explain how this activity works.”

MAKE SURE THAT CHILD DOES NOT TOUCH OR SEE THE PUZZLES UNTIL THE SESSION STARTS.

**INSTRUCTIONS TO PARENTS AND CHILD:**

“I have three puzzles for you to play with. Some of them are pretty hard but I’d like you [CHILD] to do your best.

TO PARENTS: “Try and let [CHILD] work on each puzzle by him/herself, but you can offer any help that you think (he/she) needs”

PLACE PUZZLE #1 ASSEMBLED IN FRONT OF PARENTS AND CHILD.

“Here is the first puzzle. When you complete the first puzzle, I will give you another puzzle.”

AFTER SHOWING THE ASSEMBLED PUZZLE #1 TO CHILD, DISASSEMBLE THE PUZZLE AND SAY: “Here are the pieces of the puzzle. I’d like you to put all the pieces in the right places.”

“Do you have any questions before we begin?”

ANSWER QUESTIONS ACCORDINGLY

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

INSTRUCTIONS TO PARENTS AND CHILD: [INTERVIEWER] “OK, let’s get started. Please sit wherever you are comfortable. Please try to stay on the mat and keep yourselves facing the camera. Feel free to talk with each other and do whatever you would normally do in a situation like this.

SAY TO THE PARENTS AND CHILD: “You may begin now.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

LET [CHILD] WORK ON PUZZLE #1 FOR UP TO 5 MINUTES OR UNTIL PUZZLE IS COMPLETE

HAS CHILD COMPLETED PUZZLE #1?

IF YES: PLACE DISASSEMBLED PUZZLE #2 IN FRONT OF THE CHILD AND REMOVE PUZZLE #1.

CHECK FRAMING OF CAMERA

CHECK TIME

IF CHILD COMPLETES PUZZLE #2 AND THERE IS STILL TIME LEFT, GIVE (HIM/HER) PUZZLE #3 DISASSEMBLED.

END THE TASK AFTER 5 MINUTES, OR WHEN THE PUZZLE IS COMPLETED.

RECORD END TIME OF TASK:

HAS CHILD COMPLETED THE PUZZLE?

YES→SAY INSTRUCTION A

NO→SAY INSTRUCTION B

INSTRUCTION A: “Great Job!”

INSTRUCTION B: “That’s all the time we have. You did a great job!”

YOU MAY ALLOW THE CHILD AN EXTRA COUPLE OF MINUTES TO FINISH THE PUZZLE, IF NECESSARY, TO AVOID UPSETTING (HIM/HER). DO NOT TURN OFF CAMERA.

GIVE THE PARENTS AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

SKIP TO ACTIVITY II (PAGE 20)

**IF CHILD IS 9-15 YEARS OLD**

ONE CO-PARENTING ACTIVITY:  
10-MINUTE PROBLEM SOLVING DISCUSSION

ACTIVITY MATERIALS

LIST WITH AREAS OF FAMILY DISAGREEMENT [ATTACHMENT C]  
TIMER

*ACTIVITY SET UP:*

*TIME: 10 MINUTES*

[INTERVIEWER] “For the first activity, I’d like you to talk about topics that you disagree on. First, I would like you to identify the three topics that you disagree about the most. Here is a list of topics that children and their parents often have different opinions or disagreements about [ATTACHMENT C]. For the next few minutes, I’d like you to review the list together and pick three topics on which you disagree about the most.”

“Once you’ve picked three topics, please write down next to them how often you disagree on them and how strongly you disagree on them. I will leave the room while you review the list. If you finish going through the list before I come back, just call me and I will return. Any questions?”

ANSWER QUESTIONS ACCORDINGLY.

LEAVE THE ROOM AND RETURN AFTER 3 MINUTES. MAKE SURE TO KNOCK ON DOOR BEFORE ENTERING THE ROOM, IF POSSIBLE.

“OK. Did you have a chance to select three topics?”

IF FAMILY IDENTIFIED THREE TOPICS SKIP TO INSTRUCTION A:

IF FAMILY DOES NOT IDENTIFY TOPICS OF DISAGREEMENT FOLLOW THESE STEPS:

- TALK TO TEEN AND PARENTS ABOUT ANY POSSIBLE AREAS THEY MAY DISAGREE ABOUT, EITHER FROM THE LIST OR OTHERWISE.
- STRESS THAT WE ARE NOT LOOKING FOR SOMETHING THEY HAVE HUGE ARGUMENTS ABOUT, JUST SOME AREA THEY DON’T AGREE ON.

- ASK THE TEEN TO RECALL A DISAGREEMENT HE/SHE HAS HAD WITH HIS/HER PARENT IN THE PAST 2 WEEKS. IF THE TEEN CAN'T OR WON'T NAME AN AREA, TELL THE TEEN THE DISCUSSION WITH THE PARENT SHOULD FOCUS ON HOW DECISIONS ARE MADE IN THEIR FAMILY ABOUT THE TEEN'S ACTIVITIES OUTSIDE OF SCHOOL AND WHETHER THE TEEN AND PARENT HAVE DIFFERING VIEWS ON THIS.

(IT IS IMPORTANT TO REMEMBER THAT ALL CHILDREN AND PARENTS HAVE BEEN INFORMED THAT THEY CAN REFUSE TO ANSWER ANY QUESTIONS).

INSTRUCTION A: "OK, now I would like to videotape the three of you while talking about one of the disagreements that you have selected. The first topic that I would like you to discuss is [INSERT TOPIC]. [CHILD] will start the discussion by telling you about the disagreement that the three of you have and describing his/her side of it, followed by his/her view of your sides of the issue. We'd like the three of you to talk about this issue for 10 minutes, so take the time to talk about all sides of the disagreement.

You should each try to help the others really understand your side of the disagreement, and then try to reach some resolution to the issue that you are all happy with. So you [CHILD] should help your mom and dad understand your point of view and you [FATHER] should help [CHILD] and [MOTHER] understand your point of view, and you [MOTHER] should help [CHILD] and [FATHER] understand your point of view as you work to reach a resolution you are all happy with and you feel like you've said everything you need to say about the topic. Any questions?"

ANSWER QUESTIONS ACCORDINGLY

"While you discuss this topic, I will leave the room again during your discussion, so that you feel as comfortable as possible doing this. As a reminder, everything you say during this discussion will be confidential. If you finish discussing the first topic, move on to the second topic you identified, and talk about it in the same way. Try to stay on these two topics as best you can until I come back. I'm leaving a card with the second topic that you identified, and an instruction card [ATTACHMENT E], just in case you need it. Any questions?"

ANSWER QUESTIONS ACCORDINGLY

"OK – Let's get started. Now, I am going to check on the camera one more time and then leave the room."

LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING.

“Let’s go ahead and get started. You should do whatever you normally would do when talking about this topic.”

“Please do not touch the camera while I am out of the room.”

“You may begin now.”

LEAVE THE ROOM.

START STOP WATCH, AND LET ACTIVITY CONTINUE FOR 10 MINUTES.

USE LISTENING EQUIPMENT TO ENSURE THAT SOUND IS WORKING AT START OF THE INTERACTION. CHECK TIME SPORADICALLY.

RECORD END TIME OF TASK:

RETURN TO ROOM AFTER 10 MINUTES. MAKE SURE TO KNOCK BEFORE ENTERING THE ROOM AGAIN.

“Thanks so much! That’s the end the 10 minutes. You can take a few extra minutes if you would like to finish up your discussion.”

YOU MAY ALLOW THE PARENTS AND CHILD AN EXTRA COUPLE OF MINUTES TO FINISH UP THEIR DISCUSSION, IF NECESSARY. DO NOT TURN OFF CAMERA.

GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

SKIP TO ACTIVITY II (PAGE 20)

## **ACTIVITY II: PARENT-CHILD INTERACTION**

[IF COUPLE IS SEPARATED] “Great, let’s start the activity!” SKIP TO SECTION WITH AGE OF FOCAL CHILD

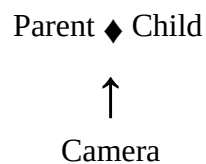
[IF COUPLE INTACT] “For the next activity, I will only need [CHILD] and [PRIMARY CAREGIVER]. Who would you consider to be the primary caregiver of [CHILD]? ALLOW PARENTS TO SELF-IDENTIFY WHO IS PRIMARY CAREGIVER. IF PARENTS ARE UNABLE TO DECIDE, ALLOW PARENTS TO FLIP A COIN TO SELECT THE PRIMARY CAREGIVER OF CHILD.

ALLOW SPOUSE WHO IS NOT THE PRIMARY CAREGIVER TO LEAVE THE ROOM. SKIP TO SECTION WITH CORRESPONDING AGE OF FOCAL CHILD.

## **CAMERA SET-UP**

FOR THE PARENT-CHILD INTERACTION, THE PRIMARY CARETAKER AND THE CHILD MUST BE INCLUDED IN THE FRAME. TRY TO BE SURE TO HAVE A CLEAR VIEW OF THE ACTIVITY THAT THE PARENT AND THE CHILD WILL CONDUCT. ZOOM IN AS CLOSE AS POSSIBLE, BUT CONTINUE TO KEEP THE CHILD, THE PARENT, AND THE ACTIVITY IN THE FRAME. IN THE EVENT THAT THE CHILD LEAVES THE ROOM, THE CAMERA SHOULD REMAIN FOCUSED ON THE PARENT UNTIL THE CHILD RETURNS.

POSITION THE CHILD AND THE PARENT TO THE RIGHT OR LEFT OF THE CAMERA'S FOCUS SO THAT BOTH THE PARENT AND THE CHILD CAN BE SEEN IN THE VIDEOTAPE.



**IF CHILD IS UNDER 2 YEARS OLD:**

**TWO ACTIVITIES**

FIRST ACTIVITY-5 MINUTES FREE PLAY WITH 3 BAGS OF TOYS

SECOND ACTIVITY-5 MINUTES PARENTS TEACHING NEW SKILL TO CHILD

TOTAL INTERACTION TIME IS 10 MINUTES, DEPENDING ON BABY'S DISPOSITION.

**FIRST PARENT-CHILD INTERACTION FOR CHILDREN UNDER 2 YEARS OLD**

**FIRST ACTIVITY MATERIALS:**

3 BAGS OF TOYS

BAG #1: GOODNIGHT GORILLA BOOK

BAG #2: DIFFERENT SHAPED BLOCKS

BAG #3: A SET OF PEOPLE FIGURES

MAT

TIMER

HIGH CHAIR, INFANT CAR SEAT, OR RECLINER CHAIR

FIRST ACTIVITY SET UP:

**TIME:** 5 MINUTES

CHILD IS PLACED IN A HIGH CHAIR, INFANT CAR SEAT, OR RECLINER CHAIR. MAKE SURE THAT CHILD IS SECURE IN THE CHAIR.



IF FAMILY DOES NOT HAVE A HIGH CHAIR, INFANT CAR SEAT, OR CHAIR, ADJUST INSTRUCTIONS FOR A FREE PLAY ON THE FLOOR.

[INTERVIEWER] “The first activity will last 5 minutes. We would like you and [CHILD] to spend this time playing with the toys in these three bags. During this activity, feel free to play and take care of [CHILD] as you normally would. We hope that both of you will interact with [CHILD] as you see fit.

The only rules are that you should leave [CHILD] in the chair/floor for the duration of the activity and that you stay in the general area of the mat and that [CHILD] not be sucking on a pacifier or drinking from a bottle because we want to see his or her whole face during the activity. I am going to stay in the room just to make sure that the camera is working correctly. I will not be interacting with you or [CHILD] at all throughout the activity. Do you have any questions?”

ANSWER QUESTIONS ACCORDINGLY.

PLACE THE THREE BAGS IN FRONT OF THE CHILD AND PARENT WITH BAG #1 TO THE PARENT’S LEFT, BAG #2 IN THE MIDDLE, AND BAG #3 TO PARENT’S RIGHT.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

SAY TO THE PARENT: “You can now go ahead and get started, and do whatever you normally would do with [CHILD] in a situation like this.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT INTERACT WITH THE PARENT OR CHILD IN ANY WAY. TRY NOT TO CATCH THE CHILD’S EYE IF (HE/SHE) IS LOOKING AT YOU. IF PARENT ASKS FOR GUIDANCE, SAY, “Feel free to take care of [CHILD] as you normally would if I were not here, but make sure you keep the child in the chair.”

IF BABY IS CRYING, BE CAREFUL NOT TO INTERFERE, OR DISPLAY EMOTIONS ABOUT THIS. NOTE THE TIME. IF BABY CRIES HARD FOR ONE MINUTE, SAY “This can be a frustrating situation, thanks for hanging in there! GIVE PARENTS A FEW MINUTES TO CALM CHILD DOWN. REMEMBER, DO NOT TURN OFF THE CAMERA. IF BABY CONTINUES TO CRY AFTER THREE MINUTES, TERMINATE THE ACTIVITY AND ALLOW PARENTS TO PICK CHILD UP. MAKE A NOTE OF THE TIME WHEN CHILD WAS REMOVED FROM CHAIR.

CHECK THE TIME.

AT THE END OF 5 MINUTES SAY:

“Great! That is the end of the first activity.”

RECORD END TIME OF TASK:

YOU MAY ALSO ALLOW THE PARENT AND CHILD A FEW EXTRA MINUTES TO PLAY WITH AND CLEAN UP THE TOYS, ESPECIALLY IF THE CHILD IS VERY ENGAGED WITH THE TOYS. DO NOT TURN CAMERA OFF.

GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK, FEED, CHANGE A DIAPERS, ETC. AS NEEDED.

## **SECOND PARENT-CHILD INTERACTION FOR CHILDREN UNDER 2 YEARS OLD**

### **SECOND ACTIVITY MATERIALS**

NEW SKILLS FOR INFANTS LIST (ATTACHMENT M)  
(IF PARENT CHOOSES A SKILL THAT INVOLVES A CUP, PENCIL OR TOY,  
PLEASE ASK PARENT TO PROVIDE YOU WITH THIS OBJECT.)

### **SECOND ACTIVITY SET UP:**

TIME: 5 MINUTES

CHILD IS PLACED IN A HIGH CHAIR, INFANT CAR SEAT, OR RECLINER CHAIR.  
MAKE SURE THAT CHILD IS SECURE IN THE CHAIR.

IF FAMILY DOES NOT HAVE A HIGH CHAIR, INFANT CAR SEAT, OR CHAIR, ADJUST INSTRUCTIONS FOR A FREE PLAY ON THE FLOOR.

[INTERVIEWER] “The second activity lasts 5 minutes. There are lots of different things that children of this age can do, and a lot of new things that they are learning every day. For this activity, I would like for you to spend some time teaching [CHILD] a new skill. Here is a list of some skills that may be new for your child. Please spend a couple of minutes reviewing the list together and pick one skill that [CHILD] does not know how to do yet.”

GIVE PARENT A COUPLE OF MINUTES TO REVIEW THE LIST.

“Have you picked a skill?”

RECORD SKILL THAT PARENT CHOOSE:

“OK, for the next five minutes, I’d like you to try to teach [CHILD] [INSERT SKILL].”

“Please interact normally with [CHILD], like you would in a similar situation. We hope The only rules are that you should leave [CHILD] in the chair/floor for the duration of the activity and that you stay in the general area of the mat and that [CHILD] not be sucking on a pacifier or drinking from a bottle because we want to see his or her whole face during the activity. I am going to stay in the room just to make sure that the camera is working correctly. I will not be interacting with you or [CHILD] at all throughout the activity. Do you have any questions?”

ANSWER QUESTIONS ACCORDINGLY.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

SAY TO THE PARENT: “You can now go ahead and get started, and do whatever you normally would do with [CHILD] in a situation like this.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT INTERACT WITH THE PARENT OR CHILD IN ANY WAY. TRY NOT TO CATCH THE CHILD’S EYE IF (HE/SHE) IS LOOKING AT YOU. IF PARENT ASKS FOR GUIDANCE, SAY, “Feel free to take care of [CHILD] as you normally would if I were not here, but make sure you keep the child in the chair.”

IF BABY IS CRYING, BE CAREFUL NOT TO INTERFERE, OR DISPLAY EMOTIONS ABOUT THIS. NOTE THE TIME. IF BABY CRIES HARD FOR ONE MINUTE, SAY “This can be a frustrating situation, thanks for hanging in there! GIVE PARENTS A FEW MINUTES TO CALM CHILD DOWN. REMEMBER, DO NOT TURN OFF THE CAMERA. IF BABY CONTINUES TO CRY AFTER THREE MINUTES, TERMINATE THE ACTIVITY AND ALLOW PARENTS TO PICK CHILD UP. MAKE A NOTE OF THE TIME WHEN CHILD WAS REMOVED FROM CHAIR.

CHECK THE TIME.

AT THE END OF 5 MINUTES SAY: “Great! The time is up.”

RECORD END TIME

[IF COUPLE IS SEPARATED] “Thank you so much for being part of our study. I am finished observing you and [CHILD] now. GIVE PARTICIPANT HIS/HER CHECK AND GIFT UPON LEAVING THE HOME

[IF COUPLE INTACT] GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK, FEED, CHANGE A DIAPERS, ETC. AS NEEDED.

SKIP TO ACTIVITY III (PAGE 35)

**IF CHILD IS 2-6 YEARS OLD, 11 MONTHS:**

**2 ACTIVITIES:**

FIRST ACTIVITY-5 MINUTES FREE PLAY WITH 3 BAGS OF TOYS

SECOND ACTIVITY-5 MINUTES CHALLENGING ETCH-A-SKETCH ACTIVITY

**FIRST PARENT-CHILD INTERACTION FOR CHILDREN 2-6 YEARS, 11 MONTHS OLD**

**FIRST ACTIVITY MATERIALS:**

THREE BAGS OF TOYS

BAG #1: GOODNIGHT GORILLA BOOK

BAG #2: DIFFERENT SHAPED BLOCKS

BAG #3: A SET OF PEOPLE FIGURES

MAT

**FIRST ACTIVITY SET UP:**

TIME: 5 MINUTES

[INTERVIEWER] “The first activity will last 5 minutes. We would like [PARENT] and [CHILD] to spend this time playing with the toys in these three bags. During this activity, feel free to play and take care of [CHILD] as you normally would. The only rule is that you all stay on the mat throughout the activity. I am going to stay in the room just to make sure that the camera is working correctly. I will not be interacting with you or [CHILD] at all throughout the activity. Do you have any questions?”

ANSWER QUESTIONS ACCORDINGLY

PLACE THE THREE BAGS IN FRONT OF THE CHILD AND PARENT WITH BAG #1 TO THE PARENT LEFT, BAG #2 IN THE MIDDLE, AND BAG #3 TO PARENT RIGHT.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING.

SAY TO THE PARENT: “You can now go ahead and get started, and do whatever you normally would do with [CHILD] in a situation like this.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT MAKE EYE CONTACT WITH PARENT OR CHILD THROUGHOUT THE FIVE MINUTES. IF PARENTS ASKS A QUESTION, ANSWER THEM: “You should act as you normally would if I was not here.”

CHECK CAMERA FRAMING.

CHECK THE TIME.

AT THE END OF 5 MINUTES SAY:

“Great! That is the end of the first activity.”

RECORD END TIME OF TASK:

YOU MAY ALSO ALLOW THE PARENT AND CHILD A FEW EXTRA MINUTES TO PLAY WITH AND CLEAN UP THE TOYS, ESPECIALLY IF THE CHILD IS VERY ENGAGED WITH THE TOYS. DO NOT TURN CAMERA OFF.

GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

**SECOND PARENT-CHILD INTERACTION FOR CHILDREN 2-6 YEARS, 11 MONTHS OLD**

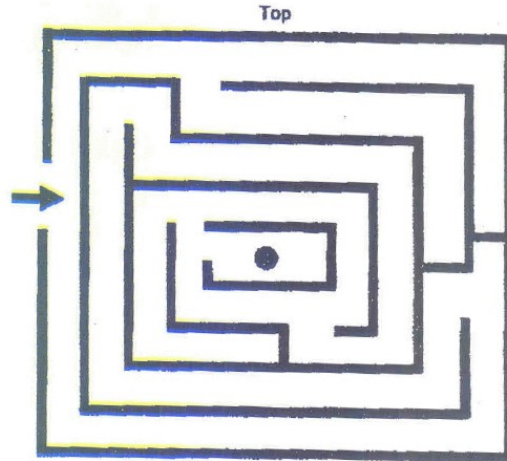
**SECOND ACTIVITY MATERIALS:**

ETCH-A-SKETCH

MAT

TIMER

Etch-A-Sketch that has been altered by taping a maze to the screen like the figure below:



[THIS DEPICTION OF THE MAZE LAY-OVER IS AN EXAMPLE OF HOW THE ETCH-A-SKETCH WILL BE ADAPTED FOR THIS TASK. THE INTERVIEWER SHOULD HAVE UP TO THREE LAY-OVER MAZES WHICH VARY DEPENDING UPON THE AGE OF THE FOCAL CHILD, IN CASE THE MAZE IS TOO EASY AND THE CHILD AND PARENT COMPLETE THE MAZE QUICKLY.]

THE TASK CAN BE CONDUCTED ON THE FLOOR USING A MAT TO DEFINE A WORKING SPACE FOR THE PARENT AND CHILD. IF IT APPEARS DIFFICULT FOR THE PARENT AND CHILD TO WORK ON THE FLOOR, A TABLE AND CHAIRS MAY BE USED FOR THIS ACTIVITY.

SECOND ACTIVITY SETUP:

TIME: 5 MINUTES

[INTERVIEWER] “This activity should take about 5 minutes. I have an etch-a-sketch with a maze for [PARENT] and [CHILD] to solve. I have three mazes for you to solve, which I will give to you one at a time. ”

PICK UP THE ETCH-A-SKETCH AND SHOW THE PARENT AND CHILD HOW THE KNOBS WORK, SAY: “Here is how the etch-a-sketch works. This knob sends the line this way and that knob sends it that way.”

GIVE THE PARENT THE ETCH-A-SKETCH.

“To solve the maze, I would like both of you to try to get the line to go from the arrow to the circle without crossing any of the lines of the maze. I’d like [PARENT] to control this knob and [CHILD] to control that knob.

ASSIGN PARENT AND CHILD DIFFERENT KNOBS ACCORDINGLY.

[PARENT] can offer any help that you think [CHILD] needs. Feel free to talk with [CHILD] and do whatever you would normally do. Please try to stay on the mat and keep yourself and [CHILD] facing the camera.

Do you have any questions before you begin?”

ANSWER QUESTIONS ACCORDINGLY.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

“OK, let’s get started. Remember, [PARENT] can give [CHILD] any help that you think he/she needs. If you solve this maze quickly, I have another maze for you to try. ”

“You can begin now.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT INTERACT WITH PARENT OR CHILD IN ANY WAY. TRY NOT TO CATCH THE CHILD’S EYE IF (HE/SHE) IS LOOKING AT YOU. IF PARENT ASKS FOR GUIDANCE, SAY: “Just feel free to help (CHILD) as you normally would.”

CHECK THE TIME.

IF PARENT AND CHILD COMPLETE THE MAZE BEFORE THE 5 MINUTES ARE UP, SAY:

“OK, you’re finished with that one. Here’s another maze.”

CHECK FRAMING OF CAMERA

WHEN THE 5 MINUTES ARE UP CHECK WHETHER THE PARENT AND CHILD COMPLETED THE MAZE.

YES, MAZE IS COMPLETED → SAY INSTRUCTION A  
NO, MAZE IS NOT COMPLETED → SAY INSTRUCTION B

INSTRUCTION A: “Great! You both finished the maze! That is the end of this activity.”

INSTRUCTION B: “That’s all the time we have. You did a great job!”

YOU MAY ALLOW PARENT AND CHILD AN EXTRA MINUTE TO FINISH PLAYING WITH ETCH-A-SKETCH. DO NOT TURN OFF CAMERA.

RECORD END TIME OF TASK:

[IF COUPLE IS SEPARATED] “Thank you so much for being part of our study. I am finished observing you and [CHILD] now.” GIVE PARTICIPANT HIS/HER CHECK AND GIFT UPON LEAVING THE HOME

[IF COUPLE INTACT] GIVE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK, FEED CHILD, ETC.

SKIP TO ACTIVITY III (PAGE 35)

**IF CHILD IS 7-8 YEARS OLD, 11 MONTHS:**

**2 ACTIVITIES:**

FIRST ACTIVITY: 5 MINUTES: DISCUSSION TASK

SECOND ACTIVITY: 5 MINUTES: CHALLENGING ETCH-A-SKETCH TASK

**FIRST PARENT-CHILD INTERACTION FOR CHILDREN 7-8 YEARS, 11 MONTHS OLD**

**FIRST ACTIVITY MATERIALS:**

CARDS WITH DISCUSSION TOPICS (SPECIFIC TO PARENT-CHILD INTERACTION) [ATTACHMENT L]  
INSTRUCTION CARD [ATTACHMENT F]  
TIMER  
SPINNER

**FIRST ACTIVITY SET UP:**

TIME: 5 MINUTES

[INTERVIEWER] “In this first activity, I would like you both to talk to each other for 5 minutes about different rules that families might have. The rules are on the backs of each of these cards [ATTACHMENT L]. You’ll use the spinner to choose which piles of rules to draw from. The blue pile contains rules for kids, the red pile contains rules for parents, and the green pile contains rules about right and wrong behavior. You should take turns spinning to see which piles of cards you choose from. For example, if you [CHILD] spin red, take the first red card and read its rule out loud. If you need help reading the card, someone can help you read the card. Then, I’d like [CHILD] to start the discussion by first saying what he/she thinks about the rule, followed by [PARENT] saying what she/he thinks. Then each of you should talk about your answers with each other.”

“Now, there are not any right and wrong answers here – I just want the you both to talk about these rules. Please take your time talking about the topic. When you both feel you have said what you want to say about the rule on the card, I’d like the other person to spin the wheel and pick up another card from the pile, and talk about the rule on the card in the same way. Don’t feel that you need to get through all of the cards on the table. If you only have a chance to



discuss the rule on one of the cards, that is fine. I'll let you know when the 5 minutes are up. Any questions?"

WAIT FOR QUESTIONS AND ANSWER ACCORDINGLY

"OK – Let's try a practice round, so that you can see how it works. Let's pretend that [CHILD] spins the spinner and it lands on red."

INTRODUCE THE RED PRACTICE CARD #1

"This practice card says: 'Kids should be able to decide when they should wake up in the morning.' So, [CHILD] should repeat what the card says out loud. [ALLOW CHILD TIME TO REPEAT THE RULE.] "And then, [CHILD] should say what he/she thinks about the rule." [ALLOW CHILD TIME TO SAY WHAT HE/SHE THINKS] Next, [PARENT] should say what she thinks about the rule. The two of you can talk about it while I check the camera."

GIVE THE PARENT AND CHILD 2 MINUTES TO TALK TO EACH OTHER.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

WHEN 2 MINUTES ARE UP, SAY TO CHILD AND PARENT: "Good! Do you have any questions before I start taping?"

ANSWER QUESTIONS ACCORDINGLY.

MAKE SURE THE TOPIC DISCUSSION CARDS ARE IN THE CORRECT ORDER AND THAT THE CARDS ARE LAID FACE DOWN ON THE TABLE WITH CARD ONE ON TOP.

"OK – Let's get started. I am leaving a card with instructions, just in case you need it [ATTACHMENT F]. Now, I'll just check the camera one more time, then I'll leave the room and I'll come back when 5 minutes are up. Do any of you have any questions before we begin?"  
ANSWER QUESTIONS ACCORDINGLY

CHECK FRAMING ONE LAST TIME

"Please do not touch the camera while I am out of the room."

"OK, you may begin now."

LEAVE THE ROOM.

START STOP WATCH, AND LET ACTIVITY CONTINUE FOR 5 MINUTES.

USE LISTENING EQUIPMENT TO ENSURE THAT SOUND IS WORKING AT START OF THE INTERACTION. CHECK TIME SPORADICALLY.

RECORD END TIME OF TASK:

RETURN TO ROOM AFTER 5 MINUTES. MAKE SURE TO KNOCK BEFORE ENTERING THE ROOM AGAIN.

“Thanks so much! That’s the end of this discussion.”

YOU MAY ALLOW THE PARENT AND CHILD AN EXTRA COUPLE OF MINUTES TO FINISH UP THEIR DISCUSSION, IF NECESSARY. DO NOT TURN OFF CAMERA.

GIVE THE PARENT AND CHILD AN OPPORTUNITY TO TAKE A BREAK AS NEEDED.

### **SECOND PARENT-CHILD INTERACTION FOR CHILDREN 7-8 YEARS, 11 MONTHS OLD**

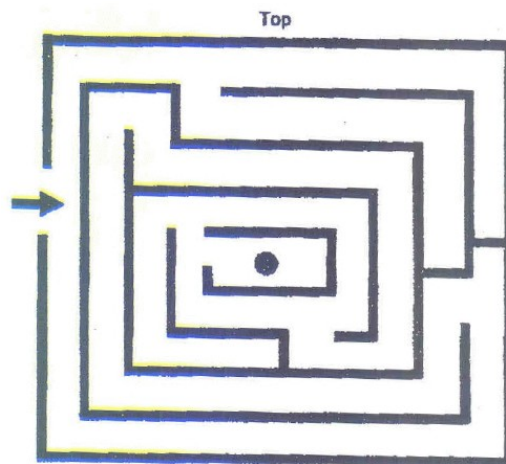
#### **SECOND ACTIVITY MATERIALS:**

ETCH-A-SKETCH

MAT

TIMER

Etch-A-Sketch that has been altered by taping a maze to the screen like the figure below:



[THIS DEPICTION OF THE MAZE LAY-OVER IS AN EXAMPLE OF HOW THE ETCH-A-SKETCH WILL BE ADAPTED FOR THIS TASK. THE INTERVIEWER WILL HAVE THREE LAY-OVER MAZES, WHICH VARY DEPENDING UPON THE AGE OF THE FOCAL CHILD, IN CASE THE MAZE IS TOO EASY AND THE CHILD AND PARENT COMPLETE THE MAZE QUICKLY.]

THE TASK CAN BE CONDUCTED ON THE FLOOR USING A MAT TO DEFINE A WORKING SPACE FOR THE PARENT AND CHILD. IF IT APPEARS DIFFICULT FOR THE PARENT AND CHILD TO WORK ON THE FLOOR, A TABLE AND CHAIRS MAY BE USED FOR THIS ACTIVITY.

“This activity should take about 5 minutes. I have an etch-a-sketch with a maze for [PARENT] and [CHILD] to solve. I have three mazes for you to solve, which I will give to you one at a time. ”

PICK UP THE ETCH-A-SKETCH AND SHOW THE PARENT AND CHILD HOW THE KNOBS WORK, SAY: “Here is how the etch-a-sketch works. This knob sends the line this way and that knob sends it that way.”

GIVE THE PARENT THE ETCH-A-SKETCH.

“To solve the maze, I would like both of you to try to get the line to go from the arrow to the circle without crossing any of the lines of the maze. I’d like [PARENT] to control this knob and [CHILD] to control that knob.

ASSIGN PARENT AND CHILD DIFFERENT KNOBS ACCORDINGLY.

[PARENT] can offer any help that you think [CHILD] needs. Feel free to talk with [CHILD] and do whatever you would normally do. Please try to stay on the mat and keep yourself and [CHILD] facing the camera.

“Do you have any questions before you begin?”

ANSWER QUESTIONS ACCORDINGLY.

CHECK CAMERA: LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING

“OK, let’s get started. Remember, [PARENT] can give (CHILD) any help that you think he/she needs. If you solve this maze quickly, I have another maze for you to try. ”

SAY TO THE PARENT AND CHILD: “You can begin now.”

START THE STOPWATCH, LET ACTIVITY CONTINUE FOR 5 MINUTES.

RECORD START TIME OF TASK:

DO NOT INTERACT WITH PARENT OR CHILD IN ANY WAY. TRY NOT TO CATCH THE CHILD'S EYE IF (HE/SHE) IS LOOKING AT YOU. IF PARENT ASKS FOR GUIDANCE, SAY: "Just feel free to help (CHILD) as you normally would."

CHECK THE TIME.

IF PARENT AND CHILD COMPLETE THE MAZE BEFORE THE 5 MINUTES ARE UP, SAY: "OK, you're finished with that one. Here's another maze."

CHECK FRAMING OF CAMERA

WHEN THE 5 MINUTES ARE UP CHECK WHETHER THE PARENT AND CHILD COMPLETED THE MAZE.

YES, MAZE IS COMPLETED → SAY INSTRUCTION A  
NO, MAZE IS NOT COMPLETED → SAY INSTRUCTION B

INSTRUCTION A: "Great! You both finished the maze! That is the end of this activity."

INSTRUCTION B: "That's all the time we have. You did a great job!"  
YOU MAY ALLOW PARENT AND CHILD AN EXTRA MINUTE TO FINISH PLAYING WITH ETCH-A-SKETCH. DO NOT TURN OFF CAMERA.

RECORD END TIME OF TASK:

[IF COUPLE IS SEPARATED] "Thank you so much for being part of our study. I am finished observing you and [CHILD] now. GIVE PARTICIPANT HIS/HER CHECK AND GIFT UPON LEAVING THE HOME.

[IF COUPLE INTACT] GIVE PARENT AN OPPORTUNITY TO TAKE A BREAK, FEED CHILD, ETC.

SKIP TO ACTIVITY III (PAGE 35)

**IF CHILD IS 9-15 YEARS OLD**

**ONE PARENT-CHILD ACTIVITY:**

10-MINUTE PROBLEM SOLVING DISCUSSION

**ACTIVITY MATERIALS**

LIST WITH AREAS OF FAMILY DISAGREEMENT [ATTACHMENT D]  
TIMER

**SETUP OF ACTIVITY:**

"For this activity, I'd like you to talk about topics that you disagree on. First, I would like you to identify the three topics that you disagree about the most. Here is a list of topics that children

and their parents often have different opinions or disagreements about [ATTACHMENT D]. For the next few minutes, I'd like you to review the list together and pick three topics on which you disagree on the most."

"Once you've picked three topics, please write down next to them how often you disagree on them and how strongly you disagree on them. I will leave the room while you review the list. If you finish going through the list before I come back, just call me and I will return. Any questions?"

ANSWER QUESTIONS ACCORDINGLY.

LEAVE THE ROOM AND RETURN AFTER 3 MINUTES. MAKE SURE TO KNOCK ON DOOR BEFORE ENTERING THE ROOM, IF POSSIBLE.

"OK. Did you have a chance to select three topics?"

IF PARENT AND CHILD IDENTIFIED THREE TOPICS GO TO INSTRUCTION A:

IF PARENT AND CHILD DO NOT IDENTIFY TOPICS OF DISAGREEMENT FOLLOW THESE STEPS:

- TALK TO TEEN AND PARENT ABOUT ANY POSSIBLE AREAS THEY MAY DISAGREE ABOUT, EITHER FROM THE LIST OR OTHERWISE.
- STRESS THAT WE ARE NOT LOOKING FOR SOMETHING THEY HAVE HUGE ARGUMENTS ABOUT, JUST SOME AREA THEY DON'T AGREE ON.
- ASK THE TEEN TO RECALL A DISAGREEMENT HE/SHE HAS HAD WITH HIS/HER PARENT IN THE PAST 2 WEEKS. IF THE TEEN CAN'T OR WON'T NAME AN AREA, TELL THE TEEN THE DISCUSSION WITH THE PARENT SHOULD FOCUS ON HOW DECISIONS ARE MADE IN THEIR FAMILY ABOUT THE TEEN'S ACTIVITIES OUTSIDE OF SCHOOL AND WHETHER THE TEEN AND PARENT HAVE DIFFERING VIEWS ON THIS.

(IT IS IMPORTANT TO REMEMBER THAT ALL CHILDREN AND PARENTS HAVE BEEN INFORMED THAT THEY CAN REFUSE TO ANSWER ANY QUESTIONS).

INSTRUCTION A: "OK, now I would like to videotape the two of you while talking about one of the disagreements that you have selected. The first topic that I would like you to discuss is [INSERT TOPIC]. [CHILD] will start the discussion by telling you about the disagreement that the three of you have and describing his/her side of it, followed by his/her view of your sides of the issue. We'd like the three of you to talk about this issue for 10 minutes, so take the time to talk about all sides of the disagreement.

You should each try to help the others really understand your side of the disagreement, and then try to reach some resolution to the issue that you are all happy with. So you [CHILD] should help your [mom/dad] understand your point of view and you [PARENT] should help [CHILD] understand your point of view, as you work to reach a resolution you are all happy with and you feel like you've said everything you need to say about the topic. Any questions?"

#### ANSWER QUESTIONS ACCORDINGLY

"While you discuss this topic, I will leave the room again during your discussion, so that you feel as comfortable as possible doing this. As a reminder, everything you say during this discussion will be confidential. If you finish discussing the first topic, move on to the second topic you identified, and talk about it in the same way. Try to stay on these two topics as best you can until I come back. I'm leaving a card with the second topic that you identified, and an instruction card [ATTACHMENT E], just in case you need it. Any questions?"

#### ANSWER QUESTIONS ACCORDINGLY

"OK – Let's get started. Now, I am going to check on the camera one more time and then leave the room. Please do not touch the camera while I am out of the room."

LOOK IN THE VIEW FINDER OF THE CAMERA AND MAKE SURE THAT EACH PERSON IS IN VIEW. IF THERE IS AN ISSUE WITH THE LIGHTING, OR THE FRAMING IS NOT QUITE RIGHT, MAKE ADJUSTMENTS AS NEEDED. IF THERE ARE SOUNDS THAT COULD INTERFERE WITH THE RECORDING (E.G. TV, RADIOS, DISHWASHERS, ETC.) ASK IF YOU CAN TURN IT OFF OR DOWN DURING THE TAPING.

"OK, so go ahead and get started, and do whatever you normally would do when talking about this topic."

"OK, you may begin now."

LEAVE THE ROOM.

START STOP WATCH, AND LET ACTIVITY CONTINUE FOR 10 MINUTES.

USE LISTENING EQUIPMENT TO ENSURE THAT SOUND IS WORKING AT START OF THE INTERACTION. CHECK TIME SPORADICALLY.

RECORD END TIME OF TASK:

RETURN TO ROOM AFTER 10 MINUTES. MAKE SURE TO KNOCK BEFORE ENTERING THE ROOM AGAIN.

"Thanks so much! That's the end the 10 minutes. You can take a few extra minutes if you would like to finish up your discussion."

YOU MAY ALLOW THE PARENT AND CHILD AN EXTRA COUPLE OF MINUTES TO FINISH UP THEIR DISCUSSION, IF NECESSARY. DO NOT TURN OFF CAMERA.

[IF COUPLE IS SEPARATED] “Thank you so much for being part of our study. I am finished observing you and [CHILD] now. GIVE PARTICIPANT HIS/HER CHECK AND GIFT UPON LEAVING THE HOME.

[IF COUPLE INTACT] GIVE PARENT AN OPPORTUNITY TO TAKE A BREAK, FEED CHILD, ETC.

SKIP TO ACTIVITY III (PAGE 35)

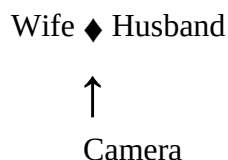
### **COUPLE INTERACTIONS (3)**

#### **ACTIVITY III: COUPLE SOCIAL SUPPORT TASK**

##### *CAMERA INSTRUCTION:*

SET UP CAMERA FOR CO-PARENTING INTERACTION. THE WIFE AND HUSBAND MUST BE INCLUDED IN THE FRAME. TRY TO BE SURE TO HAVE A CLEAR VIEW OF THE FACE AND UPPER BODY OF EACH SPOUSE. ZOOM IN AS CLOSE AS POSSIBLE, BUT CONTINUE TO KEEP THE WIFE’S AND HUSBAND’S FACE AND UPPER BODY IN THE FRAME. IN THE EVENT THAT ONE OF THE SPOUSES LEAVES THE ROOM OR MOVES OUT OF THE FRAME, THE CAMERA SHOULD REMAIN FOCUSED ON THE REMAINING SPOUSE, UNTIL THE OTHER SPOUSE RETURNS.

POSITION WIFE AND HUSBAND SO THAT THEY ARE SITTING SIDE-BY-SIDE AND CAN BOTH BE SEEN IN THE VIDEOTAPE. SPOUSES SHOULD BE ANGLED TOWARD EACH OTHER AND THE CAMERA. FOR EXAMPLE,



#### **FIRST SOCIAL SUPPORT DISCUSSION (SPOUSE 1 TOPIC)**

SPOUSE 1 TALKS ABOUT SOMETHING SHE/HE WOULD LIKE TO CHANGE ABOUT HER/HIMSELF

##### **FIRST SOCIAL SUPPORT DISCUSSION MATERIALS:**

SOCIAL SUPPORT TOPIC LIST [ATTACHMENT B]

SOCIAL SUPPORT DISCUSSION #1- PRE-QUESTIONNAIRE (ATTACHMENT G)

SOCIAL SUPPORT DISCUSSION #1- POST-QUESTIONNAIRE (ATTACHMENT H)  
CRAYONS AND COLORING BOOKS TO OCCUPY CHILDREN

*TIME: 7 MINUTES*

*FIRST SOCIAL SUPPORT DISCUSSION INTRUCTIONS*

[INTERVIEWER] “Next we would like to videotape only the two of you while you have a conversation about something you would each like to change about yourselves. [IF CHILD IS 8 YEARS OLD OR YOUNGER] “I’m going to ask [CHILD] to play with [CARETAKER] in a separate room during this activity.” [IF CHILD IS OLDER THAN 8 YEARS OLD]. “[CHILD], Do you think that you could go to your room or play outside while we do some more activities with your mom and dad?” [CARETAKER WILL TAKE CARE OF OLDER CHILDREN IF PARENTS DESIRE].

CARETAKER WILL TAKE CHILD TO A SEPARATE ROOM

“What you would like to change about yourself could be almost anything, like your work habits, your career, something about your personality or your appearance, some problem you have, friendships or relationships within your family -- and the important thing is that whatever you discuss is something you want to change about yourself, and that it is not really a problem in your marriage -- it should be more of a personal thing that you want to change. You’re going to take turns in sharing with your partner. Can each of you come up with something that you personally would like to work on or change?”

YES...SAY INSTRUCTION A

NO....SAY INSTRUCTION B

**INSTRUCTION A:** “Ok, so what is the topic that each of you is thinking about sharing with each other?”

**CHECK TO MAKE SURE THIS IS NOT A PROBLEM WITHIN THE MARRIAGE.**

ASK: “Is that a source of conflict between you two?”

IF YES...ASK “Can you please think of a different topic that is not a problem within the marriage and is something you want to change about yourself?”  
(REPEAT THIS PROCESS UNTIL THEY FIND A TOPIC THAT IS NOT A PROBLEM WITHIN THEIR MARRIAGE. HAND THEM THE SOCIAL SUPPORT LIST (ATTACHMENT B) TO HELP THEM THINK OF A DIFFERENT TOPIC. WHEN THEY PICK A TOPIC THAT’S NOT A PROBLEM WITHIN THE MARRIAGE, WRITE IT DOWN AND READ INSTRUCTION C)

IF NO...PLEASE READ INSTRUCTION C.



**INSTRUCTION B:** “Here is a list of personal issues (HAND THEM THE SOCIAL SUPPORT TOPIC LIST [ATTACHMENT B]) that other people tend to say they want to change about themselves. Please read through it and let me know if it helps you think of something to share with each other”

ONCE THEY’VE PICKED A TOPIC, ASK: “Is that a source of conflict between you two?”

IF YES...ASK THEM TO PICK ANOTHER TOPIC. REPEAT THIS PROCESS UNTIL THEY HAVE PICKED A TOPIC THAT IS NOT A PROBLEM IN THEIR MARRIAGE.

IF NO...THEN WRITE DOWN THE TOPIC SELECTED BY EACH SPOUSE AND SAY INSTRUCTION C.

**INSTRUCTION C:** “OK, before we start, I’d like you both to fill out this short questionnaire.” HAND EACH MEMBER OF THE COUPLE THE “SOCIAL SUPPORT DISCUSSION #1- PRE-QUESTIONNAIRE” (ATTACHMENT G)

COLLECT IT FROM COUPLE WHEN THEY HAVE FINISHED.

“Great, so I’m going to flip a coin and randomly select who will start the conversation.”<sup>1</sup>

FLIP A COIN AND TELL THE COUPLE WHO WILL START FIRST.

"Ok, so [SPOUSE 1] will start.

So now I would like you to spend the next 7 minutes talking about [SPOUSE 1’s topic]. During this time, [SPOUSE 2], you can respond however you want to, but we do want you to be involved in some way in the discussion. There’s no need to explain names or places for the researchers, this is a private conversation between the two of you.”

CHECK FRAMING OF CAMERA.

“When 7 minutes are up, I will come back and ask you to switch roles. Remember to focus on [SPOUSE 1’s topic] or matters closely related to it until I return. I’m going to start the camera and you can begin as soon as I close the door. Please do not touch the camera while I am out of the room.”

RECORD START TIME.

WHEN YOU’RE OUTSIDE THE ROOM, RAISE THE VOLUME OF THE RECORDING MACHINE TO ENSURE THAT THE SOUND QUALITY IS GOOD,

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<sup>1</sup> Bradbury and Pasch selected the order in which the spouses spoke at random: Pasch, Lauri & Bradbury, Thomas. 1998. “Social Support and Conflict” *Journal of Consulting and Clinical Psychology* 66:2, 219-230. Bradbury et. al. also selected spouses at random for the order of social support conversations: Gonzaga, Gian., Campos, Belinda., Bradbury, Thomas. 2007. “Similarity, Convergence, and Relationship Satisfaction in Dating and Married Couples” *Journal of Personality and Social Psychology*, 93:1, 34-48

WHEN 7 MINUTES HAVE PASSED, KNOCK AND ASK PARTNERS TO DO THE SOCIAL SUPPORT DISCUSSION #1- POST-QUESTIONNAIRE (ATTACHMENT H)

RECORD END TIME.

“Sorry to interrupt, this is all the time we have for this discussion. Before you start the next discussion, I’m going to ask you to answer this brief questionnaire on the basis of the conversation you just had about [SPOUSE 1’s topic].”

HAND THEM THE SOCIAL SUPPORT DISCUSSION #1- POST-QUESTIONNAIRE (ATTACHMENT H)

WHILE THE COUPLE IS FINISHING THE POST-INTERACTION QUESTIONNAIRE, CHECK TO MAKE SURE THAT THE CAMERA IS WORKING AND IN FOCUS FOR THE NEXT INTERACTION

WHEN THEY ARE FINISHED WITH THE POST-INTERACTION QUESTIONNAIRE, READ THE INSTRUCTIONS FOR SPOUSE 2 INTERACTION.

### **SECOND SOCIAL SUPPORT DISCUSSION (SPOUSE 2 TOPIC)**

SPOUSE 2 TALKS ABOUT SOMETHING SHE/HE WOULD LIKE TO CHANGE ABOUT HER/HIMSELF

#### **SECOND SOCIAL SUPPORT DISCUSSION MATERIALS:**

SOCIAL SUPPORT TOPIC LIST [ATTACHMENT B]

SOCIAL SUPPORT DISCUSSION #2- PRE-QUESTIONNAIRE (ATTACHMENT I)

SOCIAL SUPPORT DISCUSSION #2- POST-QUESTIONNAIRE (ATTACHMENT J)

CRAYONS AND COLORING BOOKS TO OCCUPY CHILDREN

*TIME:* 7 MINUTES

#### **SECOND SOCIAL SUPPORT DISCUSSION INTRUCTIONS**

“Ok, now it’s time for [SPOUSE 2] to talk about (TOPIC) while [SPOUSE 1] responds in any way he/she sees fit. “I’m going to ask you to discuss [SPOUSE 2’s] (TOPIC) for 7 minutes. Please remember to stay on that general topic, and don’t continue the conversation you just had about [SPOUSE 1’s] topic. Before you start though, I’m going to ask you to fill out this short questionnaire.” HAND EACH MEMBER OF COUPLE A SEPARATE COPY OF QUESTIONNAIRE FOUND IN APPENDIX I. WAIT FOR COUPLE TO FINISH AND THEN COLLECT.

“Great, now we can get started. Remember to focus on [SPOUSE 2’s topic] or matters closely related to it until I return. You can begin as soon as I close the door. Please do not touch the camera while I am out of the room.”

CHECK CAMERA.

RECORD START TIME AND EXIT THE ROOM: 7 MINUTES

WHEN YOU'RE OUTSIDE THE ROOM, RAISE THE VOLUME OF THE RECORDING MACHINE TO ENSURE THAT THE SOUND QUALITY IS GOOD.

WHEN 7 MINUTES HAVE PASSED, KNOCK AND ENTER

RECORD END TIME BUT KEEP CAMERA ON.

"This is all the time we have for this discussion. As before, I'm going to ask you to answer this brief questionnaire on the basis of the conversation you just had about [SPOUSE 2's topic]." (ATTACHMENT J)

HAND THEM THE POST-INTERACTION #2 QUESTIONNAIRES [ATTACHMENT J] [We are considering only having one post-interaction questionnaire, which is administered after both of the social support tasks.]

WHILE COUPLE IS FINISHING THE POST INTERACTION QUESTIONNAIRE CHECK TO MAKE SURE THAT THE CAMERA IS WORKING AND IN FOCUS

#### **ACTIVITY IV: COUPLE PROBLEM SOLVING TASK**

CAMERA INSTRUCTIONS ARE THE SAME AS IN THE SOCIAL SUPPORT TASK

##### ONE DISCUSSION

COUPLE TALKS ABOUT A SOURCE OF CONFLICT IN THEIR RELATIONSHIP

##### MATERIALS:

*TOPICS THAT MARRIED COUPLES TYPICALLY ARGUE ABOUT* LIST [ATTACHMENT A].

PROBLEM SOLVING POST-QUESTIONNAIRE (ATTACHMENT K)

*TIME:* 7 MINUTES

##### INSTRUCTIONS FOR THIRD INTERACTION:

"Now we are going to have one more discussion. This time I'd like you two to identify one topic of disagreement and discuss it for 7 minutes to make some progress on the issue. Here is a list of topics that are common sources of conflict among married couples.

HAND THEM THE LIST OF *TOPICS THAT MARRIED COUPLES TYPICALLY ARGUE ABOUT* [ATTACHMENT A]. For the next three minutes, I'd like you to review the list together to select a topic that you consider to be a frequent source of conflict in your relationship. The

topic that you select should not be an issue that you have huge arguments about, I am looking for you to select some area that you just don't agree on. If there is a topic of disagreement that you do not see on the list, feel free to add a topic to the list as well."

"Once you've picked a topic, please rate the extent to which this topic is a source of conflict between both of you. I will leave the room while you review the list. If you finish going through the list before I come back, just call me and I will return. Any questions?"

ANSWER QUESTIONS ACCORDINGLY.

TURN ON THE CAMERA AND LEAVE THE ROOM

RECORD START TIME

WHEN YOU'RE OUTSIDE THE ROOM, RAISE THE VOLUME OF THE RECORDING MACHINE TO ENSURE THAT THE SOUND QUALITY IS GOOD.

REENTER ROOM AFTER 3 MINUTES. MAKE SURE TO KNOCK BEFORE ENTERING THE ROOM AGAIN "OK. Did you have a chance to select three topics?"

IF COUPLE IDENTIFIED A TOPIC GO TO INSTRUCTION A:

IF COUPLE DID NOT IDENTIFY A TOPIC OF DISAGREEMENT FOLLOW THESE STEPS:

- TALK TO COUPLE ABOUT ANY POSSIBLE AREAS THEY MAY ARGUE ABOUT, EITHER FROM THE LIST OR OTHERWISE.
- STRESS THAT WE ARE NOT LOOKING FOR SOMETHING THEY HAVE HUGE ARGUMENTS ABOUT, JUST SOME AREA THEY DON'T AGREE ON.
- ASK THE COUPLE TO RECALL A DISAGREEMENT THEY HAD IN THE PAST 2 WEEKS.

(REMEMBER THAT RESPONDENTS HAVE BEEN TOLD AT THE BEGINNING THAT THEY CAN REFUSE TO ANSWER ANY QUESTIONS THEY DON'T FEEL COMFORTABLE WITH.)

INSTRUCTION A: [HELP COUPLE CLARIFY WHAT EACH IS SAYING. FOR EXAMPLE: "So, Mr. A. you believe that Mrs. A. is making unreasonable demands when she asks you to look after the children the moment you walk in from work. And Mrs. A., you think that Mr. A. should be more willing to relieve you and leave you free to make dinner, and that you'd like him to be more involved with the kids."]

"OK I am going to videotape you discussing this topic for 7 minutes, just as I did during the other two discussions. You should try to use this discussion as an opportunity to work toward a solution, even if you cannot solve the problem."

CHECK CAMERA VIEW

RECORD START TIME

“I will return in 7 minutes. Please do not touch the camera while I am out of the room.”

LEAVE ROOM AFTER MAKING SURE SOUND IS LOUD ENOUGH. AFTER SEVEN MINUTES, RETURN, BUT REMEMBER TO KNOCK FIRST.

RECORD END TIME

“That’s the end of the time. You can end your discussion now. One more request is for you both to fill out this questionnaire about the discussion you just had [ATTACHMENT K].”

“Now that we have finished, we would like to give you the [compensation] that we promised to you and [FOCAL CHILD]. Thank you so much for helping us in this study.” GIVE PARTICIPANTS THEIR CHECKS AND GIFT UPON LEAVING THE HOME.

## ATTACHMENT A

### **Topics that Married Couples Typically Disagree About <sup>2</sup>**

We would like you to select one topic of disagreement between you two that you would feel comfortable discussing for 7 minutes to make some progress on the issue. Once you have identified this topic, please rate ON A SCALE FROM 1-100 rate the extent to which this issue is a source of CONFLICT OR DISAGREEMENT between both of you. At the low end of the scale (0-20) are issues that raise little conflict or disagreement, and at the high end (80-100) are issues that raise intense conflict or disagreements between you.

Division of workload in the family	
Management of money in the family	
Our sexual relationship	
Our relationships with our in-laws	
The amount of time we spend together as a couple	
The need for time alone for either of us	
The quality of time we spend together as a couple	
The way we communicate with each other	
Willingness to work for improvement in our relationship	
Decisions about our leisure/travel time as a family	
Step-children	
Trust	
Our work	
Friends	
Personal habits	
Religion	
Children	
Independence	
Drug/alcohol overuse or abuse	
Jealousy/infidelity	
My own or my partner's personality characteristics	
Moods and tempers	
Showing affection/intimacy	
Making decisions/solving problems	
Unrealistic expectations	
Other (specify):	

## ATTACHMENT B

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<sup>2</sup> Adapted from Philip Cowan and Carolyn Pape Cowan, Schoolchildren and Their Families Project, 2000

## **Issues that Some People Want to Change About Themselves**

Please use this list to help you think about something that you might want to change about yourself. Please take a few minutes to review the list, and then let the interviewer know the topic that you have chosen. You may also feel free to pick a topic that does not appear on the list.

Losing weight  
Changing eating habits  
Quitting smoking  
Exercising  
Working on appearance  
Drinking less  
Having more energy  
Being more assertive  
Being more sensitive  
Improving self-image  
Learning to trust others more

Learning to accept others more  
Having more self-confidence or self-respect  
Changing negative attitudes toward people  
Having more self-control  
Learning to control temper or mood at work  
Being more responsible  
Being more optimistic  
Being less aggressive  
Being more patient  
Being more outgoing  
Communicating better with others  
Feeling less guilty about things

Learning to worry less  
Being more organized and efficient  
Being able to manage time better  
Learning to make better decisions  
Do more reading or writing  
Making decisions involving school  
Improving study habits  
Clarifying career decisions and goals  
Taking work less seriously  
Staying motivated at work, pursuing goals  
Being more committed to projects at work

(Provided by Dr. Thomas Bradbury)

## **ATTACHMENT C**

## **List of Topics for Dyad and Triad, Co-Parenting Discussions**

Here is a list of different areas that children and parents often disagree about. Look over this list and circle the three topics that you often disagree about the most. Keep in mind that these topics concern the child's behavior (for example, child's own personal appearance, child's spending habits), not someone else's.

Money (e.g., spending, allowance, savings)  
Friends (e.g., choice of friends, activities with friends)  
Grades/Schoolwork/Homework/Study habits  
Chores  
Misbehavior (e.g., lying, swearing, talking back, breaking rules, fighting)  
Trouble with the law  
Trouble at school  
Family time together  
Alcohol, Smoking and/or Drugs  
Dating  
Brothers or sisters  
Religion/Going to church/participation in religious activities  
Phone  
Personal appearance (clothes, haircuts, jewelry, etc.)  
Use of computer  
Movie and/or TV watching  
Videogames  
Food (e.g., eating habits)  
Music  
Sleep (e.g., bedtime, times to wake up)  
Jobs/work/employment  
Attitudes and/or respect among family members  
Rules in the house (e.g., curfew)  
Activities outside of school  
How you spend your free time  
Transportation and/or use of family car  
Other (please specify): \_\_\_\_\_

## **ATTACHMENT D**



## List of Topics for Dyad and Triad, Parent-Child Discussions

Here is a list of different areas that children and parents often disagree about. Look over this list and circle the three topics that you often disagree about the most. Keep in mind that these topics concern the child's behavior (for example, child's own personal appearance, child's spending habits), not someone else's.

Money (e.g., spending, allowance, savings)  
Friends (e.g., choice of friends, activities with friends)  
Grades/Schoolwork/Homework/Study habits  
Chores  
Misbehavior (e.g., lying, swearing, talking back, breaking rules, fighting)  
Trouble with the law  
Trouble at school  
Family time together  
Alcohol, Smoking and/or Drugs  
Dating  
Brothers or sisters  
Religion/Going to church/participation in religious activities  
Phone  
Personal appearance (clothes, haircuts, jewelry, etc.)  
Use of computer  
Movie and/or TV watching  
Videogames  
Food (e.g., eating habits)  
Music  
Sleep (e.g., bedtime, times to wake up)  
Jobs/work/employment  
Attitudes and/or respect among family members  
Rules in the house (e.g., curfew)  
Activities outside of school  
How you spend your free time  
Transportation and/or use of family car  
Other (please specify): \_\_\_\_\_

## ATTACHMENT E

Instruction card to be left with parent(s) and child for 9 year olds and older

1. Describe the disagreement that you have with your parent(s).
2. State your side of the disagreement.
3. State your parent's side of the disagreement.
4. Discuss the disagreement so that you and your parents understand each other's point of view.
5. Try to resolve the disagreement and come to a resolution.
6. If you finish discussing the first disagreement before time is up, talk about the second topic of disagreement, and repeat steps 1 - 5.

## ATTACHMENT F

**Instruction card to be left with parent (s) and child for 7-8 year olds.**

1. Read the rule given on the card you selected.
2. Share how you feel about the rule.
3. State how your parent (s) feel about the rule.
4. Discuss the differences so that you and your parents understand each other's point of view.
5. Try to come to a resolution and/or understanding about the rule.
6. If you finish discussing the rule before time is up, choose another card to discuss in the same way.









**ATTACHMENT K**

Problem Solving – Post-Questionnaire

	Not at all	Somewhat	Very Much
Excited			
Angry			
Valued			
Scared			
Hostile			
Supportive			
Irritable			
Helped/Supported			
Inspired			
Nervous			
Respected			

1. How does this discussion compare with other discussions you and your spouse have had about this topic?

Very Similar                      Somewhat Similar                      Very Different  
                 

2. How do the feelings that you had during this discussion compare with the findings you usually have when you discuss this topic?

Very Similar                      Somewhat Similar                      Very Different  
                 

3. How do the things you said in this discussion compare with the things you usually say when you discuss this topic?

Very Similar                      Somewhat Similar                      Very Different  
                 

4. To what degree were you and your spouse able to work productively on the topic in the discussion?

Not at All                      Somewhat                      Very Much  
                 

5. How satisfied are you with the outcome of the discussion?

Not at All Satisfied                      Satisfied                      Very Satisfied

## ATTACHMENT L

### **Rules for Families: 7-8 Year Old Parent-Child Interaction**

Blue cards, parent-child interaction:

- Kids should be responsible for their own belongings.
- Kids should be able to wear whatever they want.
- Kids should be able to eat only what they like.

Red cards, parent-child interaction:

- Parents should let their children decide their own punishment.
- Parents should set limits on what television their children can watch.
- Parents should decide who their children can be friends with.

Green cards, parent-child interaction:

- It's OK for kids not to tell their parents when they get into trouble at school.
- Sometimes it's OK to tattle.
- Sometimes it's OK to give your friend the right answer on a test.

[SOURCE: NICHD Study on Early Child Care]



## ATTACHMENT M

### **New Skills for Infants**

Please choose a skill you want to teach to your child.

How to bat a dangling object

How to hold a toy with both hands

How to vocalize single syllables, such as ba, pa, da, ma, na

How to transfer an object from one hand to the other

How to bang an object on a table

How to bang two objects together

How to turn pages in a stiff book

How to pick up small objects with thumb and index finger

How to use their index finger to point (at you or at other objects)

How to imitate an action (clapping, give me five, crossing arms)

How to say a word such as dada, mama

How to remove a sock, hat, or shoe (laces undone)

How to drink from an open cup

How to say a new word and learn its meaning (cup, shoes, table, floor, carpet)

How to point to some body parts (nose, ears, eyes, eyebrows, etc.)

How to make an animal sound (cat, dog, rooster, pig)

To hold a pencil with thumb and fingers (adult-like grasp)

To understand the meaning of two (two toys, two arms, two eyes, etc.)

To point to big or small objects upon request (a small toy or a big toy)

To say a sentence. For example, "My mom loves me" or "I like toys" or "I am happy."

To understand the meaning of plural words (sock vs. socks, car vs. cars, etc.)

## **ATTACHMENT N**

### **Rules for Families: 7-8 Year Old Co-parenting Interaction**

Blue cards, co-parenting interaction:

- Kids should not be asked to do household chores.
- Kids should always obey their teachers.
- Kids should be able to decide their own bedtime.

Red cards, co-parenting interaction:

- Parents should make sure their children turn their homework in on time.
- Parents should always know what their children are doing when the children are playing outside.
- Parents shouldn't give children money every time they ask for it.

Green cards, co-parenting interaction:

- It's OK to do something wrong if all of your friends are doing it.
- Kids shouldn't fight with their friends.
- It's OK for kids to have messy rooms

[SOURCE: NICHD Study on Early Child Care]

**SUPPORTING HEALTHY MARRIAGE PROJECT**

**APPENDIX D**

**IMPLEMENTATION STUDY PROTOCOL**

**I. Guide for observations of SHM marriage education group**

**Instructions:** Although the impact of a single module might be limited in scope, it will be important for the observer to assess whether or not the session is likely to move couples toward strengthening their relationships. With this caveat in mind the researcher should document his or her observations immediately after the Marriage Education Group (MEG). When completing your write-up please provide evidence to support your responses. When possible you should also include examples/quotes to further illustrate your explanations.

**LEARNING SPACE**

Describe the workshop neighborhood/location

Describe the workshop learning space please note if there was enough room for people to move about freely, if the space organized, clean, comfortable, and free from outside distractions, if the temperature reasonable, the seats comfortable, the space in good repair etc.

Did the space appear inviting for men, women, and children?  
(decorations were gender neutral and/or appealing men and women)

Did the arrangement of the room allow for participant interaction?

Did the arrangement of the room allow for easy viewing and use of curriculum videos and/or other materials relevant to the session?

Where were the facilitators placed during the session? (sitting, standing, do they separate themselves from the group, sit beside each other, across from each other.)

How suitable was the learning space of the workshop?

Not suitable

Somewhat Suitable

Very Suitable

**WORKSHOP CLIMATE**

Did the climate of the session encourage participants to ask questions, generate ideas, and share information?

Did couples appear to feel relaxed and safe?

Did couples interact with one another in respectful ways?

Did the climate of the workshop lend itself to couples feeling comfortable?

Not Comfortable                      Somewhat Comfortable                      Very Comfortable  
                                                                           

**COUPLE ENGAGEMENT**

Did the workshop include opportunities for participants to interact with each other?

Were there opportunities for couples to listen and learn from each other?

Did the couples seem engaged and responsive to the facilitators?

Did the couples appear disinterested?  
(isolated, talked in sub-groups, slept, looked bored, read unrelated material)

To what extent did the group appear bonded during the MEG?

Did the workshop begin or end with a meal or other socializing activity?  
If so, did couples interact with each other?

Overall, how engaged were the couples during the workshop?

Disengaged                                      Somewhat Engaged                                      Very Engaged  
                                                                           

**COUPLE LEARNING**

What mediums were used to teach the module?

Were there any problems or delays related to setting up the technical equipment and materials?  
If so, how were these issues resolved?

Did couples have curriculum manuals or other materials as needed? If not how did the  
facilitators address this need?

Were the materials that were used in the session useful to the couples?



Did the facilitator(s) appear confident in his/her ability to present the curriculum material?

How did the facilitator(s) challenge couples ideas in order to promote understanding?

Were connections made to other lessons and/or to couples' real world life contexts? If so how?

Did the facilitators make an effort to find out whether or not the group understood the information presented? How did this occur?

Did facilitators encourage communication and move discussions toward the goals of the session module?

How did the facilitators encourage and/or facilitate couples' connections with the groups and with each other?

What techniques did the facilitators use to maintain participant engagement?

Describe the interaction between the facilitators (note if they worked as a team, felt camaraderie with each other, if you observed any obvious tensions).

In what ways did facilitators acknowledge cultural differences and/or values?

How effective were the facilitators in covering the curriculum?

Not Effective		Somewhat Effective		Very Effective
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>				

How well did the facilitators work together?

Not Very Well		Somewhat Well		Very Well
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>				

How often did the facilitators engage with the couples?

No Engagement		Some Engagement		Lots of Engagement
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>				

**OTHER QUESTIONS TO CONSIDER**

From your knowledge about the program, do you feel that the workshops are a strength of the program? Please explain?

Do you have any concerns about the workshop you observed? If so, what are they?

If you have observed other workshops, how does this one compare to others? (please list when and where you observed those workshops)

## **II. Guide for Focus Groups with Married Couples Currently Participating in SHM Programs**

The four areas of inquiry below are topics that the research team proposes to use to frame the focus group questions. Do note that the topic areas are flexible and might be changed based on the information that participants provide. Also note that questions will be tailored to suit the contextual circumstances of each site.

1. Why did you choose to enroll in the program and what kept you participating?
2. How did the program change your expectations and ideals about marriage, family and parenting?
3. How did the program affect your marriage, family, and parenting?
4. What worked and didn't work well about the services the program provided?

### **INTRODUCTION**

- Welcome and thank you for coming today.
- My name is \_\_\_\_\_ and I have with me \_\_\_\_\_. We are from MDRC, a research company studying programs like \_\_\_\_\_. We are not part of any government agency although we are conducting this research for the U.S. Department of Health and Human Services.
- We are doing a study on marriage education programs and would like to hear your opinions about them. We like to hear about how this marriage education program affected you and what you liked and didn't like about the program. The information gathered in these discussions might help us come up with ways to improve these programs and help more married couples participate.
- We're interested in knowing what made you enroll and attend the program, how you feel the program has affected your relationship and family, what has been good about your experience, and what can be improved.
- Everything said here is confidential. No one will be quoted by name. We also ask that you keep confidential what others say during this conversation.
- Your participation is voluntary, and if you decide not to participate, it won't affect your participation in this program or any other service or benefit you may be eligible for. The estimated time for this discussion is two hours. At the end, each of you will receive a gift card as a way to thank you for your time.
- We will be recording the discussion so that we can remember your comments and opinions. It will help us if you speak one at a time, loudly and clearly. Again, you will never be identified individually and no one outside the research team will have access to the tape.



- There are no right or wrong answers. People may disagree, and that’s OK. We welcome the opportunity to hear everyone’s thoughts. We also want to hear both positive and negative comments —whatever you want to share.

To start, please introduce yourself, with just your first name, and tell us a little bit about yourself, like how long you’ve been married, and how many children you have.

**1. The following questions ask participants about why they chose to enroll in the program and what kept them participating. We will ask what initially attracted them to the program (e.g. marketing material; incentives; referral partners; program benefits) and what kept them interested once enrolled in the program. The answers to these questions will help us understand how best to reach out to potential couples and what participants think is most valuable about attending.**

- A. *Why did you come to the program?* These questions will ask participants how they heard about the program and what made them come to an intake session and enroll. We will ask about how they found out about the program and what about the marketing material they saw, program recruiter they spoke with, or referral partner who told them about the program peaked their interest. We also want to ask what initial concerns and questions they had about the program and how these were addressed.

Sample questions:      How did you hear about the program? Can you remember some of your first thoughts or questions about the program?

   What “hook” or message about the program made you want to attend?

   Did you know the program would provide support and small “gifts” to your family before enrolling? If so, did this influence your decision to participate?

- B. *Why did you keep coming to the program?* These questions will ask participants what made them show up for the groups, meetings with family support workers, and other program activities. We will ask which program activities were most helpful, what challenges they had to overcome to attend the program, and what the program could have done to help them attend even more.

Sample questions:      What about the program was the most interesting and important to you? (Think about the ME workshops, meetings with your family support coordinator, booster sessions, and social activities)

   What did you find useful about that kind of activity?

   Did you attend the social activities such as date nights or other events offered by the program? Were these events an important part of the program to you?

   What challenges did you face in trying to attend the program? (probes: childcare, transportation, job

obligations, illness, family responsibilities, other events) How did you overcome these obstacles? What did the program do if anything, to help?

How did the supports the program offered for childcare and transportation contribute to your attendance in the program?

How important were the “gifts”, such as games for your kids in your coming to the program?

**2. The following questions ask participants how their expectations, ideals, and standards about marriage, family, and parenting have changed since participating in the program. The answers to these questions will help inform topics for future surveys and help us understand how couples think the program has changed the way they think about marriage and family in general.**

Couples will be asked about how their opinions have changed since participating in the program. Topic areas might include: the role of a wife or husband in the household; ideas about commitment to marriage and divorce; how household and parenting decisions are made; what is important in a marriage; and the likelihood of improving problems in a marriage.

Sample questions: How has your opinion on whether or not and how couples can resolve problems in a marriage changed as a result of the program?

Have your expectations for what parenting responsibilities you and your spouse should have changed since participating in the program?

**3. The following questions ask participants about how their marriage and family have changed since participating in the programs and how they are using some of the skills the curricula teach. The topics below are examples of areas we may want to cover with couples during focus groups. The answers to these questions will help inform topics for future survey development and help us understand how couples think the program has impacted them.**

*A. Communication:* We will ask participants whether or not the program has changed the way they communicate with their spouse. We also want to know if the program has affected the way they communicate with their children, families, and others in their lives. We will ask how their communication has changed and how the program contributed to this. We will also ask if there is anything else the program could have done to support them on improving their communication.

Sample questions: Has the program helped you listen differently to your spouse? If so, how did the program help?

Are you talking about important things in your life more often with your spouse? If so, what did the program do to help you do this?

*B. Disagreement and Conflict Resolution:* We will ask participants if there has been any change in how they handle their problems and disagreements since attending the program. We want to know if there has been a change in how often they argue, how they argue, and what they argue about, and how the arguments get resolved. We also want to know if the program has impacted how they handle conflict with their children, families, and others in their lives.

Sample questions: Do you think the program changed the way you and your spouse disagree? Has the program helped your spouse respect your perspective, even with he/she disagrees?

Did the program help you change the way you resolve arguments with your spouse? If so, how did the program help?

*C. Fun, Friendship, and Intimacy in Marriage:* We will ask participants if the program affected how much time they spend together; how they spend that time; and how much they enjoy the time they have together. We will also ask whether or not there has been a change in how they express appreciation and affection toward their spouse and if they now feel more appreciated or valued by their partner.

Sample questions: Have you been enjoying time spent with your spouse more since participating in the program? In what ways if any did the program change with this?

Did the program affect the ways and how often you express to your spouse that you value him/her? If so, how?

*D. Parenting and Family Relationships:* This section of questions will ask participants about whether or not the program has affected the way they parent and relate to the rest of their family.

Sample questions: Have there been any changes in the way you parent? Think about:

How much time you spend with your kids.

How you make decisions together about your kids.

Each of your parenting responsibilities.

How else has the program impacted your marriage and family? Are there things we did not ask about that have changed in your life since attending?

**4. The following questions ask participants what they think worked well and what did not at the program. We will ask about participants' experiences with each of the three SHM program components and what they liked or did not like about the way each was offered. We would like to know what qualities in the program activities and program staff are important to participants and what the program could do to improve their services.**

*A. Marriage Education Groups*

Sample questions: Have you found that the skills that were taught in the workshop have been useful at home? Which ones, and why? How have you been using them? Are there some skill or techniques that have been less useful? Which ones, and why?

Did you feel your workshop facilitator was someone you could relate to? Why or why not?

What workshop topics did you like best or find most useful?

How did you feel about the way topics were presented in workshops? Did you like the videos, handouts, couple workbooks etc that were used?

### *B. Family Support Coordination*

Sample questions:

Did you like meeting with your family support coordinator? Why or why not? How helpful was he/she in working with you on issues you brought up?

Did you usually meet with your family support coordinator with your spouse or alone? How often did you meet with him/her as a couple?

Did you talk about the skills you learned in groups with your family support coordinator?

Did you feel you could relate to your family support coordinator? Did you feel respected and supported?

### *C. Extended Activities*

Sample questions:

Which activities (other than workshops) offered by the program did you like or find useful? What did you like about them? Are there any activities you did not enjoy or did not find valuable? Why not?

What did the program do (group social activities, etc) to encourage you to spend time with other couples in the program?

### *D. General Comments and Additional Feedback*

Sample questions:

One of the goals of SHM is to make all participants feel welcome and comfortable. Did you feel that your program did enough to make you feel that way? Did you think that the program environment was comfortable for both men and women, people of different races and ethnicities, people of varying ages? How so? If not, what could the program have done to make you or others comfortable?

Is there anything that we didn't ask about that you would like to share? Do you have any additional comments about your experience or feedback about the program?

### III. Guide for One-on-one Interviews with SHM Site Supervisory Staff

**Instructions:** Interview should be conducted in private with the Program Director and should take approximately 2 hours to complete.

Site	
Location/Agency	
Interviewer name	
Staff name(s) and title(s)	
Date of interview	

Introductory Statement. *[Before beginning the interview, please convey the following information to the respondent]:* **I am conducting this interview as part of a study of the Supporting Healthy Marriages (SHM) Demonstration for the Administration on Children and Families of the United States Department of Health and Human Services. Our goal is to understand how SHM operates and how it has changed since its implementation. Your participation in the study is totally voluntary and all your responses will be kept confidential. Also, if you have any questions about the study, I would be happy to answer them.**

---

#### 1. Background information

- a. How long have you been the Program Director of the SHM Program
- b. What are your overall management responsibilities?
- c. What other programs or services does your agency provide? How does SHM fit into your agency's overall mission?

#### 2. Program development and start-up

- a. What was the major rationale behind developing a SHM program?
- b. Had your agency operated a similar program before SHM? If so, which program?
- c. Who were the major actors in program development?
- d. Which SHM curriculum did you choose and why?
- e. What were some of the major challenges in program development and implementation? How did you meet those challenges?
- f. Please summarize your program start-up and pilot experiences in the following areas:
  - a. Staffing
  - b. Training
  - c. Curriculum development
  - d. MIS issues
  - e. Outreach and recruitment
  - f. Intake, screening, and eligibility determination
  - g. Baseline data collection

- h. Developing extended activities
- i. Developing adjunct services, such as child care or transportation?
- j. Program attendance and retention

### 3. Program organization and staffing

- a. Do you have an organization chart? If so, may I have a copy?
- b. How many staff are engaged in SHM work, by worker category? For example:
  - a. Outreach and recruitment worker
  - b. Intake worker
  - c. Family support worker
  - d. Group facilitator
  - e. MIS specialist
  - f. Activities coordinator
  - g. Other
- c. What is the typical background of your staff, by worker category?
- d. How were workers trained?
- e. How much turnover have you had since SHM operations began? Has worker turnover been a problem?

### 4. Outreach and recruitment

- a. Please give me an overview your strategies for outreach and marketing as they are currently playing out in the field. How and why have your strategies changed over time?
- b. Which recruitment method has been most successful? Least successful?
- c. Who are your major recruitment/referral sources to date?
- d. Have you developed (or are there pre-existing) special relationships with referral sources? If so, which sources?
- e. What materials are you using to explain the project to applicants? (*Note to interviewer: Bring back copies of all current marketing/referral materials*).
- f. Are you using SHM program staff for outreach and recruitment? If so, on average, how much time are your outreach/recruitment workers spending out in the field? If not, who has major responsibility for outreach and recruitment? How has this changed over time?
- g. Is your sense that sufficient numbers of potentially eligible couples are learning about SHM to meet your recruitment targets? Are sufficient numbers of potentially eligible couples signing up for the program to make your recruitment targets? If not, why? What do you think can be done to improve the flow of interested couples?

### 5. INTAKE AND ELIGIBILITY DETERMINATION

- a. Please summarize your program intake procedures, including, for example:
  - a. How interested individuals or couples may contact your program;
  - b. What times and days are available for intake;
  - c. Which and how many staff conduct intake and eligibility;
  - d. How you deal with baseline data collection requirements;
  - e. Whether and how intake and eligibility determination have changed since program startup;
  - f. How are your staff checking to verify that SHM applicants have not already been randomly assigned?

- g. About how often do individuals or couples fail to make appointments for intake? Has this changed over time? What strategies have you adopted to decrease “no-shows” or to follow-up with couples or individuals that fail to appear for a scheduled intake?

#### 6. Domestic violence screening and protocols

- a. Have all relevant staff been trained in using the program’s screening tool and DV protocol (not the same as the DV 101 that was provided by the local DV partner)?
- b. Have you had either ad hoc or regular meetings with your local DV partner since the program began? If so, what is discussed at these meetings?
- c. Are intake staff regularly administering the Relationship Screener during intake?
- d. Have there been any concerns/problems related to administering the DV screening tool during intake?
- e. How have staff screened women for DV after intake?
- f. Have there been any concerns/problems related to screening for DV after intake? How have these problems normally been handled?
- g. Have any couples been found ineligible for the program because of DV concerns? If so, were the concerns identified during intake or after? What steps were taken? Do you have any concerns about how the situation was handled? If so, what steps have been taken to improve the program’s response to a similar situation in the future?
- h. Do you feel you and your staff have sufficient support to screen for and respond to DV concerns among the couples you serve? If not, what additional services/technical assistance would be helpful to you?

#### 7. Marriage Education Workshops

- a. How many workshops have you conducted since the program started? How many are active now?
- b. Have you had much turnover of workshop facilitators? If so, why?
- c. What changes have you made to the workshop curriculum since the since the program began, if any? If so, why have you made those changes?
- d. What is the typical size of your workshops?
- e. What has been the attendance history for your program? For example, approximately how many couples have completed the workshops? Have any workshops had to close down before completion due to poor attendance?
- f. What steps are you taking to keep couples engaged in SHM from the time they are informed of their research group status and the beginning of marriage education courses?
  - a. Have those strategies been effective?
  - b. What proportion of treatment group couples have not appeared at their assigned marriage education classes?
  - c. What are your procedures for contacting those couples and involving them in the program?
- g. How are make-up sessions being conducted (e.g., one-on-one or small group; at center or in the home)?
- h. What are the main concerns and challenges in implementing the marriage education workshops?
- i. What technical assistance needs, if any, does the program have with regard to marriage education workshops? Are these being met through ongoing TA from the curriculum developers?

#### 8. Family Support Coordination

- a. Please describe your program’s overall approach to Family Support Coordination, for example:
  - i. Do Family Support Workers (FSWs) have assigned caseloads, or do they serve couples and families on an availability basis? If they have caseloads, what size?

- ii. How many FSWs do you employ?
- iii. Do FSWs have regularly scheduled meetings with couples? If so, how often? For individuals? If so, how often?
- iv. If FSWs have regularly schedule meetings, do they address a standard set of issues? If so, what are the issues?
- v. On what schedule are FSWs available to SHM participants?
- vi. Do FSWs regularly follow-up on referrals to other programs por services?
- b. What is the professional background of your Family Support Workers?
- c. Do you have a sufficient number of family support workers to meet the needs of the couples in the program?
- d. Is the family support component working out as you had expected? If not, how and why? How could this component be strengthened?
- e. Are there any couple-related events (other than absence at a marriage education workshop) that trigger follow up by the family support worker?
- f. What sort of supervision is provided to the family support workers? How is this working out? Is their work monitored or assessed in any way? If so, how?
- g. How do the family support workers and the marriage education facilitators keep in touch? Are you satisfied with the degree of collaboration that exists now between the family support staff and marriage education facilitators? If not, what steps are you taking to improve collaboration?
- h. What strategies are family support workers using to encourage couples to attend the marriage education workshops regularly? Which strategies are most successful?
- i. What are some of the concerns/challenges family support workers express about their work and/or about the couples with whom they work?
- j. How do you think the role of the FSW can be improved?

#### 9. Participation Supports

- a. What are the most common types of referrals that family support workers are making?
- b. How are the following participation supports provided:
  - i. Child care
  - ii. Transportation
  - iii. Emergency assistance
  - iv. Participation incentives (if used)
- c. Are the supports adequate? What concerns/challenges have come up in administering these supports? Have you changed any administrative processes as a result? Have you changed your approach to supports or changed service providers?
- d. What other supports do you feel might be needed to secure ongoing attendance at workshops and other activities?
- e. If your program includes incentives as participation supports, please provide an overview of the incentives and how they are typically used? Do you feel they have been successful in encouraging participation? If not, why?

#### 10. Extended activities

- a. Please give me an overview of the sorts of Extended Activities your program includes. How have these changed over time?
- b. What Extended Activities has the program sponsored this past month? What do you plan for next month? May I have a copy of your calendar of Extended Activities? (*Please bring back any schedules or calendars of extended activities.*)
- c. Is attendance at the Extended Activities what you expected? If attendance is low, what steps will you take in order to increase attendance?
- d. How are couples most often notified of Extended Activities?



- e. Which sorts of Extended Activities seem most popular with the couples?
- f. What are the main challenges in implementing the Extended Activities component of the program? What strategies do you plan to try to address these challenges?
- g. How important do you feel that Extended Activities are to the goals of the SHM Program?

## 11. BOOSTER SESSIONS

- a. Please give me an overview of the sorts of Extended Activities your program includes. How have these changed over time?
- b. What Extended Activities has the program sponsored this past month? What do you plan for next month? May I have a copy of your calendar of Extended Activities? (*Please bring back any schedules or calendars of extended activities.*)
- c. Please give me an overview of the Booster Sessions you provide as marriage education course refreshers or to emphasize important lessons. Have these changed over time?
- d. What Booster Sessions has the program sponsored this past month? What do you plan for next month? May I have a copy of your calendar of Booster Sessions? (*Please bring back any schedules or calendars of booster sessions.*)
- e. Is attendance at the Booster Session what you expected? If attendance is low, what steps will you take in order to increase attendance?
- f. How are couples most often notified of Booster Sessions?
- g. How important do you feel Booster Sessions are to the success of SHM?

## 11. USE OF MIS

- a. Please give me an overview of the sorts of Extended Activities your program includes. How have these changed over time?
- b. Are all relevant staff using the MIS appropriately? If not, in what ways are they not using the MIS as planned?
- c. Have you had any technical problems with the MIS? If so, what were the problems and how were they solved? What problems remain?
- d. Have you and your staff been able to get technical assistance when needed? Has the assistance been adequate?
- e. Which MIS reports do you use on a regular basis? Why? Why not others?

## 13. Overall assessment

- a. Which aspects of SHM do you feel are most effective in meeting the program's goals for couples and families?
- b. What have been some of the most successful aspects of your program? Least successful?
- c. How do you feel SHM should be changed to be more effective?
- d. Is there anything else that you would like to share that you think is important for us to know?

**SUPPORTING HEALTHY MARRIAGE PROJECT**

**APPENDIX E**

**LETTER FOR TRACKING SURVEY SAMPLE  
SIX MONTHS AFTER RANDOM ASSIGNMENT**

<<DATE>>

«RESPONDENT FIRST NAME» «RESPONDENT LAST NAME»

«ADDR1»

«CITY1», «STATE1» «zip10»

«phone10»

Dear «RESPFN»:

About six months ago you completed an interview when you first applied to participate in the <PROGRAM NAME> in <CITY>. This interview was part of a larger research study that you volunteered to participate in. Thank you for participating in that effort.

We are now planning the next stages of this study. During the next several months we would like to interview you again to see how your life has changed since you were first interviewed at the program.

To help us locate you for the next interview we have enclosed a form that we would like you to complete. Please check your address and telephone number on the following page. If your address and telephone number is different from the information listed, please make the appropriate corrections. If you have a second telephone number where we can reach you, please provide that information in the space provided.

Also, please provide us with the names, addresses, and telephone numbers of two people outside your household who usually know where to reach you. We would call these friends or relatives only if we cannot locate you at your address.

After you complete the following page, please return it to us in the enclosed postage-paid envelope. Or, if you prefer, you may call Abt Associates toll-free at 1-XXX-XXX-XXXX and give your updated information to an interviewer over the phone. Our phone center hours are (Eastern Time):

Monday through Friday:	10:00 AM to 9:00 PM
Saturday:	11:00 AM to 9:00 PM
Sunday:	2:00 PM to 9:00 PM

If you hear a recorded message, please leave your name, telephone number, along with your address update and the best time to call you. One of our interviewers will call you back very soon. **A \$2 bill has been included to thank you for your time and effort.** Thank you in advance for your cooperation.

Sincerely yours,



Brenda Rodriguez  
Senior Survey Director

**AFTER YOU COMPLETE THIS FORM, PLEASE RETURN IT TO US IN THE ENCLOSED POSTAGE-PAID ENVELOPE.**

**(PLEASE PRINT)**

Is this the correct spelling of your name?

**«fst\_name» «mid\_name» «lst\_name»**

G Yes

G No  The correct spelling is:

\_\_\_\_\_  
FIRST NAME M.I. LAST NAME

Is this your correct address?

**«address», «city», «state» «zip»**

G Yes

G No  My correct address is:

\_\_\_\_\_  
STREET APT. No CITY STATE ZIP

Is this your correct phone number? **«phoneclean»**

G Yes

G No  My correct phone number is:

\_\_\_\_\_  
AREA CODE TELEPHONE NUMBER

Please list the name, address, and relationship to you of two people who will always know where to reach you.

**(PLEASE PRINT)**

Name : \_\_\_\_\_

Relation to you : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_ ZIP Code : \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name : \_\_\_\_\_

Relation to you : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_ ZIP Code : \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SUPPORTING HEALTHY MARRIAGE PROJECT**

**APPENDIX F**

**LETTER SENT TO INTRODUCE 12-MONTH DATA COLLECTION EFFORT**

<<DATE>>

«RESPONDENT FIRST NAME» «RESPONDENT LAST NAME»  
«ADDR1»  
«CITY1», «STATE1» «zip10»  
«phone10»

Dear «RESPFN»:

In the <RADATE YEAR>, you had an interview with <PROGRAM NAME> in (CITY) as part of the Supporting Healthy Marriage project. At that time, you completed a questionnaire as part of a study about your household composition and your relationship with <R's PARTNER AT BASELINE>. Thank you for participating in that effort.

We want to interview you again to see how your life has changed since first meeting with the program. In the coming months, a professional interviewer will be in contact with you by phone or in person to set an appointment to conduct the interview.

All of the information you provide is strictly confidential. Your answers will be combined with other people's and will be reported together as a group. No individual responses will be identified. Your participation in this study will not affect any benefits you might receive now or in the future.

**The interview will take about 50 minutes and we will give you \$30 in appreciation for your time.** Some participants will be invited to take part in an in-home family interaction session. **Upon completion of the in-home visit they will receive an additional \$25.**

Listed at the top of this letter are the address and phone number we have for you in our records. If there is a better phone number or address where you can be reached, or if you have questions, please call our toll free number: **1-XXX-XXX-XXXX**.

Thank you in advance for your cooperation.

Sincerely yours,



Brenda Rodriguez  
Senior Survey Director

## SUPPORTING HEALTHY MARRIAGE PROJECT

### APPENDIX G

OMB Control Number: 0970-0299

Expiration Date: 5/31/2009

Research ID: \_\_\_\_\_

#### **Agreement to take part in the Supporting Healthy Marriage Study**

You are invited to take part in an important project called Supporting Healthy Marriage. This project will study programs to help couples learn how to get along with each other. The programs will also help couples be better parents. They will also help couples get services to improve their employment or health. A research company called MDRC is doing the study. The federal government is paying for the study.

#### **This study is testing ways to help married couples get along.**

This study will offer a new program [Local Program] to married couples. [Local program] will not have room for all couples who want to take part. Some couples will get to be part of [Local Program] but some couples will not. We will pick the couples who will get to be part of the [Local program] randomly, like flipping a coin. If we do not pick you, you can still get other services on your own.

#### **If you agree to be in the study, researchers will collect information about you and your children.**

The information you share with the study team is important. It could help make these services available to other couples like you. At the start of the study, you and your spouse will be asked to answer some questions in private. These questions will ask you how well you get along with your spouse, how happy or sad you are, and what makes you upset.

If you agree to be in the study, you and your spouse will be interviewed one or more times over the next seven years by a survey company called Abt Associates. Abt Associates is part of the research team for this study. You will be asked about your marriage, how well you are getting along with your spouse, your experiences with [Local program], and your children. You might also be asked to let us do some activities with your children. You do not have to answer any question that you don't want to answer. You will get [gift amount] for each interview.

If you agree to be in the study, [Local Program] program will share information with the research team about the services you get over the next five years as well. We might also collect data from [State] about things like your wages and benefits. We might also collect data from [State] about services your children get, and your children's school test scores.

**Taking part in the study is your choice.** You may stop being in the study at any time. If you stop being in the study, we will use any information that we have collected before then.

### **Your Answers Will Be Kept Private**

Only the study staff will be able to see information you give them. Your name will never appear in any public document. All the study staff is trained to protect privacy. Information gathered from [State] about you or your children will be marked with a code number, not names. We also have a Confidentiality Certificate (CC) from the US government that adds special protection for the research information about you. It says we do not have to identify you, even under a court order or subpoena. Still, if keeping your answers private would put you, someone else or your child in serious danger, then we will have to tell government agencies to protect you or the other person. And, the government may see your information if it audits us.

## Consent to Take Part in the Supporting Healthy Marriage Study

### I understand that:

- [Local Program] will not have room for all couples. A random selection process will decide if I can get [Local Program] services.
- If I cannot get [Local Program] services, I will still be part of the study. I can still get other program services in our community.
- I will be contacted by the study team later for an interview. Some of the questions will be about personal things and my feelings. I can refuse to answer any question.
- The study team might use my name or Social Security number to collect data from government agencies.
- All information will be kept confidential, except as required by law or if I request otherwise in writing. However, if a person on the study team or in the program feels that keeping information confidential would result in danger to me or another person, they will have to tell appropriate agencies to protect me or the other person.

### I agree to:

- Allow a random selection process to decide if I can get [Local Program] services.
- Answer some questions now and give the study team information about how to reach me for an interview later.
- Let the study team collect information on [Local Program] services that I receive.
- Let state and local agencies give information about me to the study team.
- Let the study team collect information about my children from me and from sources like state and local agencies.
- Allow schools to release my children's test scores.

I can call [NAME OF PERSON] toll-free at [TELEPHONE NUMBER] at MDRC to ask any questions I may have or to ask about not being part of the study anymore.

### Participant

\_\_\_\_\_  
Name of Participant (Printed)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Administering this Form (Printed)

\_\_\_\_\_  
Signature of Person Administering this Form

\_\_\_\_\_  
Date

**Consent for children under age 18 who live with you at least half the time**

\_\_\_\_\_  
A. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
B. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
C. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
D. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
E. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
F. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
G. Study Participant's Child's Name (Printed)

\_\_\_\_\_  
Signature of Child's Legal Parent or Guardian

\_\_\_\_\_  
Date



**SUPPORTING HEALTHY MARRIAGE PROJECT**

**APPENDIX H**

4184-01

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project:

Title: Supporting Healthy Marriage (SHM) Demonstration and Evaluation Project: 12-month Follow-up and Implementation Research Data Collection

OMB No. New Collection

The Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is conducting a demonstration and evaluation called the Supporting Healthy Marriage (SHM) project. SHM is a test of marriage education demonstration programs in eight separate locations that will aim to enroll up to 1,000 couples per location, up to 500 couples participating in SHM programs and 500 control group couples.

SHM is designed to inform program operators and policymakers of the most effective ways to help low-income married couples strengthen and maintain healthy marriages. In particular, the project will measure the effectiveness of marriage education programs by randomly assigning eligible volunteer couples to SHM program groups and control groups.

This data collection request includes three components. First, a survey will be administered to couples 12 months after they are enrolled in the program. The survey is designed to assess the effects of the SHM program on marital status and stability, quality of relationship with spouse, marital expectations and ideals, marital satisfaction, participation in services, parenting outcomes, child outcomes, parental well-being, employment, income, material hardship, and social support characteristics of study participants assigned to both the program and control groups. Second, survey data will be complemented by videotaped observations of couple, co-parenting, and parent-child interactions with a subset of intact and separated couples at the 12-month follow-up. Third, qualitative data will be collected through a process and implementation study in each of the eight SHM demonstration programs across the country.

These data will complement the information gathered by the SHM baseline data collection (OMB Control No. 0970-0299). The information collected at the 12-month follow-up will allow the research team to examine the effects of SHM services on outcomes of interest and to identify mechanisms that might account for these effects. The process and implementation research will consist of a qualitative component that will help ACF to better understand the results from the impact analysis as well as how to replicate programs that prove to be successful.

Respondents: Low-income married couples with children.

ANNUAL BURDEN ESTIMATES

Instrument	Annual Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Estimated Annual Burden Hours
12-month survey	10,240	1	0.83	8,499.2
12-month observational study (intact couples)	3,200	1	0.68	2,176
12-month observational study (separated couples)	160	1	0.17	27.2
12-month observational study (children of intact couples)	1,600	1	0.33	528
12-month observational study (children of separated couples)	160	1	0.17	27.2
The process and implementation field research guide	504	1	1	504

Estimated Total Annual Burden Hours: 11,761.6

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on

the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Brendan C. Kelly  
OPRE Reports  
Clearance Officer

# **SUPPORTING HEALTHY MARRIAGE PROJECT**

## **APPENDIX I**

### **30-DAY NOTICE SUBMISSION TO OMB FOR 12 MONTH FOLLOW-UP DATA COLLECTION**

4184-01

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB review; comment request

Title: Supporting Healthy Marriage (SHM) Demonstration and Evaluation Project: 12-month  
Follow-up and Implementation Research Data Collection

OMB No.: New Collection

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is conducting a demonstration and evaluation called the Supporting Healthy Marriage (SHM) project. SHM is a test of marriage education demonstration programs in eight separate locations that will aim to enroll up to 1000 couples per location, up to 500 couples participating in SHM programs and 500 control group couples.

SHM is designed to inform program operators and policymakers of the most effective ways to help low-income married couples strengthen and maintain healthy marriages. In particular, the project will measure the effectiveness of marriage education programs by randomly assigning eligible volunteer couples to SHM program groups and control groups.

This data collection request includes three components. First, a survey will be administered to couples 12 months after they are enrolled in the program. The survey is designed to assess the effects of the SHM program on marital status and stability, quality of relationship with spouse, marital expectations and ideals, marital satisfaction, participation in services, parenting outcomes, child outcomes, parental well-being, employment, income, material hardship, and social support characteristics of study participants assigned to both the program and control groups. Second, survey data will be complemented by videotaped observations of couple, co-parenting, and parent-child interactions with a subset of intact and separated couples at the 12-month follow-up. Third, qualitative data will be collected through a process and implementation study in each of the eight SHM demonstration programs across the country.

These data will complement the information gathered by the SHM baseline data collection (OMB Control No. 0970-0299). The information collected at the 12-month follow-up will allow the research team to examine the effects of SHM services on outcomes of interest and to identify mechanisms that might account for these effects. The process and implementation research will consist of a qualitative component that will help ACF to better understand the results from the impact analysis as well as how to replicate programs that prove to be successful.

**Respondents:** Low-income married couples with children.

Annual Burden Estimates

Instrument	Annual Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Estimated Annual Burden Hours
12-month survey	10,240	1	0.83	8,499.2
12-month observational study (intact couples)	3,200	1	0.68	2,176
12-month observational study (separated couples)	160	1	0.17	27.2
12-month observational study (children of intact couples)	1,600	1	0.33	528
12-month observational study (children of separated couples)	160	1	0.17	27.2
The process and implementation field research guide	504	1	1	504

Estimated Total Annual Burden Hours:

11,761.6

Additional Information:

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

OMB Comment:

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget

Paperwork Reduction Project

Fax: 202-395-6974

Attn: Desk Officer for the Administration for Children and Families

DATED: \_\_\_\_\_

\_\_\_\_\_  
Brendan C. Kelly  
OPRE Reports  
Clearance Office



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