



## 1. The first set of items are about your relationship with your spouse or partner.

Please indicate the extent to which you agree or disagree with each statement.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
a. My spouse/partner listens to me when I need someone to talk to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can state my feelings without him getting defensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I often feel distant from my spouse/partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My spouse/partner can really understand my hurts and joys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel neglected at times by my spouse/partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I sometimes feel lonely when we're together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Q2. Do you work either full-time or part-time for pay?

- Yes  
 No → Go to Question 6

Next, think about all the things you do at work and at home.

Q3. The following set of items are things people have said about the difficulties of combining work and family. For each, please indicate to what extent, if at all, are the following items true for you.

	NOT AT ALL TRUE	SOMEWHAT TRUE	FAIRLY TRUE	VERY TRUE
a. My working creates strains for my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Working leaves me with too little time to be the kind of person I want to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working causes me to miss out on some of the rewarding aspects of being a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Working leaves me with too little energy to be the kind of parent I want to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Because of the requirements of my job, I have to miss out on home or family activities that I would prefer to participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Because of the requirements of my job, my family time is less enjoyable and more pressured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Thinking about my children interferes with my performance at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Because of my family responsibilities, I have to turn down work activities or opportunities that I would prefer to take on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Because of my family responsibilities, the time I spend working is less enjoyable and more pressured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. When I spend time working, I am bothered by all the things at home that I should be doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. During the time set aside for work, I feel resentful because I would really rather be spending time with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4. In general, how often do you feel pulled apart from having to juggle conflicting obligations?

- Never
- Occasionally
- Often
- Very often

Q5. How often do things add up to being just too much?

- Never
- Occasionally
- Often
- Very often

Q6. The next set of items are things people have said about the benefits of combining work and family. For each, please indicate to what extent, if at all, are the following items true for you.

	NOT AT ALL TRUE	SOMEWHAT TRUE	FAIRLY TRUE	VERY TRUE
a. My working creates strains for my children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Working leaves me with too little time to be the kind of person I want to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working causes me to miss out on some of the rewarding aspects of being a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Working leaves me with too little energy to be the kind of parent I want to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Because of the requirements of my job, I have to miss out on home or family activities that I would prefer to participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q7. The next series of questions contain statements about children. Many statements describe normal feelings and behaviors, but some describe things that can be problems. Some statements may seem too young or too old for your child. Please indicate the response that best describes your child in the LAST MONTH.

	NOT TRUE/ RARELY	SOMEWHAT TRUE/ SOMETIMES	VERY TRUE/ OFTEN	NO CONTACT WITH OTHER CHILDREN
a. Shows pleasure when he/she succeeds (For example, claps for self)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Gets hurt so often that you can't take your eyes off him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Seems nervous, tense or fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Is restless and can't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Follows rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Wakes up at night and needs help to fall asleep again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. Cries or tantrums until he/she is exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h. Is afraid of certain places, animals or things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i. Has less fun than other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
j. Looks for you (or other parent) when upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
k. Cries or hangs onto you when you try to leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
l. Worries a lot or is very serious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
m. Looks right at you when you say his/her name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
n. Does not react when hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
o. Is affectionate with loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
p. Won't touch some objects because of how they feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
q. Has trouble falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
r. Runs away in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
s. Plays well with other children, not including brother/sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Can pay attention for a long time (not including TV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
u. Has trouble adjusting to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
v. Tries to help when someone is hurt. For example, gives a toy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
w. Often gets very upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
x. Gags or chokes food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Q7. CONTINUED

	NOT TRUE/ RARELY	SOMEWHAT TRUE/ SOMETIMES	VERY TRUE/ OFTEN	NO CONTACT WITH OTHER CHILDREN
y. Imitates playful sounds when you ask him/her to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
z. Refuses to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
aa. Hits, shoves, kicks or bites children other than brother/sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb. Is destructive. Breaks or ruins things on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
cc. Points to show you something far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
dd. Hits, bites or kicks you or other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ee. Hugs or feeds dolls or stuffed animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ff. Seems very unhappy, sad, depressed or withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
gg. Purposely tries to hurt you or other parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
hh. When upset, gets very still, freezes or doesn't move	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q8. The following items are about feelings and behaviors that can be problems for young children. Some of the questions may be a bit hard to understand, especially if you have not seen them in a child. Please do your best to answer them anyway.

	NOT TRUE/ RARELY	SOMEWHAT TRUE/ SOMETIMES	VERY TRUE/ OFTEN
a. Puts things in a special order, over and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Repeats the same action or phrase, over and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Repeats a particular movement, over and over (like rocking, spinning, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. "Spaces out." Is totally unaware of what's happening around him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Does not make eye contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Avoids physical contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Eats or drinks things that are not edible, like paper or paint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hurts him/herself on purpose. For example, bangs his or her head.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your physical safety.

Q9. Since your baby was born, have you been hit slapped, kicked, or otherwise physically hurt by anyone?

- Yes
- No → Go to End of Questionnaire

Q10. Was this by: (You may select more than one answer.)

- Your husband or neighbor
- Your parent
- An other adult family member
- Someone you know, but not a family member
- A stranger

Q11. Within the last year, how often did this happen?

- 1 time
- 2-3 times
- 3 or more times