


Source: Visits: Within X Days of 6 month Mode: Self-administered (Mail-in) Estimated Time:	BAR CODE LABEL OR SUBJECT ID HERE 



HEALTH GROWTH ENVIRONMENT

6 Month Father Questionnaire

6 months

Instructions

1	This booklet contains questions about how you feel, your child's behavior and how you and your partner divide the duties of raising a child.
2	Use a No. 2 pencil or a blue or black ink pen only. Do <u>not</u> use a felt-tipped pen or a red ink pen.
3	Make solid marks that fill the oval completely. Do not use a <input type="radio"/> or an <input checked="" type="checkbox"/> to record an answer.
4	If you need to change an answer, be sure to erase or mark out the unwanted marks completely.
5	Mark only one response for each question, unless otherwise directed.

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These first questions are about different things you may do as a parent.

1. Please indicate how often do you feel the following ways or do the following things.

How often do you feel the following ways or do the following things:	All of the Time	Some of the Time	Rarely	Never
a. Talk a lot about your child to friends and family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Carry pictures of your child with you wherever you go?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Find yourself thinking about your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Think holding and cuddling your child is fun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Think it's more fun to get your child something new than to get yourself something new?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How strongly do you agree or disagree with the following statement:

Babies have to learn they can't be picked up every time they cry.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

3. Do you read or look at books with your child?

- Yes
- No → Go to Question 5

4. How often do you read or look at books with your child?

- Every day
- 5–6 days a week
- 2–4 days a week
- Once a week or less

5. Does your child watch TV and/or DVDs?

- Yes
- No → Go to Question 7

6. How often does your child watch TV and/or DVDs?

- Every day
- 5–6 days a week
- 2–4 days a week
- Once a week or less

7. How often do you play with toys with your baby?

- Every day
- 5–6 days a week
- 2–4 days a week
- Once a week or less

8. How often do you go for walks with your baby?

- Every day
- 5–6 days a week
- 2–4 days a week
- Once a week or less

The next set of questions asks about how you think most young children act, how they grow, and how to care for them. Please answer each of the following questions based on young children, in general, not about your child and how he or she acts. Think about what you know about young children you have had contact with or anything you have read.

9. For each of the following statements, indicate whether, for most children, you agree or disagree with the statements, or are not sure.

	Agree	Disagree	Not Sure
a. All infants need the same amount of sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A young brother or sister may start wetting the bed or thumbsucking when a new baby arrives in the family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Next, is a list of ways you might have felt or behaved in the **past 7 days**. Please indicate how often have you felt or thought a certain way.

How often have you felt or thought:	Rarely or none of the time (less than once a week)	Some or a little of the time (1–2 days a week)	Occasionally or a moderate amount of the time (3–4 days a week)	Most or all of the time (5–7 days a week)
a. You were bothered by things that usually don't bother you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You did not feel like eating; your appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You felt that you could not shake off the blues even with the help of your family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You felt you were just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You had trouble keeping your mind on what you were doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You felt that everything you did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You thought your life has been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. You felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Your sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. You were happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. You talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. You felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. You enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. You had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. You felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. You felt that people disliked you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. You could not get "going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Most people have disagreements in their relationships. Please indicate the approximate agreement or disagreement between you and your partner for each of the following items.

	Always Agree	Almost Always Agree	Somewhat Agree	Hardly Ever Agree	Never Agree
a. Handling family matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Matters of recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Religious matters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Demonstrations of affection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sex relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Conventionality (correct or proper behavior)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Philosophy of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Ways of dealing with parents or in-laws	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Aims, goals, and things believe important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Amount of time spent together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Making major decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Household tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Leisure time interests and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Career decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How often:	All of the Time	Most of the Time	Sometimes	Hardly Ever	Never
a. Do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Do you or your mate leave the house after a fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In general, do you think that things between you and your partner are going well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you confide in your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Do you ever regret that you married your partner (or lived together)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Do you and your partner quarrel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Do you and your partner "get on each other's nerves"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How often:	Every day	Almost every day	Sometimes	Hardly ever	Never
a. Do you kiss your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Do you and your partner engage in interests together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How often do you:	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
a. Have an interesting chat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Laugh together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Calmly discuss something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Work together on a project?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Were the items below problems in your relationship during the past **FEW WEEKS**?

YES NO

- a. Being too tired for sex
- b. Not showing love

17. Which one response best describes the degree of happiness in your relationship?

- Very unhappy
- Somewhat unhappy
- Fairly happy
- Mostly happy
- Very happy

18. Which one of the following statements best describes how you feel about the future of your relationship?

- I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- I want very much for my relationship to succeed, and will do all I can to see that it does.
- I want very much for my relationship to succeed, and will do my fair share to see that it does.
- It would be nice if my relationship to succeed, but I can't do much more than I am doing now to help it succeed.
- My relationship can never succeed, and there is no more that I can do to keep the relationship going.

19. Now I am going to ask you about work clothing. Some people work at jobs where their skin, clothes, or shoes get dirty or stained. Think about everyone in your household. Does **anyone** ever routinely come home with dirty or stained skin, work clothes, or shoes? By “dirty” or “stained” we mean their skin or clothes have dust, grease, or other visible chemical spots on them.

- Yes
- No → Go to Page 8

20. Who is it that comes home with dirty or stained skin, work clothes, or shoes? Is it:

- You
- Others in the home
- Both you and others in the home

The following question is about those who come home with dirty or stained clothing.

21. How often do you or anyone in your household:

	Every Day	5-6 Times a Week	3-4 Times a Week	1-2 Times a Week	Never
a. Come home from work with dirty hands or skin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Wear dirty work shoes inside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Wear dirty work clothes inside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How often do you or anyone in your household wash work clothes at home?

- Every day
- 5-6 times a week
- 3-4 times a week
- 1-2 times a week → Go to Page 8
- Never → Go to Page 8

23. Are your work clothes washed separately from other clothes?

- Yes
- No

24. What types of materials have you or anyone in your household brought home on work clothes or shoes?

- Dirt
- Wood dust
- Grease
- Pesticides
- Metal dust
- Coal or mining dust
- Animal hair
- Fibers (such as asbestos or fiberglass)
- Other _____

Specify

The next questions are about your child's exposure to environmental tobacco smoke.

25. Do you **currently** smoke cigarettes or use any other tobacco products?
- Yes
 No
26. Including yourself, how many smokers live in your home **now**?
- _____
- NUMBER OF SMOKERS
27. Do you or does anyone smoke inside the house?
- Yes
 No
28. Which of the following statements describes the rules about smoking inside your home now?
- No one is allowed to smoke anywhere inside my home,
 Smoking is allowed in some rooms at some times, or
 Smoking is permitted anywhere inside by home.
29. On average, about **how many hours per day** do people smoke in the same room as your baby, or near enough that he/she can smell the smoke? Please consider all the places your baby is during the day, including at home, at daycare, or some other place. If he/she is not exposed to smoke, enter "0".
- _____
- NUMBER OF HOURS

These next questions are about the language spoken in your home.

30. Is there any language other than English regularly spoken in your home?
- Yes
 No → Go to End of Survey

31. What languages other than English are spoken in your home?
(SELECT ALL THAT APPLY).

- | | |
|---|---|
| <input type="radio"/> Arabic | <input type="radio"/> Korean |
| <input type="radio"/> Chinese | <input type="radio"/> Polish |
| <input type="radio"/> Filipino language | <input type="radio"/> Portuguese |
| <input type="radio"/> French | <input type="radio"/> Spanish |
| <input type="radio"/> German | <input type="radio"/> Vietnamese |
| <input type="radio"/> Greek | <input type="radio"/> Sign language |
| <input type="radio"/> Italian | <input type="radio"/> Some other language |
| <input type="radio"/> Japanese | |

Specify

32. Is English also spoken in your home?

- Yes
 No

33. What is the **primary** language spoken in your home?

- | | |
|---|---|
| <input type="radio"/> English | <input type="radio"/> Japanese |
| <input type="radio"/> Arabic | <input type="radio"/> Korean |
| <input type="radio"/> Chinese | <input type="radio"/> Polish |
| <input type="radio"/> Filipino language | <input type="radio"/> Portuguese |
| <input type="radio"/> French | <input type="radio"/> Spanish |
| <input type="radio"/> German | <input type="radio"/> Vietnamese |
| <input type="radio"/> Greek | <input type="radio"/> Sign language |
| <input type="radio"/> Italian | <input type="radio"/> Some other language |

Specify

34. How often do you use a language other than English in speaking to your {BABY}?

- Never
 Sometimes
 Often
 Very often