Appendix E. DRAFT Item by Item Justification: 36-Month Child Follow-up Survey

Q Number	Question	Source	Uses	Justification
A: TRAITS			Measures of anxiety (Trait Anxiety Scale) and Fears are important mental health outcomes for children. Both are likely to be influenced by unstable and sometimes dangerous living situations experienced by some homeless families, situations that are likely to be reduced by study interventions.	
A1-A20	l'd like to start by reading you a few statements which people have used to describe themselves. For each statement, l'd like you to tell me how you generally feel. After each statement, please tell me if you feel that way hardly ever, sometimes or often. I worry about making mistakes I am shy(Illustrative items shown as scale is copyrighted)	Trait Anxiety Scale for Children (T-Anxiety Scale)™	Child mental health outcome	The Trait Anxiety Scale distinguishes between a general proneness to anxious behavior rooted in the personality and anxiety as a fleeting emotional state The T-Anxiety scale measures relatively stable individual differences in anxiety proneness, that is, differences between children in the tendency to experience anxiety states (Speilberger et al., 1973).
B: FEARS				The FEAR scale has been used with homeless children.
B1-B33.	I am going to read you a list of fears that children sometimes have. For each statement please tell me if you have this fear not at all, some, or a lot. Spiders I worry about myself	FEAR Scale, Ramirez, et., al.		
C: Life Events			Life events, both positive and negative in nature, have been strong predictors of mental health in prior studies. These questions allow us to measure the child well-being 36-months after enrollment in the study to determine if there are differences based on the intervention the family was assigned to. Exposure to life events is likely to be influenced by residential stability and neighborhood quality, which could be influenced by study interventions.	

Q Number	Question	Source	Uses	Justification
C1-C62 (29 selected items only)	I'm going to read some statements that describe events that can happen in the life of any child or in any family. Some of them may apply to your family, meaning you, your parents or your brothers and sisters. Many of them may not apply to your family.	Life Events Questionnaire, (Masten, Neeman, and Andenas, 1994)—selected modules		
	As I read each statement please decide if it is something that happened to you or your family during the past year that is since [STATE MONTH] a year ago. If the event happened to you or your family in the past year, please answer yes. If the event did not happen to you or your family, please answer no. Please answer these questions as honestly as you can.			
D: CDC Youth Risk Behavior Survey (tobacco, alcohol, and drug use items)			Youth engagement in risky behavior could be influenced by housing and family instability. These questions provide a measure of youth engagement in risky behaviors, with questions geared toward middle and high school aged children. The substance abuse questions, in tandem with Fears and TRAITS combine are strong measures of child mental health outcomes.	
D1.	Have you ever tried cigarette smoking, even one or two puffs?	CDC 2011 Youth Risk Behavior Survey		
D2.	During the past 30 days, on how many days did you smoke cigarettes?			D1-D5 are about use of tobacco
D3.	During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?			

Q Number	Question	Source	Uses	Justification
D4.	On how many of the past 30 days did you use chewing tobacco, snuff, or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits or Copenhagen?			
D5.	During the past 30 days on how many days did you smoke cigars, cigarillos, or little cigars?			
D6.	Have you ever had a drink of alcohol, other than a few sips?			D6-D8 capture data on alcohol use
D7.	During the past 30 days on how many days did you have at least one drink of alcohol?			
D8.	During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is within a couple of hours?			
D9	BLANK			
D10.	Have you ever used marijuana?			
D11	During the past 30 days, how many times did you use marijuana?			Items D10 through D23 ask about the child's use of drugs, including illegal and prescription drugs.
D12	Have you ever used any form of cocaine including powder, crack or freebase?			
D13.	During your life, how many times have you used any form of cocaine, including powder, crack or freebase?			
D14.	During the past 30 days, how many times did you use any form cocaine, including powder, crack or freebase?			
D15.	Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?			
D16.	Have you ever used steroid pills or shots without a doctor's prescription?			
D17	During your life, how many times have you sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?			

Q Number	Question	Source	Uses	Justification
D18	During your life how many times have you used heroin (also called smack, junk, or China White)?			
D19	During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?			
D20	During your life, how many times have you used ecstasy (also called MDMA)>			
D21	During your life how many times have you taken steroid pills or shots without a doctor's prescription?			
D22	During your life, how many times have you taken a prescription drug (such as Oxycontin, Pecocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?			
D23	During your life, how many times have you used a needle to inject any illegal drug into your body?			
Module 5				
E. School Grades/Attendance/Problems/Effort			These questions capture information on school performan attendance and behaviors, which are key developmental domains for children. School enrollment and performance may be affected differently by the different interventions at the degree of housing instability the family has endured.	
E1.	Think about your last grade report. Would you describe the report as	Shinn, M., Samuels, J., Fischer, S. N., Thompkins, A., & Fowler, P. Family Critical Time Intervention: Longitudinal randomized controlled-trial testing effects on homeless children. Under review.		Variants of these items have been used previously with homeless children.
E2a.	How many days in the last month did you miss school?			
E3	In the last year, have you a) Been expelled from school? b) Been suspended from school? c) Been sent to the principal's office because of problems with another student, a teacher or your school work? d) Had a note sent home about any problems in school?			These questions measure behavior and performance at school. The interventions might be expected to have differing effects on school performance and attendance.

Q Number	Question	Source	Uses	Justification
E4	In the last month that you were in school, how hard have you worked on your homework?			
E5	In the last month that you were in school how hard have you tried to work during the school day?			
F: Involved Vigilant Parenting			In prior child outcome studies, involved, vigilant parenting has been a strong predictor of mental health and risk taking behaviors.	
F1-F20	These next questions are about your relationship with your parents.	SAAF (Murry et al., 2011)		This instrument has been used with low-income African American families.
G: Children's HOPE Scale			Youth complete the HOPE Scale, which is a measure of self-efficacy.	
G1-G6.	Next, I have some questions about how you feel about yourself. I will read some sentences and for each please tell me whether it is true for you None of the time, A little of the time, A lot of the time, Most of the time, or All of the time.	CHILD HOPE Scale (Snyder et Al., 1997)		

Sources for Questions (Referenced in Item-by-Item Justification)			
Acronym	Full Source Name		
TRAITS	State Trait Anxiety Inventory for Children (T-Anxiety Scale)		
Fears	FEAR Scale		
Life Events	Life Events Questionnaire		
YRBS	Youth Risk Behavior Survey (tobacco, alcohol, and drug use items)		
McBride Murry, Velma Vigilant Parenting (SAAF)	Strong African American Families Study		
HOPE Scale	HOPE Scale		

TRAITS

The STAIC T-Anxiety scale consists of 20 item statements, and subjects respond to these items by indicating how they generally feel, rather than how they feel at a particular moment in time.

The T-Anxiety scale measures relatively stable individual differences in anxiety proneness, that is, differences between children in the tendency to experience anxiety states.

Spielberger, C. D., Edwards, C. D., Lushene, R. E., Montuori, J., & Platzek, D. (1973). State-Trait Anxiety Inventory for Children: Professional manual. Redwood City, CA: Mind Garden, Inc.

Life Events Questionnaire

Masten, A.S., Neeman, J., Andenas, S., 1994. Life events and adjustment in adolescents: the significance of event independence, desirability, and chronicity. Journal of Research on Adolescence 4, 71-97.

HOPE Scale (Snyder)

The Children's Hope Scale ils a six-item dispositional self-report index introduced and validated for use with children ages 8-16. Results suggest that the scale evidence internal consistency, and is relatively stable over retesting. Assuming that children are goal-oriented, it is suggested that their thoughts are related to two components--agency and pathways. Agency thoughts reflect the perception that children can initiate and sustain action toward a desired goal; pathways thoughts reflect the children's perceived capability to produce routes to those goals. Hope reflects the combination of agentic and pathways thinking toward goals.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., Highberger, L., Ribinstein, H., and Stahl, K. J. (1997). The development and validation of the Children's Hope Scale. Journal of Pediatric Psychology, 22(3), 399-421.

CDC Youth Risk Behavior Survey

Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs.

FEAR Scale (Ramirez et al.)

(Ramirez, M., Masten, A., Samsa, D. (1991, April). Fears in homeless children. Paper presented at the biennial meeting for the Society for Research in Child Development, Seattle, WA

SAAF: Strong African American Families-- Involved Vigilant Parenting

The Strong African American Families (SAAF) program was designed for low-income African American children who are nearing adolescence. The program seeks to prevent initiation to risk behaviors such as drug abuse, alcohol and cigarette use, and sexual activity. An experimental evaluation in which four counties were randomly assigned to the treatment or a no-treatment control recruited 11-year-old students from schools in each county. Analyses of the SAAF program found that it was effective in increasing positive parenting behaviors, protective factors in children, and decreasing risk behaviors in children. Program impacts persisted at a two-year follow-up; children had higher levels of protective factors and were less likely to start drinking alcohol.

(Murry, V. M., Berkel, C., Chen, I.-f., Brody, G. H., Gibbons, F. X., & Gerrard, M. (2011). Intervention induced changes on parenting practices, youth self-pride and sexual norms; to reduce HIV-related behaviors among rural African American youths. Journal of Youth and Adolescence, 40, 1147-1163.)