

Attachment I2: Detailed Assessment Measures

Research on the Efficacy and Feasibility of Essentials for Parenting Toddlers and Preschoolers

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Form Approved
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Instructions: Below is a series of phrases that describe children’s behavior. Please: (1) select the frequency describing how *often* the behavior *currently* occurs with {ChildName} and (2) select either “yes” or “no” to indicate whether the behavior is *currently* a *problem*.

	How often does this occur with {ChildName}?								Is this a problem for you?		
	Never		Sometimes				Always	Choose not to answer	Yes	No	Choose not to answer
Refuses to eat food presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to do chores when asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is slow in getting ready for bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to go to bed on 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	How often does this occur with {ChildName}?								Is this a problem for you?		
	Never		Sometimes				Always	Choose not to answer	Yes	No	Choose not to answer
Does not obey house rules on {HIS/HER} own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to obey until threatened with punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts defiant when told to do something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with parents about rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets angry when doesn't get {HIS/HER} own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	How often does this occur with { ChildName}?								Is this a problem for you?		
	Never		Sometimes				Always	Choose not to answer	Yes	No	Choose not to answer
Has temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sasses adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yells or screams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hits parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	How often does this occur with {ChildName}?								Is this a problem for you?		
	Never		Sometimes				Always	Choose not to answer	Yes	No	Choose not to answer
Destroys toys and other objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is careless with toys and other objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teases or provokes other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally fights with friends {HIS/HER} own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Below is a series of phrases that describe children’s behavior. Please: (1) select the frequency describing how *often* the behavior *currently* occurs with {ChildName} and (2) select either “yes” or “no” to indicate whether the behavior is *currently* a *problem*.

	How often does this occur with {ChildName}?								Is this a problem for you?		
	Never		Sometimes				Always	Choose not to answer	Yes	No	Choose not to answer
Verbally fights with sisters or brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically fights with friends {HIS/HER} own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically fights with sisters and brothers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly seeks attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	How often does this occur with {ChildName}?								Is this a problem for you?		
	Never		Sometimes				Always	Choose not to answer	Yes	No	Choose not to answer
Has short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fails to finish tasks or projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty entertaining {HIM/HER} self alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty concentrating on one thing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is overactive or restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wets the bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: At one time or another, all children misbehave or do things that could be harmful, that are “wrong,” or that parents don’t like. Examples include:

- | | | |
|-------------------------|---------------|--------------------------------|
| hitting someone | whining | not picking up toys |
| forgetting homework | throwing food | refusing to go to bed |
| having a tantrum | lying | wanting a cookie before dinner |
| running into the street | arguing back | coming home late |

Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

Each item presents a parenting situation and two opposite ways of handling it. For each item, select the button on the scale that best describes your style of parenting during the past two months in that situation with {ChildName}. If you always use one of the approaches, select the button at that end of the scale. If you sometimes use one approach and sometimes the other, select a button in between that best captures your style.

Here’s a SAMPLE ITEM that’s already filled in. The situation is meal time and the two different ways of handling the situation are “I let my child decide how much to eat” and “I decide how much my child eats.” The parent in this example uses both approaches, but lets her child decide how much to eat a bit more often than she decides how much her child eats, so she selected a button a bit more toward the ‘let my child decide’ end.

SAMPLE ITEM:

At meal time...								Choose not to answer
I let my child decide how much to eat.						I decide how much my child eats.		
	0	0	●	0	0	0	0	0

Instructions: At one time or another, all children misbehave or do things that could be harmful, that are “wrong,” or that parents don’t like. Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

For each item, select the degree on the scale that best describes your style of parenting during the past two months with {ChildName}.

When {ChildName} misbehaves...		
I usually get into a long argument with {ChildName} .	0 0 0 0 0 0 0	I don't get into an argument.
		Choose not to answer
		0
(MALE PARENTS ONLY)		
I threaten to do things that...		
I am sure I can carry out.	0 0 0 0 0 0 0	I know I won't actually do.
		Choose not to answer
		0
When {ChildName} misbehaves...		
I raise my voice or yell.	0 0 0 0 0 0 0	I speak to {ChildName} calmly.
		Choose not to answer
		0
When there is a problem with {ChildName} ...		
things build up and I do things I don't mean to do.	0 0 0 0 0 0 0	things don't get out of hand.
		Choose not to answer
		0
When {ChildName} doesn't do what I ask...		
I often let it go or end up doing it myself.	0 0 0 0 0 0 0	I take some other action.
		Choose not to answer
		0
When I give a fair threat or warning...		
I often don't carry it out.	0 0 0 0 0 0 0	I always do what I said.
		Choose not to answer
		0

Instructions: At one time or another, all children misbehave or do things that could be harmful, that are “wrong,” or that parents don’t like. Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

For each item, select the degree on the scale that best describes your style of parenting during the past two months with {ChildName}

(FEMALE PARENTS ONLY)							
If saying “No” doesn’t work...							
I take some other kind of action.						I offer {ChildName} something nice so {HE/SHE} will behave.	Choose not to answer
	0	0	0	0	0	0	0
When {ChildName} misbehaves...							
I handle it without getting upset.						I get so frustrated or angry that {ChildName} can see I’m upset.	Choose not to answer
	0	0	0	0	0	0	0
When I say {ChildName} can’t do something...							
I let {ChildName} do it anyway.						I stick to what I said.	Choose not to answer
	0	0	0	0	0	0	0
When {ChildName} does something I don’t like, I insult {ChildName} , say mean things, or call {ChildName} names...							
never or rarely.						most of the time.	Choose not to answer
	0	0	0	0	0	0	0
If {ChildName} gets upset when I say “No”...							
I back down and give in to {ChildName} .						I stick to what I said.	Choose not to answer
	0	0	0	0	0	0	0

Read each statement carefully. Think about how you and {ChildName} generally get along. Tell us how well the statement describes the way you usually act with {ChildName} .

Answer choices:

- Not at all true (I do not do this)*
- Moderately true*
- A little true*
- Quite a bit true*
- Somewhat true*
- Very true (I often do this)*

Example: I quarrel with my child.

If you spend a great deal of time quarreling with your child, you would select the space under “Very true (I often do this)”.

If you never quarrel with your child, you would select the space under “Not at all true (I do not do this)”.

If you quarrel sometimes, but not much, you would select the space under “A little true” or “Somewhat true”.

If you quarrel often, but not all of the time, you would select the space under “Moderately true” or “Quite a bit true”.

	Not at all true (I do not do this)	A little true	Somewhat true	Moderately true	Quite a bit true	Very true (I often do this)	Choose not to answer
I have pleasant conversations with {ChildName} .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to teach {ChildName} new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} and I hug and/or kiss each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I laugh with {ChildName} about things we find funny.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} and I spend time playing games, doing crafts, or doing other activities together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Read each statement carefully. Think about how you and {Var: ChildName} generally get along. Tell us how well the statement describes the way you usually act with {Var: ChildName}.

	Not at all true (I do not do this)	A little true	Somewhat true	Moderately true	Quite a bit true	Very true (I often do this)	Choose not to answer
I listen to {ChildName} 's feelings and try to understand them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thank or praise {ChildName} .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I offer to help, or help {ChildName} with things {HE/SHE} is doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I comfort {ChildName} when {HE/SHE} seems scared, upset, or unsure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hold or touch {ChildName} in an affectionate way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Children often do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when {ChildName} did something wrong or made you upset or angry. Below is a list of things you might have done **in the past year**. Please select how many times you did each of these things **in the past year**. If you did not do one of these things in the past year, but it happened before then, select the box marked “Not this year, but has happened in the past.”

How many times in the past year :	1 time	2 times	3-5 times	6-10 times	11-20 times	More than 20 times	Never	Not this year, but has happened in the past	Choose not to answer
Have you shook {HIM/HER}?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you hit {HIM/HER} on the bottom with something like a belt, hair brush, a stick or some other hard object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you spanked {HIM/HER} on the bottom with your bare hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you slapped {HIM/HER} on the hand, arm, or leg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you pinched {HIM/HER}?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you slapped {HIM/HER} on the face or head or ears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Please read each statement and select the option that corresponds to how much you agree or disagree with each one.

	Strongly agree					Strongly disagree		Choose not to answer
The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would make a fine model for a new parent to follow in order to learn what he or she would need to know to be a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a parent is manageable, and any problems are easily solved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I meet my own personal expectations for expertise in caring for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If anyone can find the answer to what is troubling my child, I am the one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering how long I've been a parent, I feel thoroughly familiar with this role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I honestly believe I have all the skills necessary to be a good parent to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: At one time or another, all children misbehave or do things that could be harmful, that are wrong, or that parents don't like. Examples include:

- | | | | |
|------------------|-----------------------|-------------------|----------------------------------|
| hitting someone | whining | not cleaning room | not doing homework |
| lying | refusing to go to bed | arguing back | taking things that aren't theirs |
| having a tantrum | cursing | coming home late | running into the street |

Parents have many different ways of thinking about these types of problems, and may think differently about problems depending on their specific children.

Please rate how much you would agree, in general, that the following **reasons** for misbehavior are true for **{ChildName}** 's behavior for the **past two months**:

	Always true	Frequently true	Sometimes true	Occasionally true	Rarely true	Never true	Choose not to answer
{ChildName} won't listen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} thinks that {HE/SHE} is the boss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} is headstrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} wants what {HE/SHE} wants when {HE/SHE} wants it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} purposely tries to get me angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please rate how much you would agree, in general, that the following **reasons** for misbehavior are true for **{ChildName}** 's behavior for the **past two months**:

	Always true	Frequently true	Sometimes true	Occasionally true	Rarely true	Never true	Choose not to answer
{ChildName} tries to get my goat or push my buttons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} wants things {HIS/HER} way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} is very demanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
{ChildName} likes to see how far {HE/SHE} can push me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: When a child does something wrong or makes a parent upset or angry, how often do you feel the following actions are justified (that the actions are OK, appropriate, good, right)? Then, how likely is it that the action will solve the problem?

	Almost always	Often	Sometimes	Rarely	Never	Choose not to answer
Is it justified for a parent to spank his or her child on the bottom with a bare hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Will the parent's spanking solve the problem?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it justified for a parent to slap his or her child on the hand, arm, or leg?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Will the parent's slapping solve the problem?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Please select the degree to which you agree or disagree with the following statements. Your first reaction to each question should be your answer.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Choose not to answer
Being a parent is harder than I thought it would be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel trapped by my responsibilities as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find that taking care of my child(ren) is much more work than pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel tired, worn out, or exhausted from raising a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Please respond to each question or statement by selecting one option per row.

In the past 7 days...	Never	Rarely	Sometimes	Often	Always	Choose not to answer
I felt worthless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt helpless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Please respond to each question or statement by selecting one option per row.

In the past 7 days...	Never	Rarely	Sometimes	Often	Always	Choose not to answer
I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to focus on anything other than my anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worries overwhelmed me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please select how often you felt or thought a certain way.

	Never	Almost never	Sometimes	Fairly often	Very often	Choose not to answer
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOME ADDITIONAL QUESTIONS ABOUT YOU

1. What is your employment status? (choose one)
 - Working for pay at a job or business
 - Not working for pay but currently looking for paid work (skip next question)
 - Not working for pay and not looking for a job (e.g., in school, retired, disabled, have family responsibilities, became discouraged and gave up looking for a job). (skip next question)

2. On average, how many hours per week do you work for pay?
 - Less than 35 hours per week
 - 35 hours or more per week

3. Are you currently enrolled in school?
 - Yes, part-time
 - Yes, full-time
 - No

4. What is your highest level of education?
 - 8th grade or less
 - some high school but no diploma or GED
 - high school diploma or GED
 - some college or post-secondary vocational courses
 - vocational school diploma or 2-3 year college associate's degree
 - 4-year college bachelor's degree
 - some graduate work but no degree
 - master's, professional, or doctoral degree (MA, MBA, PhD, JD, MD, etc.)

5. What is your marital/couple status?
 - single, never married
 - married
 - divorced/separated
 - widowed
 - living with a partner

- registered civil commitment or union

SOME QUESTIONS ABOUT YOUR SPOUSE OR PARTNER

ASK IF MARRIED OR PARTNERED

6. What is your spouse's or partner's employment status? (choose one)
 - Working for pay at a job or business
 - Not working for pay but currently looking for paid work (skip next question)
 - Not working for pay and not looking for a job (e.g., in school, retired, disabled, have family responsibilities, became discouraged and gave up looking for a job). (skip next question)

7. On average, how many hours per week does your spouse or partner work for pay?
 - Less than 35 hours per week
 - 35 hours or more per week

8. Is your spouse or partner currently enrolled in school?
 - Yes, part-time
 - Yes, full-time
 - No

9. What is the highest level of education your spouse or partner finished?
 - 8th grade or less
 - some high school but no diploma or GED
 - high school diploma or GED
 - some college or post-secondary vocational courses
 - vocational school diploma or 2-3 year college associate's degree
 - 4-year college bachelor's degree
 - some graduate work but no degree
 - master's, professional, or doctoral degree (MA, MBA, PhD, JD, MD, etc.)

SOME ADDITIONAL QUESTIONS ABOUT YOUR CHILD

Please answer both of the following questions about { CHILD NAME }'s Hispanic origin and race. For the purposes of this survey, we do not consider Hispanic origin to be a race.

10. Is { CHILD NAME } of Hispanic, Latino or Spanish origin?

- Yes
- No

11. What is { CHILD NAME }'s race? You can choose more than one category.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White