

Attachment I3: Core Assessment Measures (Rotating)

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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In the past week, how often did you do the following things when {ChildName} behaved well or did a good job at something?

When {ChildName} behaved well or did a good job at something...	Never	Rarely (less than once)	Some days (1-3 days)	Most days (4-6 days)	Every day (7 days)	Many times each day	Choose not to answer
I praised or complimented {HIM/HER}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gave {HIM/HER} a hug, kiss, pat, handshake, or “high five”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gave {HIM/HER} something extra, like a small gift, privileges, or a special activity with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days last week did you...

	Never	Rarely (less than once)	Some days (1-3 days)	Most days (4-6 days)	Every day (7 days)	Many times each day	Choose not to answer
have a <i>special playtime</i> with just you and {ChildName} ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
allow <i>{ChildName}</i> to take the lead when you played with {HIM/HER} ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>describe</i> out loud and/or <i>imitate</i> what {ChildName} was doing as you played with {HIM/HER} ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last week...

	Never 0% of the time	Seldom About 25% of the time	Sometimes About 50% of the time	Often About 75% of the time	Always 100% of the time	Choose not to answer
I made clear distinctions between commands and suggestions or questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gave commands only once instead of repeating them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I used a consequence if {ChildName} refused to comply with a command.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days a week does {ChildName} ...

	Never	Some days, but less than 2 days a week	Between 2 and 3 days a week	Between 4 and 5 days a week	Not every day, but more than 5 days a week	All the time, 7 days a week	Choose not to answer
get <i>three meals</i> , one in the morning, one around noon, and one in the evening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a bath or shower at one particular time, known as {HIS/HER} <i>bath time</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to bed at one particular time, known as {HIS/HER} <i>official bedtime</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely (less than once)	Some days (1-3 days)	Most days (4-6 days)	Every day (7 days)	Many times each day	Choose not to answer
How many times did you use a <i>time-out</i> with {ChildName} in the <i>past 7 days</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

{ If used time out }

When you used time-out in the past 7 days...

	Never 0% of the time	Seldom About 25% of the time	Sometimes About 50% of the time	Often About 75% of the time	Always 100% of the time	Choose not to answer
You, <i>not</i> {ChildName} , decided when the time-out was over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time-out location was away from other people (e.g., siblings), TV, games, toys, or other things {ChildName} likes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You avoided talking to, touching, and making eye contact with {ChildName} while {HE/SHE} was in time out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>