

Measuring Parenting Capacity

Perinatal and Child Health Survey Strategy Initiative: Project Status Report



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Summary

This Project Status Report outlines the activities undertaken from January to May 2002, including supporting documentation to assess the feasibility, develop and use a module on the Rapid Risk Factor Surveillance System related to parenting capacity. This work was undertaken by the RRFSS Parenting Module Development Group^A to fulfill, in part, our respective health unit's commitments to the Ontario Ministry of Health and Long-Term Care funding for the "Perinatal and Child Health Survey Strategies Project". The overall goal of this project is to build local capacity to develop a sustainable surveillance system that captures key indicators related to perinatal and child health. The deliverables to date include:

- the creation of local networks to increase health unit capacity for early years surveillance
- the development of a survey tool and initiation of data collection related to "positive parenting".
- the documentation of the process of development in preparation for a "Feasibility Assessment Report" on the use of the RRFSS for monitoring population indicators related to parenting capacity.

Background

On December 13, 2001, the Ontario Ministry of Health and Long-Term Care announced the availability of funding to public health units for traditional survey initiatives that addressed information needs in support of Early Child Development. Approximately \$45,000 was made available to each public health unit to complete the deliverables by the end of December 2002. The survey results are expected to yield representative, population-based, cross-sectional measures of health status or risk factors for the local Board of Health's population or selected sub-populations in identified information areas. Parenting capacity was identified as one of the five relevant information areas. In addition,

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public health units were encouraged to build on existing initiatives and make effective use of opportunities and resources available in Ontario. One such opportunity was for Boards of Health to initiate or enhance their participation in the Rapid Risk Factor Surveillance System (RRFSS).

Environmental Scan: Initiatives and Opportunities

Due to the short time frame and the stated parameters it was imperative to build on existing initiatives and opportunities where possible. The local health intelligence unit, the Southwest Region Health Information Partnership (SRHIP) offered to assist the health unit's in their planning by bringing the epidemiologists and other planners in the Southwest together to discuss their ideas and share resources. It quickly became apparent that a number of southwest health units viewed the availability of these resources as a catalyst for joining the RRFSS. At the time of the funding announcement, Middlesex-London Health Unit was the only health unit participating in RRFSS within the Southwest Planning Region. By January 2002, an additional six of the remaining eight health units in the southwest (Elgin-St. Thomas, Grey-Bruce, Huron, Lambton, Perth and Windsor-Essex) committed to join in April or May 2002. At that point, the RRFSS participating health units in the southwest with the help of SRHIP, agreed to work together to develop a survey module which would address the parenting capacity information area. The Middlesex-London Health Unit (MLHU) was able to secure an agreement from the survey house conducting the RRFSS, the Institute of Social Research (ISR) at York University, to add an additional 2.5 minutes on their health unit's standard survey length starting in May 2002. This would allow MLHU to add a parenting capacity related module to the RRFSS without detracting from the existing survey. In addition, the resulting data would help to assess the module's feasibility for more widespread use among other participating RRFSS health units. The Southwest RRFSS participating health units announced their intention to develop a module related to parenting to the RRFSS Working Group in January 2002, and invited all other interested health unit representatives to join in the teleconferences facilitated by SRHIP. Initially, Halton, Kingston and Toronto expressed interest. Subsequently, the health units in the Southwest, as well as Halton and Kingston met regularly through teleconferencing to develop the module.

Development of the RRFSS Module

Initially, the Parenting Module Development Group (Development Group) considered the specific information areas within parenting capacity that would be of use to health units. Three distinct topics emerged: parenting style, family functioning, and community parenting services access.

After considerable discussion the Development Group agreed to move forward with parenting style. The rationale for focusing on this topic was three fold:

1. The “Early Years Study” identified that parenting style had a significant effect on early child development.¹
2. A standardized population-level indicator of the community’s parenting abilities is valuable to highlight the extent of the current local need to inform program planning and to monitor community level change which might be associated with the long-term impact of parenting initiatives in the community. The “Statistical Report on the Health of Canadians”² as well as the “Early Years Study” had both presented results on parenting style using the same scales.
3. Easily accessible questions within the public domain were already in use on the National Longitudinal Survey of Children and Youth (NLSCY) and this would provide a provincial and national comparison for our local results.

NLSCY Questions

Since 1994, the NLSCY has used two parenting scales in three consecutive cycles of this face-to-face interview survey (See Appendix A). The scales consist of a group of questions that together measure a certain concept when the answers to the items are compiled. It is generally important to use all the questions in the scale to measure the underlying concept. The first scale consists of 18 questions and measures three different constructs or factors related to parenting: positive interaction, hostile/ineffective parenting and consistent parenting³. Positive interaction is measured for all age groups, while the latter two measures are for children two years of age and older. These questions were suggested by Dr. Michael Boyle of Chedoke-McMaster and are based on Dr. Ken Dodge’s work (Vanderbilt University) and are an adaptation of Strayhorn and Weidman’s parenting practices scale³. These scales are widely used in the United States by the Fast-Track Project.

Fast Track is a comprehensive, multi-site intervention designed to prevent comprehensive, multi-site intervention designed to prevent serious and chronic antisocial behavior in a sample of children selected as high-risk at school entry because of conduct problems in kindergarten and home⁴.

The Development Group contacted Dr. Boyle in March 2002. He continues to endorse the use of these scales although noted that the scales had not been widely validated. To his knowledge, there is no other scale that is more widely accepted in the field. Currently there is no “short-version” of these scales. This may be a project that should be undertaken to shorten the module and promote greater use in the future. The second series of seven questions measure aversive/ non-aversive parenting management techniques for those parents of children 2 and over and were also provided by Dr. Boyle. With input from Jennifer Macnab, a University of Western Ontario Graduate Student working in the field, and through a preliminary research review, the Development Group agreed to focus on only the first 18 questions.

Review of Literature Using NLSCY Parenting Scales Data

Analyses of the first cycle of NLSCY Parenting Scales Data focused on associations between parenting practices or parenting styles and various child outcomes. Landy and Tam reviewed the relationship between parenting practices and developmental outcomes such as children's motor and social development, helping behaviour, language development and social relationships⁵. They found that children's social relationships are the outcome most affected by parenting practices. Only 13.5 % of the children under age two whose parents have high positive parenting scores show delayed social development compared to 35.2 % of the children whose parents have low positive parenting scores. They also demonstrated that positive interaction acts as a protective factor for high-risk children.

Landy and Tam expanded their earlier study by examining the association of multiple factors with child outcomes⁶. Factors included are parenting practices, social supports, and risk factors such as being in a single-parent family, either parent having ever been a teenage parent, parental depression, low-income, low level of parent education, family dysfunction, being a recent immigrant, and having four or more children at home. Child developmental outcomes examined for children ages 4 to 11 include the co-occurrence of conduct disorder, hyperactivity, emotional disorder, repeating a grade in school; and for children ages 2 to 3 include emotional disorder, hyperactivity, and aggressive behaviour. Their findings support the theory that a complex relationship exists between risk and protective factors and the development of child resiliency. The likelihood of having more problem outcomes increases with an increase in the number of risk factors present. On the other hand, social support and parenting practices have a positive effect, with social support decreasing the child's risk of having social problems and positive parenting reducing child problems in most areas at all ages. For children ages 4 to 11, positive parenting reduced the odds of the child repeating a grade in school by 52%, having an emotional disorder by 41%, having a relationship problem by 27%, and by 25% for conduct disorder. For children aged 2-3, positive parenting is not shown to be particularly effective in reducing the odds of having one or more problems, while consistent parenting reduces the odds ratios for aggressive behaviour and hyperactivity by more than 50%.

Chao and Willms use the NLSCY data from Cycle 1 to challenge one of the assumptions underlying the "culture of poverty" thesis - that children of poor parents have worse schooling outcomes because of the way they are parented^{7,8}. They re-classify the 25 NLSCY parenting practices questions to conform to parenting styles more commonly used in the child psychology literature: authoritative, authoritarian, permissive, and unskilled. Their findings suggest that parenting style is only weakly associated with socioeconomic factors, as the variables describing family structure and SES account for only about 2 to 6% of the variation in parents' practices. Results indicated that children whose parents recorded a permissive parenting style are 1.6 times as likely to be vulnerable, those whose parents are classified as authoritarian are 1.8 times as likely, while those whose parents are unskilled are nearly 2.6 times as likely to be vulnerable when compared to those whose parents are with the preferred parenting style labeled authoritative. Chao and Willms conclude that the effects of good parenting are largely independent of the effects of family socioeconomic factors, and exert a stronger influence on child development.

Adapting the NLSCY Questions for RRFSS

Although the NLSCY questions have been widely used on large population surveys it is unclear if there has been any validation of whether the scale measures what it purports to measure or whether it is a reliable measure. In 2001, the City of Ottawa - Public Health and Long-Term Care Branch used some of the individual questions from the NLSCY in a telephone survey. Their survey results reported on the individual item responses but did not assess a value on the parenting scale.

Key issues in initial adaptation of the NLSCY questions included the identification of the sampling frame, identification of a reference child for the series of questions and the provision of interviewer notes. Currently the NLSCY references a specific parent / child relationship for parents of children 11 years old and younger. There was wide discussion among the Development Group about whether a parent's parenting style is consistent for each child⁹. It is not well known whether the possible difference would be enough to put the parent in a different parenting style category in relation to each of their children. Dr. Boyle advised that we should consider that there may be as much within family variation as between family variation and urged us to identify a specific reference child.

Two entry questions were created for the module. The first identified individuals that are fully or partially responsible for raising a child. The second question identified a single reference child within the family by identifying the child with the next birthday in the household who is under 12 years of age. A follow-up question was asked to identify the relationship of the individual to the child. This was also meant to exclude adult siblings that would have some responsibility for raising the child but who were not legal guardians.

Interviewers from ISR requested that we provide them with definitions of a number of the terms used in the questions including the terms "punishment" and "discipline". The interviewers would then supply these definitions if clarification were requested during the interview. Our contact for the NLSCY, Kelly Astri,

Research Analyst, Human Resource Development Canada shared with us that these definitions did not already exist. Therefore, interviewer instructions were created with input from the field and in consultation with staff from ISR.

Results From the Pre-Test

In April 2002, the Parenting Style Module was pre-tested by the survey house, ISR. Results from the pretest clearly indicated that there would be significant problems if the questions were used within the RRFSS telephone interview context. First, the module took considerably longer than predicted, nine minutes on average for respondents to complete as compared to the estimated five minutes. As a general guideline, approximately four questions can be asked each minute on the RRFSS. This nearly doubling of the survey time was likely due to the need to repeat the question for the sake of clarification, the need to provide definitions and the addition of the cognitive questions used to solicit feedback on the module questions themselves. Due to the cost per minute of the survey and the need to consider respondent burden, the use of a nine-minute module on the RRFSS is not feasible.

Secondly, respondents were extremely reluctant to provide sensitive information about their children. Fifteen percent of respondents (3/20 pre-test cases) hung-up in the middle of the module. This was despite the inclusion of a skip-out pattern built into the module after a respondent's refusal to answer two questions. ISR reported that this kind of response was highly unusual and had not been encountered with any of the other RRFSS modules. The interviewers explained that the respondents who quit in the middle of the module sounded extremely uncomfortable with the questions and were reluctant to participate. The most discomfort was registered for those questions where "punishment" was being discussed (See Appendix A from Q8 on). The use of this module in its entirety might drastically reduce our completion rate as well as increase our risk of public complaints about the survey. These results were unexpected. We had inquired about item non-response on the NLSCY and had been informed that the rate in Cycle 1 had been less than 5%. It appeared that respondents' comfort with answering sensitive questions about their children might vary between survey contexts. Despite the use of these questions on other large-scale surveys, their use on the RRFSS was problematic.

Feasibility of Use in a Sub-population on RRFSS

RRFSS is designed as a general population level survey. The standard sample per health unit consists of 100 per month for a total of 1200 per year. There is serious concern about the ability of RRFSS to assess sub-populations if the sub-population is small or the indicator of interest is infrequent. Approximately 37% of the sample for the Middlesex-London Health Unit in 2001, identified that they had a child living in their household aged 17 or younger. The NLSCY scales have been used only on children 11 and under. It is estimated that by asking only parents of children eleven and younger this question, the sample frame may be reduced to approximately 30% of the RRFSS respondents or approximately 30 per month for a total sample over a year of 360. An indicator of positive parenting which might be expected to be found in approximately 50% of the population would have a confidence interval of approximately ± 5.2 . During this feasibility stage from May 2002 to December 2002 (8 waves) there will be approximately 240 respondents so that an estimate of 50% of the population showing positive parenting will have a confidence interval of ± 6.3 . Part of this review will assess whether this large a confidence interval is acceptable to program planners and will allow important differences between regions and groups to be detected.

Current Developments

Currently the group is reconsidering the feasibility of using the NLSCY questions to monitor parenting capacity. After considering the pre-test results, the original parenting style module of 18 questions was scaled back to include only the five positive interaction questions (Q1, 2, 3, 6, 7 from the original NLSCY). This smaller “positive parenting module” was incorporated into the May 2002 RRFSS by two health units, Middlesex-London and Windsor-Essex. There was a strong commitment by all those involved to continue module development.

The group’s attention is now exploring other questions/ dimensions that could be used to broaden the positive parenting module. These questions need to be both useful for monitoring dimensions related to parenting over-time and feasible given the practical task of creating a module within the RRFSS confines, specifically a generally population health that uses a telephone interview format. The “Ontario Early Years Logic Model” was re-examined to determine possible

short and long term outcomes of interest. It may be more feasible to include indicators that might be related to one or more of the short-term outcomes that in turn may lead to an improvement in parenting capacity. This logic model identifies the following short-term outcomes leading to increased parenting capacity:

- Improved parent/ caregiver knowledge of supports and services available
- Increased utilization of services and supports
- Increased awareness of the importance of literacy
- Improved social networks among parents
- Increased parenting knowledge and practices in areas of:
 - Parent-child interaction
 - Children’s nutritional needs
 - Age-appropriate activities for children
 - Ages and stages of child development.

The Development Group recently spoke with Dr. Carol Russell, Vice-President of Research and Programs at the “Invest in Kids Foundation”. Dr. Russell helped to develop the “The Parent Poll” a national survey for parents of children under six. She is also on the Advisory Board for the NLSCY and for Healthy Babies Healthy Children. The Parent Poll included specific questions related to parental knowledge of child development and the Parenting Style questions from the NLSCY. Respondents were selected from a “mail-panel”. This method uses a group of people who have agreed to participate in as many surveys as possible for one year and are remunerated for each survey. Thus the responders are likely to be more inclined to answering probing questions than a sample accrued through a random telephone survey such as the RRFSS.

Dr. Russell shared some of the results from a document that is currently in press¹⁰. It will report on six knowledge items from the “Parent Poll” for which there is a consensus within the child development field on the appropriate responses. For these six questions, less than a quarter of parents

knew the answers. In addition Dr. Russell reported that they found a relationship between positive parenting and knowledge level. She encouraged us to consider using the knowledge questions on the RRFSS possibly in conjunction with the positive parenting module that is currently developed. The six knowledge questions are currently being adapted in Calgary for a telephone survey in that Region.

Learnings-to-date will be shared publicly by Ruth Sanderson and Iris Gutmanis at the MLHU Spring Research & Practice Symposium on May 29, 2002. The Development Group will meet at the Middlesex-London Health Unit on June 14, 2002, for a day long meeting facilitated by SRHIP, to assess the learnings-to-date and chart our new directions in relationship to additional module development on RRFSS.

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Appendix A - NLCY Parenting Style Module

This section is asked only if the respondent identifies that they are involved in raising a child. Children under 24 months are asked fewer questions as follows:

Children 0-23 months: par-C1 to par-Q6; par-Q7A

Children 2-11 years: par-C1 to par Q 18

The following questions have to do with things that {identified child} does and ways that you react to him/her

Par-Q1 How often do you praise {identified child}, by saying something like “Good for you!” or “What a nice thing you did!” or “That’s good going!”

- 01 Never
- 02 About once a week or less
- 03 A few times a week
- 04 One or two times a day
- 05 Many times each day

Flow Information If refusal go to Par-Stop

Par-Q2 How often do you and he/she talk or play with each other, focusing attention on each other for five minutes or more, just for fun?

Par-Q3 How often do you and he/she laugh together?

Par-Q4 How often do you get annoyed with {identified child} for saying or doing something he/she is not supposed to?

Par-Q5 How often do you tell him/her that he/she is bad or not as good as others?

Par-Q6 How often do you do something special with him/her that he/she enjoys?

Par-C7 If age<3 go to Par-Q7A
Otherwise go to Par-Q7

Par-Q7 How often do you play sports, hobbies, or games with him/her?

Flow Information If refusal go to Par-Stop

Par-Q7A How often do you play games with him/her?

Par-C8 If age<2 go to Par-Stop
Otherwise to go Par-C8A (continue)

Par-I8 Interviewer: Use reference card item 6 for questions Par-Q8 to Par-Q18

Par-I8A Now, we know that when parents spend time together with their children, some of the time things go well and some of the time they don’t go well. For the following questions, I would like you to tell me what proportion of the time things turn out in different ways.

Par-Q8 Of all the times that you talk to {identified child} about his/her behaviour, what proportion is praise?

- 01 Never
- 02 Less than half the time
- 03 About half the time
- 04 More than half the time
- 05 All the time

Flow Information If refusal go to Par-Stop

Par-Q9 Of all the times that you talk to him/her about his/her behaviour, what proportion is disapproval?

Par-Q10 When you give him/her a command or order to do something, what proportion of the time do you make sure that he/she does it?

Par-Q11 If you tell him/her he/she will get punished if he/she doesn't stop doing something, and he/she keeps doing it, how often will you punish him/her?

Par-Q12 How often does he/she get away with things that you feel should have been punished?

Par-Q13 How often do you get angry when you punish {identified child}?

Par-Q14 How often do you think that the kind of punishment you give him/her depends on your mood?

Par-Q15 How often do you feel you are having problems managing him/her in general?

Par-Q16 How often is he/she able to get out of a punishment when he/she really sets his/her mind to it?

Par-Q17 How often when you discipline him/her, does he/she ignore the punishment?

Par-Q18 How often do you have to discipline him/her repeatedly for the same thing?

End

Appendix B - RRFSS Positive Parenting Module

```

>st_parent< [allow int 1]

  [if HEALTH_UNIT eq <5> goto code_par]   [# London/Mid][# get this section]
  [if HEALTH_UNIT eq <20> goto code_par]   [# Essex/Windsor][# get this section]

>code_par< [allow int 2][store <0> in code_par]
  [store <1> in st_parent]-----+ flag section started

  [if dc1 ne <1>][goto exit_parent][endif]-----+ skip section
    | if no kids
  [if age0 is <> and age1_3 is <> and age4_11 is <>] |
  [goto exit_parent] |
  [endif]-----+

  [add age0 to code_par]-----+ count number of children under 12
  [add age1_3 to code_par] |
  [add age4_11 to code_par]-----+

  [if code_par is <0> goto exit_parent] counter is zero so skip

  [if code_par is <1>]-----+ if only one child under 12,
  [if age0 ne <0>] | determine age of that child,
  [store age0 in par1] | then store age of that child
  [else] | in next sections age variable
  [if age1_3 ne <0>] |
  [store age1_3 in par1] |
  [else] |
  [if age4_11 ne <0>] |
  [store age4_11 in par1] |
  [endif all]-----+

  [if code_par is <1>]-----+ count indicates one child under 12,
  [if par1 ne <>] | check that age item has been filled,
  [goto intro_par1] | proceed to single child intro
  [endif] |
  [endif]-----+

  [if code_par ge <2>]-----+ count indicates more than one one
  [goto intro_par2] | child under 12, goto select child
  [endif]-----+ intro

  [goto problems]-----+ trap residual and send to problems
  for debugging

>problems<

[bold][yellow]
Problems have occurred, please write this information on cover sheet
and give to supervisor. Thanks.

```

[n][white]

age0.....[fill age0]

age1_3.....[fill age1_3]

age4_11.....[fill age4_11]

code_par....[fill code_par]

par1.....[fill par1]

press enter to continue @

[@][nodata][goto exit_parent]

>intro_par1<

[r] Now some questions about parent and child relationships. Earlier you [n]
[r] indicated there was one child LESS than 12 years old in your household. [n]
[r] The next questions refer to that child. [n]

Press "Enter" to continue @

[@][nodata][goto KIDNAME]

>intro_par2<

[r] Now some questions about parent and child relationships. Earlier you [n]
[r] indicated that there were [fill code_par] children LESS than 12 years old [n]
[r] in your household. For the next questions I would like to talk to you about [n]
[r] the child who had the LAST birthday. [n]

[bold][yellow]

Interviewer, if twins take the one born last.

[n][white]

Press "Enter" to continue @

[@][nodata]

>par1< [define <d><98>][define <r><99>]
[# only asked if more than one child]

[r] And how old is this child? [n]

[bold][yellow]

Interviewer: If needed " The child with the LAST birthday".

[n][white]

0-11 enter age

d don't know r refused

@

[@] <0-11,d,r>

>intro_par3<

[r] To make it easy to refer to this child, can you tell me their first name or [n]

[r] initial? [n]

1 provides name or initial

5 does not provide name

@1

[if intro_par3@1 is <1>]

[bold][yellow] Enter name or initial here, do NOT use // [n][white] @name

[endif]

[@1] <1>

<5> [goto intro_par4]

[@name] [allow 15][goto KIDNAME]

>intro_par4< [if par1 ge <98> and intro_par3@1 is <5>]

[goto exit_parent]

[endif]

[r] That is OK, then I will refer to this child as the [fill par1] year old. [n]

Press "Enter" to continue @

[@][nodata]

>KIDNAME< [allow 15]

[if code_par is <1>]

[store <the child> in KIDNAME]

[goto par2]

[endif]

[if intro_par3@name ne <>]

[store intro_par3@name in KIDNAME]

[goto par2]

[endif]

>YOUR< [allow 4]

[store <your> in YOUR]

>YEAROLD< [allow 8]

[store <year old> in YEAROLD]

>FIXIT< [make KIDNAME from YOUR <> par1 <> YEAROLD]

>par2< [#gh: added code 9]

[r] What is your relationship to [fill KIDNAME], are you a parent, step parent [n]
 [r] legal guardian, grand parent, brother, sister, or something else? [n]

- 1 parent
- 2 step parent
- 3 guardian
- 4 grand parent
- 5 brother/sister
- 6 brother/sister R volunteers they have a role to play in raising child
- 8 live-in-nanny other paid child care provider
- 9 other relative (uncle, aunt, etc.)

7 something else (specify)

d don't know r refused

@

[@] <1,6> [goto par4]
 <2-4,9> [goto par3]
 <5,8,d,r> [goto exit_parent]
 <7> [specify][goto exit_parent]

>par3< [define <d><8>] [define <r><9>]

[r] Are you completely or partially responsible for raising [fill KIDNAME]? [n]

[bold][yellow]

Interviewer: ONLY if asked, a parent who has joint or partial custody & sees the child on a regular basis, even if every other weekend, code "yes."

[n][white]

- 1 yes complete or partial responsibility
- 5 no responsibility

d don't know r refused

@

[@] <1> [goto par4]
 <5,d,r> [goto exit_parent]

>par4<

[r] The following questions have to do with things that [fill KIDNAME] does [n]
 [r] and ways you react to him/her. For each of the following please tell [n]
 [r] me if you do this many times each day, one or two times a day, a few [n]
 [r] times a week, about once a week or less, or never. [n]

[r] First, how often do you praise [fill KIDNAME], by saying something like: [n]
 [r] "Good for you!" or "What a nice thing you did!" or "That's good going!" [n]
 [r] Do you do this many times each day, one or two times a day, a few times [n]
 [r] a week, about once a week or less, or never? [n]

- 1 many times each day (includes "all the time" do not read)
- 2 one or two times a day
- 3 a few times a week
- 4 about once a week or less
- 5 never

d don't know r refused
@

[@] <1-5,d,r>

>par5<

[r] How often do you and [fill KIDNAME] talk or play with each other, focusing [n]
[r] attention on each other for five minutes or more, just for fun? [n]

[bold][cyan]

Do you do this many times each day, one or two times a day, a few times a week, about once a week or less, or never?

[yellow]

Interviewer: if required, "talk or play with each other" means spending time together talking, playing or spending time doing things in each other's company. "Just for fun" means having a fun time together. If R says they tend to do this with one or more of their children at the same time ask them to try to answer as best they can for the selected child.

[n][white]

- 1 many times each day (includes "all the time" do not read)
- 2 one or two times a day
- 3 a few times a week
- 4 about once a week or less
- 5 never

d don't know r refused
@

[@] <1-5,d,r>

>par6<

[r] How often do you and [fill KIDNAME] laugh together? [n]

[bold][cyan]

Do you do this many times each day, one or two times a day, a few times a week, about once a week or less, or never?

[yellow]

Interviewer: If required, "laugh together" means laughing together at the same thing, or a situation makes both of you laugh together. If R says they tend to do this with one or more of their children at the same time ask them to try to answer as best they can for the selected child.

[n][white]

- 1 many times each day (includes "all the time" do not read)
- 2 one or two times a day
- 3 a few times a week
- 4 about once a week or less
- 5 never

d don't know r refused
@

[@] <1-5,d,r>

>par7<

[r] How often do you do something special with [fill KIDNAME] that he/she enjoys? [n]

[bold][cyan]

Do you do this many times each day, one or two times a day, a few times a week, about once a week or less, or never?

[yellow]

Interviewer: if required, "something special" means "doing something EITHER you or the child think of as something special." If R says they tend to do this with one or more of their children at the same time ask them to try to answer as best they can for the selected child.

[n][white]

- 1 many times each day (includes "all the time" do not read)
- 2 one or two times a day
- 3 a few times a week
- 4 about once a week or less
- 5 never

d don't know r refused
@

[@] <1-5,d,r>

>par8<

[if par1 lt <2>]

[r] How often do you play games with [fill KIDNAME]? [n]

[else]

[r] How often do you play sports, hobbies, or games with [fill KIDNAME]? [n]

[endif]

[bold][cyan]

Do you do this many times each day, one or two times a day, a few times a week, about once a week or less, or never?

[yellow]

Interviewer: If required, "reading together" may be considered as hobby. Video games, watching TV or videos together count, but R should try to answer as best they can for the selected child, not counting family time.

[n][white]

- 1 many times each day (includes "all the time" do not read)
- 2 one or two times a day
- 3 a few times a week
- 4 about once a week or less
- 5 never

d don't know r refused
@

[@] <1-5,d,r>

>ROUTE_COG4< [goto COG_FILL]

>exit_parent< [allow int 1][store <1> in exit_parent]