



Project KIDS Questionnaire

General Instructions

This booklet should be completed by a **parent/legal guardian of the child who recently completed the study to examine how to improve beginning reading instruction**. The booklet contains questions about your child's behavior, feelings, their home environment, and family history of learning difficulties. Please answer each question as best you can - there is no right or wrong answer. Each questionnaire in the booklet begins with some instructions, so be sure to read those carefully as you go. Your answers are confidential. If you are uncomfortable answering a certain question, then feel free to leave it blank. The questionnaires in this booklet are marked with a special number to protect your family's identity.

We have identified your child's first name who completed the study to examine how to improve beginning reading instruction on a sticker in the top right corner. Please think of this child as you answer questions in this booklet.

Please complete the items below to help us process your gift card. This front page of the booklet will be removed and stored in a secure location separate from your responses.

If you have any questions as you complete this booklet, please contact us at 850-645-0514.

1. Date Completed: DateComplete_C

2. Please PRINT your contact information (necessary to process/send gift card payment):

Name: Name_C

Permanent Address (necessary): PermanentAddress_C

City: City_C State: State_C Zip Code: Zip_C

P.O. Box (optional): POBox_C

Home Phone: HomePhone_C Cell Phone: CellPhone_C

E-mail: Email_C

3. Are you a Florida State University (FSU) employee? Yes No FSUEmployee_C

4. What school is your child in? School_C

Grade: Grade_C

Teacher: Teacher_C

5. Were you the primary caregiver at the time of the original study to examine how to improve beginning reading instruction? PrimaryCaregiver_C

Yes No

If No, who was: PrimaryCaregiver_No_C

FHQ = Family History Questionnaire (section 1-9)
HEM = Home Environment Measure (section 10-12, 14-15, 18)
DN = Diet and Nutrition (section 12)
grd = Grades (section 13)
hi = health information (section 14)
NE = Neighborhood Environment (section 15)
cldq = Learning Questionnaire (section 16)
is = Information Sharing (section 17)
hpc = Homework Problem Checklist (section 19)
SWAN (Section 20)
BRIEF (section 21)
AAC = Adult's Author Checklist (section 22)
PS = Parenting Scale (section 23)
CS - Children's Sleep Habits (section 24)

FHQ Family codes

0001 = child
1000 = biological mother
1100 = maternal grandmother
1200 = maternal grandfather
2000 = biological father
2100 = paternal grandmother
2100 = paternal grandfather
1001 -1009 = siblings
1010 - 1130 = maternal uncles & aunts
1011 - 1030 = maternal cousins (excluding 1020 & 1030)
2010 - 2130= paternal uncles & aunts
2011 - 2023 = paternal cousins

Comment boxes from FileMaker:

FHQ_Comments
FHQ_comments_difficulties
FHQ_comments_problems
HomeBehavior_sec.10-20_comments
HomeBehavior_sec.21-24_comments

*For "Highest Level of Education" refer to section 10, question 6 ** For "Occupation/Employment" refer to section 10, question 7

This questionnaire is to be completed by a parent or guardian. Please provide information on the family history of the child participating in the study (this child's first name is in the top corner of this page and the previous page). If your child is adopted, please fill out to the best of your knowledge about the biological family. If information is unknown or not applicable, just leave it blank. If you need more space for a section, please use the blank space at the back. Personally identifiable information on this form is confidential and will be used only for identification purposes.

Section 1. Describe the child involved in the study.

0001 Child's Name			Date of Birth		Adopted	
childLN Last			childFN First		childmi M.I.	
childDOB (mm/dd/yyyy)			childadopt Yes <input type="checkbox"/> No <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Racial Group childrace			Ethnicity childethnicity		Non-Hispanic <input type="checkbox"/> 1 Hispanic <input type="checkbox"/> 2	
White <input type="checkbox"/> 1 Black/African American <input type="checkbox"/> 2 American Indian/Alaskan Native <input type="checkbox"/> 3 Asian <input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5 6 = Other 7 = Mixed						

Section 2. Describe the biological mother of the child involved in the study, and her parents.

	1000 Biological Mother	1100 Biological Mother's Mother (child's maternal grandmother)	1200 Biological Mother's Father (child's maternal grandfather)
Name (Last, First, M.I.)	biomonname	biomgmom_name	biomgdad_name
Date of Birth (mm/dd/yyyy)	biomomDOB	biomgmom_DOB	biomgdad_DOB
*Highest Level of Education	biomomed	biomgmom_ed	biomgdad_ed
**Occupation/Employment	biomomocc	biomgmom_occ	biomgdad_occ

Section 3. Describe the biological father of the child involved in the study, and his parents.

	2000 Biological Father	2100 Biological Father's Mother (child's paternal grandmother)	2200 Biological Father's Father (child's paternal grandfather)
Name (Last, First, M.I.)	biodadname	biodgmom_name	biodgdad_name
Date of Birth (mm/dd/yyyy)	biodadDOB	biodgmom_DOB	biodgdad_DOB
*Highest Level of Education	biodaded	biodgmom_ed	biodgdad_ed
**Occupation/Employment	biodadocc	biodgmom_occ	biodgdad_occ

Section 4. Describe the biological parents' other children (child involved in the study's brothers and sisters).

	Name (Last, First, M.I.)	Relationship to Child in Study	Gender	Date of Birth (mm/dd/yyyy)
1.	1001 sib1name	sib1relation <input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	sib1sex <input type="checkbox"/> Male 1 <input type="checkbox"/> Female 2	sib1DOB sib1age
2.	1002 sib2name	sib2relation <input type="checkbox"/> Full Sibling <input type="checkbox"/> Half Sibling <input type="checkbox"/> Step Sibling	sib2sex <input type="checkbox"/> Male <input type="checkbox"/> Female	sib2DOB sib2age
3.	1003 sib3name	sib3relation <input type="checkbox"/> Full Sibling <input type="checkbox"/> Half Sibling <input type="checkbox"/> Step Sibling	sib3sex <input type="checkbox"/> Male <input type="checkbox"/> Female	sib3DOB sib3age
4.	1004 sib4name	sib4relation <input type="checkbox"/> Full Sibling <input type="checkbox"/> Half Sibling <input type="checkbox"/> Step Sibling	sib4sex <input type="checkbox"/> Male <input type="checkbox"/> Female	sib4DOB sib4age
5.	1005 sib5name	sib5relation <input type="checkbox"/> Full Sibling <input type="checkbox"/> Half Sibling <input type="checkbox"/> Step Sibling	sib5sex <input type="checkbox"/> Male <input type="checkbox"/> Female	sib5DOB sib5age
6.	1006 sib6name, sib6relation, sib6sex, sib6DOB, sib6age			
8.	1008 sib8name, sib8relation, sib8sex, sib8DOB, sib8age			
7.	1007 sib7name, sib7relation, sib7sex, sib7DOB, sib7age			
9.	1009 sib9name, sib9relation, sib9sex, sib9DOB, sib9age			

Project KIDS – Family History *continued*

Section 5. Describe the biological mother's brothers and sisters (child involved in study's maternal aunts and uncles).

Name (Last, First, M.I.)	Relationship to Biological Mother	Gender	His or Her Children	Highest Level of Education Completed
1. <u>1010</u> FHQ_52	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male 1 <input type="checkbox"/> Female 2	# of sons FHQ_55 # of daughters FHQ_56	FHQ_57
2. <u>1020</u> FHQ_58	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_60 <input type="checkbox"/> Female	# of sons FHQ_61 # of daughters FHQ_62	FHQ_63
3. <u>1030</u> FHQ_64	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_66 <input type="checkbox"/> Female	# of sons FHQ_67 # of daughters FHQ_68	FHQ_69
4. <u>1040</u> FHQ_70	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_72 <input type="checkbox"/> Female	# of sons FHQ_73 # of daughters FHQ_74	FHQ_75
5. <u>1050</u> FHQ_76	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_78 <input type="checkbox"/> Female	# of sons FHQ_79 # of daughters FHQ_80	FHQ_81
6. <u>1060</u> FHQ_189, FHQ_190, FHQ_191, FHQ_192, 193, 194		8. <u>1080</u> FHQ_201, 202, 203, 204, 205, 206		
7. <u>1070</u> FHQ_195, 196, 197, 198, 199, 200		9. <u>1090</u> FHQ_207, 208, 209, 210, 211, 212		

Section 6. Describe the biological mother's nieces and nephews (child involved in study's maternal cousins).

Name (Last, First, M.I.)	Relationship to Child in Study	Gender	Date of Birth (mm/dd/yyyy)
1. <u>1011</u> FHQ_82	<input type="checkbox"/> Full Cousin 1 <input type="checkbox"/> Cousin through marriage ("step") 2 <input type="checkbox"/> Adopted Cousin 3	<input type="checkbox"/> Male 1 <input type="checkbox"/> Female 2	FHQ_85
2. <u>1012</u> FHQ_86	<input type="checkbox"/> Full Cousin FHQ_87 <input type="checkbox"/> Cousin through marriage ("step") <input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male FHQ_88 <input type="checkbox"/> Female	FHQ_89
3. <u>1013</u> FHQ_90	<input type="checkbox"/> Full Cousin FHQ_91 <input type="checkbox"/> Cousin through marriage ("step") <input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male FHQ_92 <input type="checkbox"/> Female	FHQ_93
4. <u>1014</u> FHQ_94	<input type="checkbox"/> Full Cousin FHQ_95 <input type="checkbox"/> Cousin through marriage ("step") <input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male FHQ_96 <input type="checkbox"/> Female	FHQ_97
5. <u>1015</u> FHQ_98	<input type="checkbox"/> Full Cousin FHQ_99 <input type="checkbox"/> Cousin through marriage ("step") <input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male FHQ_100 <input type="checkbox"/> Female	FHQ_101
6. <u>1016</u> FHQ_219	<input type="checkbox"/> Full Cousin FHQ_220 <input type="checkbox"/> Cousin through marriage ("step") <input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male FHQ_221 <input type="checkbox"/> Female	FHQ_222
7. <u>1017</u> FHQ_223	<input type="checkbox"/> Full Cousin FHQ_224 <input type="checkbox"/> Cousin through marriage ("step") <input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male FHQ_225 <input type="checkbox"/> Female	FHQ_226
8. <u>1018</u> FHQ_227, 228, 229, 230		9. <u>1019</u> FHQ_231, 232, 233, 234	
		10. <u>1021</u> FHQ_235, 236, 237, 238	

Section 7. Describe biological father's brothers and sisters (child involved in study's paternal aunts and uncles).

Name (Last, First, M.I.)	Relationship to Biological Father	Gender	His or Her Children	Highest Level of Education Completed
1. <u>2010</u> FHQ_102	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male 1 <input type="checkbox"/> Female 2	# of sons FHQ_105 # of daughters FHQ_106	FHQ_107
2. <u>2020</u> FHQ_108	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_110 <input type="checkbox"/> Female	# of sons FHQ_111 # of daughters FHQ_112	FHQ_113
3. <u>2030</u> FHQ_114	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_116 <input type="checkbox"/> Female	# of sons FHQ_117 # of daughters FHQ_118	FHQ_119
4. <u>2040</u> FHQ_120	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_122 <input type="checkbox"/> Female	# of sons FHQ_123 # of daughters FHQ_124	FHQ_125
5. <u>2050</u> FHQ_126	<input type="checkbox"/> Full Sibling 1 <input type="checkbox"/> Half Sibling 2 <input type="checkbox"/> Step Sibling 3	<input type="checkbox"/> Male FHQ_128 <input type="checkbox"/> Female	# of sons FHQ_129 # of daughters FHQ_130	FHQ_131
6. <u>2060</u> FHQ_239, 240, 241, 242, 243, 244		8. <u>2080</u> FHQ_251, 252, 253, 254, 255, 256		
7. <u>2070</u> FHQ_245, 246, 247, 248, 249, 250		9. <u>2090</u> FHQ_257, 258, 259, 260, 261, 262		
		10. <u>2110</u> FHQ_263, 264, 265, 266, 267, 268		

Project KIDS – Family History *continued*

Section 8. Describe the biological father’s nieces and nephews (child involved in study’s paternal cousins).

Name (Last, First, M.I.)		Relationship to Child in Study			Gender FHQ_134		Date of Birth (mm/dd/yyyy)
1.	2011 FHQ_132	<input type="checkbox"/> Full Cousin 1	<input type="checkbox"/> Cousin through marriage (“step”) ²	<input type="checkbox"/> Adopted Cousin FHQ_133 3	<input type="checkbox"/> Male 1	<input type="checkbox"/> Female 2	FHQ_135
2.	2012 FHQ_136	<input type="checkbox"/> Full Cousin	<input type="checkbox"/> Cousin through marriage (“step”)	<input type="checkbox"/> Adopted Cousin FHQ_137	<input type="checkbox"/> Male	<input type="checkbox"/> Female FHQ_138	FHQ_139
3.	2013 FHQ_140	<input type="checkbox"/> Full Cousin	<input type="checkbox"/> Cousin through marriage (“step”)	<input type="checkbox"/> Adopted Cousin FHQ_141	<input type="checkbox"/> Male	<input type="checkbox"/> Female FHQ_142	FHQ_143
4.	2014 FHQ_144	<input type="checkbox"/> Full Cousin	<input type="checkbox"/> Cousin through marriage (“step”)	<input type="checkbox"/> Adopted Cousin FHQ_145	<input type="checkbox"/> Male	<input type="checkbox"/> Female FHQ_145	FHQ147
5.	2015 FHQ_148	<input type="checkbox"/> Full Cousin	<input type="checkbox"/> Cousin through marriage (“step”)	<input type="checkbox"/> Adopted Cousin FHQ_149	<input type="checkbox"/> Male	<input type="checkbox"/> Female FHQ_150	FHQ_151
6.	2016 FHQ_269, 270, 271, 272	<input type="checkbox"/> Full Cousin	<input type="checkbox"/> Cousin through marriage (“step”)	<input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
7.	2017 FHQ_273, 274, 276, 277	<input type="checkbox"/> Full Cousin	<input type="checkbox"/> Cousin through marriage (“step”)	<input type="checkbox"/> Adopted Cousin	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
8.	2018 FHQ_278, 280, 281, 282						
9.	2019 FHQ_283, 284, 285, 286						
10.	2020 FHQ_287, 288, 289, 290						
11.	2021 FHQ_291, 292, 293, 294						
12.	2022 FHQ_295, 296, 297, 298						
13.	2023 FHQ_299, 300, 301, 302						
14.	2024 FHQ_303, 304, 305, 306						

* Section 6. Maternal Cousins continued #11-20

- 11. 1022 FHQ_307, 308, 309, 310, 310age
- 12. 1023 FHQ_311, 312, 313, 314, 314age
- 13. 1024 FHQ_315, 316, 317, 318, 318age
- 14. 1025 FHQ_319, 320, 321, 322, 322age
- 15. 1026 FHQ_323, 324, 325, 326, 326age
- 16. 1027 FHQ_327, 328, 329, 330, 330age
- 17. 1028 FHQ_331, 332, 333, 334, 334age
- 18. 1029 FHQ_335, 336, 337, 338, 338age
- 19. 1031 FHQ_339, 340, 341, 342, 342age
- 20. 1032 FHQ_343, 344, 345, 346, 346age

Section 9. Family History

In this section, we are going to ask about the medical history of your family you listed above. You may have to contact some members of your family to fully complete this section.

1. If you are sure that no one in your whole family has one of the listed difficulties or problems, check “No”. You do not need to fill out the “Do Not Know” or “Yes” columns.
2. If you are unsure if a member of your family had one of the listed difficulties or problems and you can’t contact them to check, write his or her name (you may use initials) in the “Do Not Know” box.
3. If anyone in your family has one of the listed issues, write his or her name in the “Yes” box. Please tell us any information you may know about it as well, such as what specifically the difficulty or problem is, what age the problem started, and/or special circumstances explaining the difficulty or problem.

The following “difficulties” have to do with ways you might describe a problem someone has but are not necessarily something a doctor would diagnose you with.

	2 No	3 Do Not Know	1 Yes
Anyone have difficulties learning to read? <small>FHQ_read</small>	<input type="checkbox"/>		Member code: FHQ_152_1, FHQ_152_2.... Age: FHQ_152_1_age, FHQ_152_2_age..... comments/explanation: FHQ_152_1_comments, FHQ_152_1_comments....
Anyone a “slow” reader? <small>FHQ_slow</small>	<input type="checkbox"/>		Member code: FHQ_153_1, FHQ_153_2.... Age: FHQ_153_1_age, FHQ_153_2_age..... comments/explanation: FHQ_153_1_comments, FHQ_153_1_comments....
Anyone have difficulties with spelling? <small>FHQ_spell</small>	<input type="checkbox"/>		Member code: FHQ_153_1, FHQ_153_2.... Age: FHQ_153_1_age, FHQ_153_2_age..... comments/explanation: FHQ_153_1_comments, FHQ_153_1_comments....
Anyone have difficulties with writing? <small>FHQ_writing</small>	<input type="checkbox"/>		FHQ_155.... " "
Anyone have difficulties with math? <small>FHQ_math</small>	<input type="checkbox"/>		FHQ_156.... " "
Anyone have language difficulties (e.g., unable to combine two words together, such as “mommy eat”, by 2 years old)? <small>FHQ_language</small>	<input type="checkbox"/>		FHQ_157.... " "
Anyone have speech difficulties (e.g., stuttering, articulation disorder)? <small>FHQ_speech</small>	<input type="checkbox"/>		FHQ_158.... " "
Anyone labeled as “gifted”? <small>FHQ_gifted</small>	<input type="checkbox"/>		FHQ_159.... " "

Project KIDS – Family History *continued*

The following section has to do with “problems” someone would actually have a medical/school professional diagnosis for.

	2 No	3 Do Not Know	1 Yes
Has anyone been diagnosed as having a Learning Disability or Dyslexia? FHQ_RD	<input type="checkbox"/>		" " FHQ_160...
Has anyone been diagnosed as having a Math Learning Disability or Dyscalculia? FHQ_MLD	<input type="checkbox"/>		" " FHQ_161
Has anyone been diagnosed as having a Specific Language Impairment? FHQ_SLD	<input type="checkbox"/>		" " FHQ_162
Has anyone been diagnosed as having a Speech Impairment? FHQ_SI	<input type="checkbox"/>		" " FHQ_163
Has anyone been diagnosed as Deaf or Hard of Hearing? FHQ_Hear	<input type="checkbox"/>		" " FHQ_164
Has anyone been diagnosed as having a Visual Impairment? FHQ_Visual	<input type="checkbox"/>		" " FHQ_165
Has anyone been diagnosed as having Semantic-Pragmatic Disorder, Auditory Processing Disorders, or Sensory Processing Impairment? FHQ_SPD	<input type="checkbox"/>		" " FHQ_166
Has anyone been diagnosed as having Autism, Autism Spectrum Disorder or Asperger's Syndrome? FHQ_ASD	<input type="checkbox"/>		" " FHQ_167
Has anyone been diagnosed as having Attention Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? FHQ_ADHD	<input type="checkbox"/>		" " FHQ_168
Has anyone been diagnosed as having an Intellectual Disability, or what used to be called Mental Retardation (e.g., Down's Syndrome, Spina Bifida, Hydrocephalus)? FHQ_MR	<input type="checkbox"/>		" " FHQ_169
Has anyone been diagnosed as having a genetic disorder not yet listed, such as Fragile X, Turner's Syndrome, etc.? FHQ_Genetic	<input type="checkbox"/>		" " FHQ_170
Has anyone been diagnosed as having Serious Emotional or Behavioral Disturbance? FHQ_BD	<input type="checkbox"/>		" " FHQ_171
Has anyone been diagnosed as having a mental illness (list what it is, with the person's name)? FHQ_MI	<input type="checkbox"/>		" " FHQ_172

-1000 = see comment

Project KIDS – Home & Behavior

For the rest of the questionnaire, you will be answering questions about yourself, your home, your child and his or her behaviors.

Section 10. Home Environment Measure

hem1 1. A) The person completing this questionnaire is (check one):

1 Biological (Birth) Mother

2 Biological (Birth) Father

3 Stepmother

4 Stepfather

5 Adoptive or foster parent

6 Other relative (e.g. grandmother, aunt, etc.) Please explain: hem1o

hem1b B) The other primary adult caregiver in the home (if applicable) is:

1 Biological (Birth) Mother

2 Biological (Birth) Father

3 Stepmother

4 Stepfather

5 Adoptive or foster parent

6 Other relative (e.g. grandmother, aunt, etc.) Please explain: hem1bo

7 N/A (there is no other adult caregiver in the home)

hem2 2. What is your **current household income?** (check one)

1 Less than \$10,000

8 \$130,000 – \$149,000

2 \$10,000 – \$29,000

9 \$150,000 – \$169,000

3 \$30,000 – \$49,000

10 \$170,000 – \$189,000

4 \$50,000 – \$69,000

11 \$190,000 – \$209,000

5 \$70,000 – \$89,000

12 \$210,000 or more

6 \$90,000 – \$109,000

13 Don't Know

7 \$110,000 – \$129,000

3. How many individuals live in your home?

hem3t Adults

hem3c Children

hem4 4. What is your ethnicity? (check one):

1 Non-Hispanic/Latino

2 Hispanic/Latino

Section 10. Home Environment Measure

hem5 5. What is your race? (check one):

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Native Hawaiian or Other Pacific Islander
- 4 Black or African American
- 5 White
- 6 Other (please specify): hem5o
- 7 Mixed (more than one of the above)

6. Please check your highest level of school completed. If your child has a second adult caregiver, please check his or her highest level of school completed as well.

Level of School Completed	hem6a Person Completing Questionnaire	hem6b Other Adult Caregiver (if Applicable)
1 Grade 6 or less	<input type="checkbox"/>	<input type="checkbox"/>
2 Grade 7-12 (without graduating high school or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
3 Graduated high school or high school equivalent	<input type="checkbox"/>	<input type="checkbox"/>
4 Some college	<input type="checkbox"/>	<input type="checkbox"/>
5 Graduated from 2-year college	<input type="checkbox"/>	<input type="checkbox"/>
6 Graduated from 4-year college	<input type="checkbox"/>	<input type="checkbox"/>
7 Attended graduate or professional school without graduating	<input type="checkbox"/>	<input type="checkbox"/>
8 Attending or completed graduate or professional school	<input type="checkbox"/>	<input type="checkbox"/>
9 Don't know	<input type="checkbox"/>	<input type="checkbox"/>
10 N/A	<input type="checkbox"/>	<input type="checkbox"/>
11 College		
12 Vocational/Technical/Trade School		

Section 10. Home Environment Measure

7. Please check your current occupation (job). If your child has a second adult caregiver, please indicate his or her occupation as well.

Occupation	Person Completing Questionnaire hem7a	Other Adult Caregiver (if Applicable) hem7b
1 Day laborer; janitor; house cleaner; farm worker; food counter sales; food preparation worker; busboy.	<input type="checkbox"/>	<input type="checkbox"/>
2 Garbage collector; short order cook; cab driver; shoe sales; assembly line worker; mason; baggage porter.	<input type="checkbox"/>	<input type="checkbox"/>
3 Painter; skilled construction trade; sales clerk; truck driver; cook; sales counter or general office clerk.	<input type="checkbox"/>	<input type="checkbox"/>
4 Automobile mechanic; typist; locksmith; farmer; carpenter; receptionist; construction laborer; hairdresser.	<input type="checkbox"/>	<input type="checkbox"/>
5 Machinist; musician; bookkeeper; secretary; insurance sales; cabinet maker; personnel specialist; welder.	<input type="checkbox"/>	<input type="checkbox"/>
6 Supervisor; librarian; aircraft mechanic; artist or artisan; electrician; administrator; military enlisted personnel; buyer.	<input type="checkbox"/>	<input type="checkbox"/>
7 Nurse; skilled technician; medical technician; counselor; manager; police or fire personnel; financial manager; physical, occupational, speech therapist.	<input type="checkbox"/>	<input type="checkbox"/>
8 Mechanical, nuclear or electrical engineer; educational administrator; veterinarian; military officer; elementary, high school or special education teacher.	<input type="checkbox"/>	<input type="checkbox"/>
9 Physician; attorney; professor; chemical or aerospace engineer; judge; CEO; senior manager; public official; psychologist; pharmacist; accountant.	<input type="checkbox"/>	<input type="checkbox"/>
10 Stay-at-home parent	<input type="checkbox"/>	<input type="checkbox"/>
11 Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
12 Student	<input type="checkbox"/>	<input type="checkbox"/>
13 Retired/Unable to work	<input type="checkbox"/>	<input type="checkbox"/>
14 Other (please specify): <u> hem7ao/hem7bo </u>	<input type="checkbox"/>	<input type="checkbox"/>

15 Deceased

16 Prison

Section 11. Home Literacy Environment

1. Does anyone in your home have a library card?

- Yes **1** No **2** **hle1**

If **Yes**, how often is it used? hle1a times per month.

IF hle1a is less than or equal to 1 then nhlea1a = 0

IF hle1a is greater than 1 then nhlea1a = 1

2. Does anyone in your home subscribe to newspapers/magazines?

- Yes **1** No **2** **hle2**

If **Yes**, how many?
hle2anews Newspapers
hle2amag Magazines for Adults
hle2cmag Magazines for Children

3. How often do **you** read to yourself? **hle3**

- Daily **1**
 Several times a week **2**
 Weekly or less **3**

4. How much do **you** like reading to yourself? **hle4**

- Strongly dislike **1** Dislike **2** Neither like nor dislike **3** Like **4** Strongly like **5**

5. How often does your child's **other adult caregiver** read to him/herself?
hle5

- Daily **1**
 Several times a week **2**
 Weekly or less **3**
 N/A (there is no other adult caregiver in the home. Skip to question 7) **4**

6. How much does your child's **other adult caregiver** like to read to him/herself?
hle6

- Strongly dislike **1** Dislike **2** Neither like nor dislike **3** Like **4** Strongly like **5**

7. At what age did you start to read with your child? **hle7**

- 36+ months **1** 30-35 months **2** 24-29 months **3** 18-23 months **4**
 12-17 months **5** 6-11 months **6** 0-5 months **7** Never **8**

Project KIDS – Home & Behavior *continued*

Section 11. Home Literacy Environment

8. What is the primary language used at home? h1e8 1 = English 2 = Spanish 3 = Other

9. Are any other languages spoken in the home?

Yes 1 No 2 **h1e9**

If Yes, what? h1e9a

1 = English 2 = Spanish 3 = Haitian-Creole 4 = French
5 = German 6 = Chinese 7 = Japanese 8 = sign language 9 = Polish
10 = Calypso dialect 11 = Italian 12 = Arabic 13 = Bengali 14 = Tagalog 15 = Tamil
& Telegu 16 = Marathi

10. How many books does your child bring home from the library in a given month?

h1e10 Books per month Don't know h1e10a

11. How many books does your child own? **h1e11**

Less than 10 1 10-30 2 More than 30 (how many?): h1e11a 3

12. How often does your child read books for fun by him/herself? (i.e., not reading for homework) **h1e12**

Several times a day 1 Daily 2 At least once a week 3
 At least once a month 4 Occasionally 5 Never 6

13. What kind of books does your child like to read? Check all that apply. Enter "1" for each type of book selected

Chapter Books h1e13_chapter Graphic Novels h1e13_graphic
 Comic Books h1e13_comic Other: h1e13_o h1e13_other
 Picture Books h1e13_picture Don't Know h1e13_dontknow
 Magazines h1e13_mag

14. How often does your child listen to books on tape or podcasts? **h1e14**

Several times a day 1 Daily 2 At least once a week 3
 At least once a month 4 Occasionally 5 Never 6

15. How much does your child like reading? **h1e15**

Strongly dislike 1 Dislike 2 Neither like nor dislike 3 Like 4 Strongly like 5

16. Does anyone read with your child? Check all that apply. Enter "1" for each person selected

You h1e16_You
 Other adult caregiver h1e16_Othercaregiver
 Other: h1e16_other
 No one does (skip to question 20) h1e16_Noone

Section 11. Home Literacy Environment

17. On average, how often do these people read with your child?

	You: hle17a	<input type="checkbox"/> Daily ¹	<input type="checkbox"/> Several times a week ²	<input type="checkbox"/> Weekly or less ³
hle17b	Other adult caregiver:	<input type="checkbox"/> Daily	<input type="checkbox"/> Several times a week	<input type="checkbox"/> Weekly or less
	Other: hle17c	<input type="checkbox"/> Daily	<input type="checkbox"/> Several times a week	<input type="checkbox"/> Weekly or less

18. On average, how many books do you read with your child per night? **hle18**

_____ books

19. On average, how long do you read with your child per night? **hle19**

_____ minutes

20. On average, how often does your child **ask you** to read books to him/her? **hle20**

- Several times a day ¹
 Daily ²
 At least once a week ³
 At least once a month ⁴
 Occasionally ⁵
 Never ⁶

21. On average, how many **hours per day** does your child watch television (TV)?

Weekdays (Monday-Friday):	<u>hle21a</u>	hour(s) each day
Saturday:	<u>hle21b</u>	hour(s)
Sunday:	<u>hle21c</u>	hour(s)

22. What type of TV programs does **your child** watch **most frequently**? Check only one.

- ¹ Sports **hle22_sports**
 ⁵ Sitcom/drama (e.g., iCarly) **hle22_sitcom**
² Cartoons **hle22_carton**
 ⁶ Other: hle22_other **hle22o**
³ Educational (PBS, Science, etc.) **hle22_educational**
 ⁷ Don't know **hle22_dontknow**
⁴ Nature (Discovery, etc.) **hle22_nature**

23. How many hours per week do you **expect** your child to spend on homework?

hle23
_____ hours/weeks

24. How many hours per week does your child **actually** spend on homework? **hle24**

- 0-1 hours ¹
 1-2 hours ²
 3-4 hours ³
 5-6 hours ⁴
 7-8 hours ⁵
 9-10 hours ⁶
 more than 10 hours ⁷
 Don't know ⁸

Section 11. Home Literacy Environment

25. How often do you talk to your child about his/her school progress with him/her? **hle25**

- More than 3 times a week **1** Once a week **2** Once every couple weeks **3**
 Once each grading period **4** Once each school year **5** Almost never **6**

26. How well do you know what your child is studying in school? **hle26**

- 1** I know when every assignment is due and what he/she is studying on particular days.
2 I know what he/she is studying, but I don't always know what he/she is studying on particular days
3 I have a general idea of the activities that he/she is doing in school
4 I know what classes he/she is taking, but I am not aware of particular activities within these classes.

27. How often does your child use smart phone or iPad/Tablet “apps” for **educational** reasons? **hle27**

- Several times a day **1** Daily **2** At least once a week **3**
 At least once a month **4** Occasionally **5** Never **6**

28. How often does your child use smart phone or iPad/Tablet “apps” for **entertainment** reasons? **hle28**

- Several times a day **1** Daily **2** At least once a week **3**
 At least once a month **4** Occasionally **5** Never **6**

29. What is the highest level of education you **expect** your child to receive? **hle29**

- 1** High school
2 Some college
3 2-year college degree
4 Technical school degree
5 4-year college degree
6 Graduate/Law/Medical degree

hle30 30. Did your child attend day-care or preschool?

- Yes **1** No (**Go to question 32**) **2**

hle30a a) If yes, check all the years he or she went to day-care or preschool (select even if he or she didn't attend the whole time but did for some of the time). Enter "1" for age range selected

- Birth - 1 year old **hle30a_birthto1** 1 year old - 2 years old **hle30a_1to2** 2 years old - 3 years old **hle30a_2to3**
 3 years old - 4 years old **hle30a_3to4** 4 years old - 5 years old **hle30a_4to5**

Section 11. Home Literacy Environment

31. What sort of preschool did your child attend? (you may check all that apply) Enter "1" for each preschool type selected

- None hle31_public
hle31_none
- Public hle31_public
- Private Center hle31_private
- Private In-home hle31_privatehome
- Head Start hle31_headstart
- Other: hle31o
hle31_other

32. Does/did your child go to an afterschool program? hle32

- Yes 1
- No (Go to question 33) 2

hle32a a) If Yes, check all the years he/she went to the after school program (select even if he or she didn't attend the whole time but did for some of the time). Enter "1" for each grade level selected

- Kindergarten hle32a_KG
- 1st grade hle32a_gr1
- 2nd grade hle32a_gr2
- 3rd grade hle32a_gr3
- 4th grade hle32a_gr4
- 5th grade hle32a_gr5
- 6th grade hle32a_gr6
- 7th grade hle32a_gr7
- 8th grade hle32a_gr8

33. Does your child require any special services at school? Check all that apply: hem_33

- Special Education hle33_specialied
- 504 Plan/IEP hle33_504planIEP
- RTI hle33_RTI
- Gifted/Enriched programming hle33_gifted
- Other: hle33o
hle33_other

Please describe: hle33_describe Enter exactly what is written

34. How confident do you feel after interacting with your child's teachers? hle34

- Not confident 1
- Somewhat confident 2
- Neutral 3
- Confident 4
- Very confident 5

35. How effective do you feel in dealing with concerns raised by your child's teachers? hle35

- Not effective
- Somewhat effective
- Neutral
- Effective
- Very effective

36. How satisfied do you feel after interacting with your child's teachers? hle36

- Not satisfied
- Somewhat satisfied
- Neutral
- Satisfied
- Very satisfied

37. What do you think your child will become when he or she grows up?

hle37 Enter exactly what is written

Section 11. Home Literacy Environment

38. How many hours per **week** does your child spend doing the following activities? (Check a time estimate for all activities that apply)

		1	2	3	4	5
Activity		Less Than 1 Hour	1-3 Hours	4-6 Hours	7-10 Hours	More Than 10 Hours
hle38a	Playing computer/video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hle38b	School clubs (e.g. Key Club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hle38c	Outside informal activities (e.g. bicycle, skateboard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hle38d	Organized physical activity (e.g. swimming, soccer, gymnastics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hle38e	Organized music or art lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hle38f	Other: <u>hle38f_o</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 12. Diet and Nutrition

1. How healthy would you say your child eats on a scale of 1 to 10? **DN1**

Very Unhealthy Very Healthy

1 2 3 4 5 6 7 8 9 10

2. How often do you pack your child's lunch? **DN2**

- Daily **1**
 3-4 times a week **2**
 2-3 times a week **3**
 At least once a week **4**
 Occasionally **5**
 Never **6**

3. How often do you and your child eat out or eat fast food? **DN3**

- Less than once a month **1**
 A few times a month **2**
 A few times a week **3**
 3-5 times a week **4**
 More than 5 times a week **5**

4. How often are vegetables or fruits included in your child's meals? **DN4**

- Never **1** Seldom **2** Sometimes **3** Fairly often **4** Very often **5**

5. How often does your child drink milk? **DN5**

- Never Seldom Sometimes Fairly often Very often

Section 12. Diet and Nutrition

6. How often does your child drink pop/soda? **DN6**

- Never ₁ Seldom ₂ Sometimes ₃ Fairly often ₄ Very often ₅

7. How often does your child drink juice? **DN7**

- Never Seldom Sometimes Fairly often Very often

8. Does your child take any vitamin supplements? (Multivitamins, vitamin gummies, etc) **DN8**

- Check one: Yes ₁ No ₂

9. How often does your child eat sugary foods like candy, ice cream, chocolate, or other similar snacks? **DN9**

- Daily ₁ 3-4 times a week ₂ 2-3 times a week ₃
 At least once a week ₄ Occasionally ₅ Never ₆

10. Do you include organic foods or foods made specifically without preservatives in your child's diet? **DN10**

- Never ₁ Seldom ₂ Sometimes ₃ Fairly often ₄ Very often ₅

11. Would you say nutrition information is important when buying food for your child? **DN11**

- Strongly disagree ₁ Disagree ₂ Neutral ₃ Agree ₄ Strongly agree ₅

12. Is your child a "picky eater"? **DN12**

- Check one: Yes ₁ No ₂ Explain: DN12o

13. Are there certain textures of food your child does not like (e.g. too soft or too hard)? **DN13**

- Check one: Yes ₁ No ₂ Explain: DN13o

Project KIDS – Home & Behavior *continued*

Section 13. Grades

Check the letter/word that best describes how well your child is doing in his/her classes since the start of the school year. If letter grades are not assigned, please circle the letter/word from the alternative grade system column.

	1	2	3	4	5	Alternative Grade System*			
	A/Excellent	B/Good	C/Average	D/Below Average	F/Fail	6	7	8	9
English/Language Arts/ Reading grd_elar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	S	N	U
Social Studies grd_ss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	S	N	U
Math grd_m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	S	N	U
Science grd_sc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	S	N	U

*E = excellent S = satisfactory N = needs improvement U = unsatisfactory

Section 14. Health Information

1. Has your child had any of the following problems? (Please check all that apply)

Enter "1" for each health problem selected

<input type="checkbox"/> a. Hearing hem1hi_hearing	<input type="checkbox"/> f. Allergies hem1hi_allergies
<input type="checkbox"/> b. Speech hem1hi_speech	<input type="checkbox"/> g. Convulsions/seizures hem1hi_convulsions
<input type="checkbox"/> c. Language hem1hi_language	<input type="checkbox"/> h. Frequent ear infections hem1hi_ear
<input type="checkbox"/> d. Vision hem1hi_vision	<input type="checkbox"/> i. Asthma hem1hi_asthma
<input type="checkbox"/> e. Head injury hem1hi_headinjury	<input type="checkbox"/> j. Other (please specify): hem1hio hem1hi_other

If there are any checked, please give specifics:

hem1his Enter exactly what is written

2. Is your child on any medications right now? **hem2hi**

Yes **1** No **2**

If Yes, please describe: **hem2hio** Enter exactly what is written

Section 14. Health Information

3. As far as you know, does your child have any emotional, social or other behavioral problems?

Yes No **hem3hi**

If Yes, please specify: hem3hio

4. What is your child's current height? (feet and inches) hem4ahi height converted to total inches

What is your child's current weight? (pounds) hem4bhi

5. Birth information

a. Was there anything unusual about your child's birth?

Yes No **hem5ahi**

If Yes, please check all that apply:

1 Low birth weight **hem5ahi2_LBW**

2 Hypoxia **hem5ahi2_hypoxia**
hem5ahi2_other

3 Other (explain): hem5ahio

b. How many weeks pregnant were you or the mother of your child, when your child was born?

hem5bhi weeks

c. Your child's birth weight? hem5chi

Your child's birth length? hem5hic

d. Mother's age at birth? hem5dhi

Father's age at birth? hem5hid

6. Was your child fed breast milk? **hem6hi**

Yes No **(Go to question 7)**

If Yes:

a. How long was your child **exclusively (only)** fed breast milk? hem6ahi weeks or hem6ahi2 months

b. How long was your child fed breast milk? hem6bhi weeks or hem6bhi2 months

Section 14. Health Information

7. a. Has your child's biological (birth) mother ever smoked? hem7ahi

- Yes 1 No (Go to question 7.b.) 2

If Yes, at what age did she start smoking? hem7ahio

At what age did she stop smoking? hem7ahis N/A

1= Yes

2=No

3=N/A

For all hio and his variables, answers such as "don't know", not applicable, or empty are coded as NA in the data.

b. Has your child's biological (birth) father ever smoked? hem7bhi

- Yes 1 No (Go to question 7.c.) 2

If Yes, at what age did he start smoking? hem7bhio

At what age did he stop smoking? hem7bhis N/A

c. Has your child's biological (birth) maternal grandmother ever smoked?

- Yes 1 No (Go to question 7.d.) 2 hem7chi

If Yes, at what age did she start smoking? hem7chio

At what age did she stop smoking? hem7chis N/A

d. Has your child's biological (birth) maternal grandfather ever smoked?

- Yes 1 No (Go to question 7.e.) 2 hem7dhi

If Yes, at what age did he start smoking? hem7dhio

At what age did he stop smoking? hem7dhis N/A

e. Has your child's biological (birth) paternal grandmother ever smoked?

- Yes 1 No (Go to question 7.f.) 2 hem7ehi

If Yes, at what age did she start smoking? hem7ehio

At what age did she stop smoking? hem7ehis N/A

f. Has your child's biological (birth) paternal grandfather ever smoked?

- Yes 1 No (Go to question 8) 2 hem7fhi

If Yes, at what age did he start smoking? hem7fhio

At what age did he stop smoking? hem7fhis N/A

Section 14. Health Information

8. a. Rate your child's biological maternal grandmother's food availability during childhood (before puberty):

- Very abundant ₁
 Abundant ₂
 Intermediate ₃
 Scarce ₄
 Very scarce ₅
 hem8ahi

b. Rate your child's biological maternal grandfather's food availability during childhood (before puberty):

- Very abundant
 Abundant
 Intermediate
 Scarce
 Very scarce
 hem8bhi

c. Rate your child's biological paternal grandmother's food availability during childhood (before puberty):

- Very abundant
 Abundant
 Intermediate
 Scarce
 Very scarce
 hem8chi

d. Rate your child's biological paternal grandfather's food availability during childhood (before puberty):

- Very abundant
 Abundant
 Intermediate
 Scarce
 Very scarce
 hem8dhi

Section 15. Neighborhood Environment

Circle the number that best describes how true you feel each statement is about your neighborhood.

**Enter what is circled*

	Not True at All	A Little True	Somewhat True	Really True
NE1 It is safe to walk around my neighborhood.	1	2	3	4
There are people in my neighborhood who might hurt me or my family. NE2	1	2	3	4
I feel safe having my child play outside at my house. NE3	1	2	3	4
Drug dealers are a problem in my neighborhood. NE4	1	2	3	4
It is safe in my neighborhood. NE5	1	2	3	4
I am scared of some of the people in my neighborhood. NE6	1	2	3	4
I worry about people with guns and knives in my neighborhood. NE7	1	2	3	4

Section 15. Neighborhood Environment

8. Which of these statements best describes this neighborhood? **NE8**

- 1 Most people keep to themselves and don't talk or visit much with other people who live here
- 2 Some people keep to themselves but others talk or visit a lot with the other people who live here
- 3 Most people talk or visit a lot with the other people who live here

9. How many of your neighbors do you know well enough to visit or call on? **NE9**

- I have no neighbors **1** None **2** A few **3** Some **4** Many **5** All **6**

10. How often do you get together with any of your neighbors, such as visiting at each other's homes or going places together? **NE10**

- Never **1** At least once a year **2** A few times a year **3**
- A few times a month (2-3 times) **4** At least once a week (1-2 times) **5** Nearly every day (4 or more times a week) **6**

11. How involved are you in your neighborhood? **NE11**

- Not at all **1** A little bit **2** Somewhat **3** Very involved **4**

12. How satisfied are you with schools around your neighborhood? **NE12**

- Very dissatisfied **1** Somewhat dissatisfied **2** Somewhat satisfied **3** Very satisfied **4**

13. How satisfied are you with the public transportation around your neighborhood? **NE13**

- Very dissatisfied **1** Somewhat dissatisfied **2** Somewhat satisfied **3** Very satisfied **4**

Section 17. Information Sharing

Read each question and then circle the number under the column that best describes your child.

**Enter what is circled*

	Never/Not at All	Rarely/a Little	Sometimes	Regularly/Many Times	Often
Does your child spontaneously tell you about his/her friends (which friends he/she hangs out with and how they think and feel about various things)? <i>is_1</i>	1	2	3	4	5
How often does your child usually want to tell you about school (how each subject is going; his/her relationship with his/her teachers)? <i>is_2</i>	1	2	3	4	5
Does your child keep a lot of secrets from you about what he/she does during his/her free time? <i>is_3</i>	1	2	3	4	5
Does your child hide a lot from you about what he/she does during nights and weekends? <i>is_4</i>	1	2	3	4	5
Does your child like to tell you about what he/she did and where he/she went during the evening? <i>is_5</i>	1	2	3	4	5

Section 18. Chaos

Below are some things that happen in most homes. Please circle the number that best describes your child's **home**:

**Enter what is circled*

	Definitely UNTRUE	Somewhat UNTRUE	Not Really True or Untrue	Somewhat TRUE	Definitely TRUE
My child has a regular bedtime routine (e.g. same bedtime each night, brushing teeth, reading a story) <i>chaos1</i>	1	2	3	4	5
You can't hear yourself think in our home <i>chaos2</i>	1	2	3	4	5
It's a real zoo in our home <i>chaos3</i>	1	2	3	4	5
We are usually able to stay on top of things <i>chaos4</i>	1	2	3	4	5
There is usually a television turned on somewhere in our home <i>chaos5</i>	1	2	3	4	5
The atmosphere in our house is calm <i>chaos6</i>	1	2	3	4	5

Project KIDS – Home & Behavior *continued*

Section 19. Homework Problem Checklist

Circle the best answer for each question about your child's homework habits.

**Enter what is circled*

	Never	At Times	Often	Very Often
hpc1 hpc2 hpc3 hpc4 hpc5 hpc6 hpc7 hpc8 hpc9 hpc10 hpc11 hpc12 hpc13 hpc14 hpc15 hpc16 hpc17 hpc18 hpc19 Fails to bring home assignments and materials	1	2	3	4
Doesn't know exactly what has been assigned	1	2	3	4
Denies having homework assignment	1	2	3	4
Refuses to do homework assignment	1	2	3	4
Whines or complains about homework	1	2	3	4
Must be reminded to sit down and start homework	1	2	3	4
Puts off doing homework, waits until last minute	1	2	3	4
Doesn't do homework unless someone is in the room	1	2	3	4
Doesn't do homework unless someone does it with him/her	1	2	3	4
Daydreams or plays with objects	1	2	3	4
Easily distracted by noises or activities of others	1	2	3	4
Easily frustrated by homework assignment	1	2	3	4
Fails to complete homework	1	2	3	4
Takes unusually long time to do homework	1	2	3	4
Responds poorly when told to correct homework	1	2	3	4
Produces messy or sloppy homework	1	2	3	4
Hurries and makes careless mistakes	1	2	3	4
Forgets to bring assignment back to class	1	2	3	4
Deliberately fails to bring assignment back to class	1	2	3	4

Section 20. SWAN

Children differ in their abilities to focus attention, control activity, and inhibit impulses. **For each item listed below, how does your child compare to other children of the same age?** Please select the best rating based on your observations over the past month.

**Enter what is circled*

	Far Below	Below	Slightly Below	Average	Slightly Above	Above	Far Above
swan_1 Gives close attention to detail and avoids careless mistakes.	1	2	3	4	5	6	7
swan_2 Sustains attention on tasks or play activities.	1	2	3	4	5	6	7
swan_3 Listens when spoken to directly.	1	2	3	4	5	6	7
swan_4 Follows through on instructions and finishes school work/chores.	1	2	3	4	5	6	7
swan_5 Organizes tasks and activities.	1	2	3	4	5	6	7
swan_6 Engages in tasks that require sustained mental effort.	1	2	3	4	5	6	7
swan_7 Keeps track of things necessary for activities.	1	2	3	4	5	6	7
swan_8 Ignores extraneous stimuli (ignores distractions).	1	2	3	4	5	6	7
swan_9 Remembers daily activities.	1	2	3	4	5	6	7
swan_10 Sits still (controls movement of hands/feet or controls squirming).	1	2	3	4	5	6	7
swan_11 Stays seated (when required by class rules/social conventions).	1	2	3	4	5	6	7
swan_12 Modulates motor activity (inhibits inappropriate running/climbing).	1	2	3	4	5	6	7
swan_13 Plays quietly (keeps noise level reasonable).	1	2	3	4	5	6	7
swan_14 Settles down and rests (controls constant activity).	1	2	3	4	5	6	7
swan_15 Modulates verbal activity (controls excess talking).	1	2	3	4	5	6	7
swan_16 Reflects on questions (controls blurting out answers).	1	2	3	4	5	6	7
swan_17 Awaits turn (stands in line and takes turns).	1	2	3	4	5	6	7
swan_18 Enters into conversations and games (controls interrupting/intruding).	1	2	3	4	5	6	7

Project KIDS – Home & Behavior *continued*

Section 21. BRIEF

Below is a list of statements that describe children. We would like to know if your child has had **problems** with these behaviors **over the past six months**. Please answer all the items the best that you can. Please **DO NOT SKIP ANY ITEMS**. Think about your child as you read each statement and circle your response.

	1 Never	2 Sometimes	3 Often
brief_1 brief_2 1. Overreacts to small problems	N	S	0
brief_3 brief_4 2. When given three things to do, only remembers the first or last	N	S	0
brief_5 brief_6 3. Is not a self-starter	N	S	0
brief_7 brief_8 4. Leaves playroom a mess	N	S	0
brief_9 brief_10 5. Resists or has trouble accepting a different way to solve a problem with schoolwork, friends, chores, etc.	N	S	0
brief_11 brief_12 6. Becomes upset with new situations	N	S	0
brief_13 brief_14 7. Has explosive, angry outburst	N	S	0
brief_15 brief_16 8. Tries the same approach to a problem over and over even when it does not work	N	S	0
brief_17 9. Has a short attention span	N	S	0
brief_18 10. Needs to be told to begin a task even when willing	N	S	0
brief_19 11. Does not bring home homework, assignment sheets, materials, etc.	N	S	0
brief_20 12. Acts upset by a change in plans	N	S	0
13. Is disturbed by change of teacher or class	N	S	0
14. Does not check work for mistakes	N	S	0
15. Has good ideas but cannot get them on paper	N	S	0
16. Has trouble coming up with ideas for what to do in play or free time	N	S	0
17. Has trouble concentrating on chores, schoolwork, etc.	N	S	0
18. Does not connect doing tonight's homework with grades	N	S	0
19. Is easily distracted by noises, activity, sights, etc.	N	S	0
20. Becomes tearful easily	N	S	0

Project KIDS – Home & Behavior *continued*

brief_21
brief_22
brief_23
brief_24
brief_25
brief_26
brief_27
brief_28
brief_29
brief_30
brief_31
brief_32
brief_33
brief_34
brief_35
brief_36
brief_37
brief_38
brief_39
brief_40
brief_41
brief_42
brief_43

	Never	Sometimes	Often
21. Makes careless errors	N	S	0
22. Forgets to hand in homework, even when completed	N	S	0
23. Resists change of routine, foods, places, etc.	N	S	0
24. Has trouble with chores or tasks that have more than one step	N	S	0
25. Has outbursts for little reason	N	S	0
26. Mood changes frequently	N	S	0
27. Needs help from an adult to stay on task	N	S	0
28. Gets caught up in details and misses the big picture	N	S	0
29. Keeps room messy	N	S	0
30. Has trouble getting used to new situations (classes, groups, friends)	N	S	0
31. Has poor handwriting	N	S	0
32. Forgets what he/she was doing	N	S	0
33. When sent to get something, forgets what he/she is supposed to get	N	S	0
34. Is unaware of how his/her behavior affects or bothers others	N	S	0
35. Has good ideas but does not get job done (lacks follow-through)	N	S	0
36. Becomes overwhelmed by large assignments	N	S	0
37. Has trouble finishing tasks (chores, homework)	N	S	0
38. Acts wilder or sillier than others in groups (birthday parties, recess)	N	S	0
39. Thinks too much about the same topic	N	S	0
40. Underestimates time needed to finish tasks	N	S	0
41. Interrupts others	N	S	0
42. Does not notice when his/her behavior causes negative reactions	N	S	0
43. Gets out of seat at the wrong times	N	S	0

Project KIDS – Home & Behavior *continued*

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brief_63
brief_64
brief_65
brief_66

	Never	Sometimes	Often
44. Gets out of control more than friends	N	S	0
45. Reacts more strongly to situations than other children	N	S	0
46. Starts assignments or chores at the last minute	N	S	0
47. Has trouble getting started on homework or chores	N	S	0
48. Has trouble organizing activities with friends	N	S	0
49. Blurts things out	N	S	0
50. Mood is easily influenced by the situation	N	S	0
51. Does not plan ahead for school assignments	N	S	0
52. Has poor understanding of own strengths and weaknesses	N	S	0
53. Written work is poorly organized	N	S	0
54. Acts too wild or “out of control”	N	S	0
55. Has trouble putting the brakes on his/her actions	N	S	0
56. Gets in trouble if not supervised by an adult	N	S	0
57. Has trouble remembering things, even for a few minutes	N	S	0
58. Has trouble carrying out the actions needed to reach goals (saving money for special item, studying to get a good grade)	N	S	0
59. Becomes too silly	N	S	0
60. Work is sloppy	N	S	0
61. Does not take initiative	N	S	0
62. Angry or tearful outbursts are intense but end suddenly	N	S	0
63. Does not realize that certain actions bother others	N	S	0
64. Small events trigger big reactions	N	S	0
65. Talks at the wrong time	N	S	0
66. Complains there is nothing to do	N	S	0

Project KIDS – Home & Behavior *continued*

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brief_78
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brief_80
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brief_83
brief_84
brief_85
brief_86

	Never	Sometimes	Often
67. Cannot find things in room or school desk	N	S	0
68. Leaves a trail of belongings wherever he/she goes	N	S	0
69. Leaves messes that others have to clean up	N	S	0
70. Becomes upset too easily	N	S	0
71. Lies around the house a lot (“couch potato”)	N	S	0
72. Has a messy closet	N	S	0
73. Has trouble waiting for turn	N	S	0
74. Loses lunch box, lunch money, permission slips, homework, etc.	N	S	0
75. Cannot find clothes, glasses, shoes, toys, books, pencils, etc.	N	S	0
76. Tests poorly even when knows correct answers	N	S	0
77. Does not finish long-term projects	N	S	0
78. Has to be closely supervised	N	S	0
79. Does not think before doing	N	S	0
80. Has trouble moving from one activity to another	N	S	0
81. Is fidgety	N	S	0
82. Is impulsive	N	S	0
83. Cannot stay on the same topic when talking	N	S	0
84. Gets stuck on one topic or activity	N	S	0
85. Says the same things over and over	N	S	0
86. Has trouble getting through morning routine in getting ready for school	N	S	0

Project KIDS – Home & Behavior *continued*

Section 22. Adults' Author Checklist *Real authors highlighted, please verify score provided by FileMaker

This list contains some names of authors of fiction for adults and some unrelated names. Mark the box beside the name of any author that you **recognize** - you do not have to have read his or her books - but **please do not guess!** Remember, some names are not author names.

*AAC_TotalScore variable provides number of real authors selected

Enter "1" for every Author selected

- | | | |
|---|---|---|
| <input type="checkbox"/> Ian McEwan AAC1 | <input type="checkbox"/> Elie Wiesel AAC28 | <input type="checkbox"/> Duncan Normington AAC55 |
| <input type="checkbox"/> Mark Bentley AAC2 | <input type="checkbox"/> Michael Crichton AAC29 | <input type="checkbox"/> Judy Blume AAC56 |
| <input type="checkbox"/> Madeline Whitaker AAC3 | <input type="checkbox"/> Isabel Allende AAC30 | <input type="checkbox"/> Joanne Harris AAC57 |
| <input type="checkbox"/> George R.R. Martin AAC4 | <input type="checkbox"/> Adrian Fendall AAC31 | <input type="checkbox"/> Vicki Williams AAC58 |
| <input type="checkbox"/> Sebastien Lauzier AAC5 | <input type="checkbox"/> Salman Rushdie AAC32 | <input type="checkbox"/> Sophie Zadeh AAC59 |
| <input type="checkbox"/> Monica Ali AAC6 | <input type="checkbox"/> Joseph Roberts AAC33 | <input type="checkbox"/> John Le Carré AAC60 |
| <input type="checkbox"/> Matthew Brindley AAC7 | <input type="checkbox"/> Amy Tan AAC34 | <input type="checkbox"/> Maya Angelou AAC61 |
| <input type="checkbox"/> Richard Wright AAC8 | <input type="checkbox"/> Mary Higgins Clark AAC35 | <input type="checkbox"/> Mark Haddon AAC62 |
| <input type="checkbox"/> Philippa Gregory AAC9 | <input type="checkbox"/> Caroline Tee AAC36 | <input type="checkbox"/> Martin Amis AAC63 |
| <input type="checkbox"/> Caroline Crockett AAC10 | <input type="checkbox"/> Nora Roberts AAC37 | <input type="checkbox"/> Sandra Cisneros AAC64 |
| <input type="checkbox"/> Paulo Coelho AAC11 | <input type="checkbox"/> Arundhati Roy AAC38 | <input type="checkbox"/> Pat Barker AAC65 |
| <input type="checkbox"/> Stephen King AAC12 | <input type="checkbox"/> Rose Tremain AAC39 | <input type="checkbox"/> Terry McMillian AAC66 |
| <input type="checkbox"/> Andrew Voss AAC13 | <input type="checkbox"/> George Savidge AAC40 | <input type="checkbox"/> Monica Crowther AAC67 |
| <input type="checkbox"/> Colleen McCollough AAC14 | <input type="checkbox"/> Ian Rankin AAC41 | <input type="checkbox"/> Jackie Collins AAC68 |
| <input type="checkbox"/> James Patterson AAC15 | <input type="checkbox"/> Alice Walker AAC42 | <input type="checkbox"/> J.R.R. Tolkien AAC69 |
| <input type="checkbox"/> Tim Lattate AAC16 | <input type="checkbox"/> Eleanor Talbot AAC43 | <input type="checkbox"/> Helen Fielding AAC70 |
| <input type="checkbox"/> Kate Atkinson AAC17 | <input type="checkbox"/> Katherine Tucker AAC44 | <input type="checkbox"/> Gillian Thompson AAC71 |
| <input type="checkbox"/> Ernest Gaines AAC18 | <input type="checkbox"/> Sarah Waters AAC45 | <input type="checkbox"/> Nicholas Sparks AAC72 |
| <input type="checkbox"/> Guy Warner AAC19 | <input type="checkbox"/> Khaled Hosseini AAC46 | <input type="checkbox"/> Danielle Steel AAC73 |
| <input type="checkbox"/> Nikki Giovanni AAC20 | <input type="checkbox"/> Edward Burcher AAC47 | <input type="checkbox"/> John Grisham AAC74 |
| <input type="checkbox"/> Gemma Hymas AAC21 | <input type="checkbox"/> Janet Fitch AAC48 | <input type="checkbox"/> Yann Martel AAC75 |
| <input type="checkbox"/> Beth Motley AAC22 | <input type="checkbox"/> Toni Morrison AAC49 | <input type="checkbox"/> Stuart Baugh AAC76 |
| <input type="checkbox"/> Dan Brown AAC23 | <input type="checkbox"/> Florence Chamberlain AAC50 | <input type="checkbox"/> Eric Jerome Dickey AAC77 |
| <input type="checkbox"/> Mimi Sanchez AAC24 | <input type="checkbox"/> Sebastian Faulks AAC51 | <input type="checkbox"/> Alexander McCall Smith AAC78 |
| <input type="checkbox"/> Zadie Smith AAC25 | <input type="checkbox"/> Andy McNab AAC52 | <input type="checkbox"/> Judith Krantz AAC79 |
| <input type="checkbox"/> Anne Rice AAC26 | <input type="checkbox"/> Mary Monroe AAC53 | <input type="checkbox"/> P.D. James AAC80 |
| <input type="checkbox"/> C.S. Lewis AAC27 | <input type="checkbox"/> Jodi Picoult AAC54 | <input type="checkbox"/> John Naisbitt AAC81 |

Project KIDS – Home & Behavior *continued*

Section 23. Parenting Scales

The following questions ask for your opinion about the role of the family and the school in educating children. Please use the following scale and circle the number that indicates the extent to which you generally agree with each statement.

**Enter what is circled*

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
PS1 Once a child is in school, the school has the main responsibility for his/her education.	1	2	3	4	5
PS2 Parents have the most influence on the development of the child's attitudes and beliefs.	1	2	3	4	5
PS3 Teachers at school should play a bigger part in the child's development than the parents.	1	2	3	4	5
PS4 Parents should continue to teach their child, even after the child enters school.	1	2	3	4	5
PS5 A child's success at school depends on how much his/her parents teach him/her at home.	1	2	3	4	5

For each statement below, choose a number from the scale to show how much you agree or disagree with that statement.

**Enter what is circled*

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
PS6 Good luck is more important than hard work for success.	1	2	3	4	5
PS7 I am able to do things as well as most other people.	1	2	3	4	5
PS8 I sometimes think I don't have the motivation to achieve as much as I could.	1	2	3	4	5
PS9 I believe a person is master of her/his own fate.	1	2	3	4	5
PS10 Effort and hard work are the most important things in getting ahead.	1	2	3	4	5
PS11 Girls as well as boys must be prepared to support themselves as adults.	1	2	3	4	5
PS12 If a wife works, her husband should take greater part in housework and child care.	1	2	3	4	5
PS13 When our family faces a serious problem or decision, I think it is important to discuss it with the children.	1	2	3	4	5

For the following questions, we are going to ask you to think back to when your child was a different age. Please answer the questions based on what happened at that time.

1. Think back to before your child was in kindergarten. How often did you teach your child how to name the letters of the alphabet?

age1

- Very often ₁ Often ₂ Sometimes ₃ Seldom ₄ Never ₅

2. Think back to before your child was in kindergarten. How often did you teach your child how to read words?

age2

- Very often Often Sometimes Seldom Never

3. Think back to before your child was in kindergarten. How often did you teach your child how to print/write words?

age3

- Very often Often Sometimes Seldom Never

For the remaining questions, please answer based on when your child was in kindergarten. You may recognize some of these questions from before, but remember we are asking now based on when your child was in kindergarten.

4. On average, how many hours per day did your child watch television (TV)?

Weekdays (Monday-Friday): age4a hour(s) each day

Saturday: age4b hour(s) each day

Sunday: age4c hour(s) each day

5. Did anyone in your home have a library card?

- No ₂ Yes ₁ age5

If **Yes**, how often was it used? age5a times per **month**.

6. Did anyone subscribe to newspapers/magazines?

- No ₂ Yes ₁ age6

If **Yes**, how many? age6a Newspapers

 age6b Magazines for Adults

 age6c Magazines for Children

7. How often did **you** read to yourself? **age7**

- Daily ₁ Several times a week ₂ Weekly or less ₃

8. How often did your child's **other adult caregiver** read to him/herself? **age8**

- Daily ₁ Several times a week ₂ Weekly or less ₃ N/A (there is no other adult caregiver in the home) ₄

9. Who read to your child?

- age9_you** **age9_othercaregiver** **age9_other** **age9o**
 You ₁ Other adult caregiver ₂ Other: _____ ₃

10. On average, how often did these people read with your child?

age10a You: _____ Daily _____ Several times a week _____ Weekly or less

age10b Other adult caregiver: _____ Daily _____ Several times a week _____ Weekly or less

age10c Other: _____ Daily _____ Several times a week _____ Weekly or less

11. How many books did your child own? **age11**

- Less than 10 ₁ 10-13 ₂ More than 30 (how many? **age11o**) ₃

12. On average, how many books did you read with your child per night (e.g., bedtime stories)?

 age12 number of books

13. On average, how long did you read with your child per night?

 age13 minutes

14. On average, how often did your child **ask you** to read books to him/her? **age14**

- several times a day ₁ daily ₂ at least once a week ₃
 at least once a month ₄ occasionally ₅ never ₆

Section 24. CHILDREN’S SLEEP HABITS QUESTIONNAIRE

The following statements are about your child’s sleep habits and possible difficulties with sleep. Think back to when your child was in kindergarten, and think about a typical week during that time. Answer the questions based on a typical week.

BEDTIME

What was your child’s usual bedtime: Weeknights: CS1 pm

Weekends: CS2 pm

*Enter what is circled

		Always	Usually	Sometimes	Rarely	Never
CS3	Child goes to bed at the same time at night.	5	4	3	2	1
CS4	Child falls asleep within 20 minutes after going to bed.	5	4	3	2	1
CS5	Child falls asleep alone in own bed.	5	4	3	2	1
CS6	Child falls asleep in parent’s or sibling’s bed.	5	4	3	2	1
CS7	Child falls asleep with rocking or rhythmic movements.	5	4	3	2	1
CS8	Child needs special object to fall asleep (doll, special blanket, stuffed animal, etc.).	5	4	3	2	1
CS9	Child needs parent in the room to fall asleep.	5	4	3	2	1
CS10	Child resists going to bed at bedtime.	5	4	3	2	1
CS11	Child is afraid of sleeping in the dark.	5	4	3	2	1

WAKING DURING THE NIGHT

*Enter what is circled

		Always	Usually	Sometimes	Rarely	Never
CS12	Child wakes up once during the night.	5	4	3	2	1
CS13	Child wakes up more than once during the night.	5	4	3	2	1

SLEEP BEHAVIOR

Enter time in total minutes

Write in your child's usual amount of sleep each day
(combining nighttime sleep and naps):

CS14_minutes

_____ hours and _____ minutes

*Enter what is circled

	Always	Usually	Sometimes	Rarely	Never
CS15 Child sleeps about the same amount each day.	5	4	3	2	1
CS16 Child is restless and moves a lot during sleep.	5	4	3	2	1
CS17 Child moves to someone else's bed during the night (parent, sibling, etc.).	5	4	3	2	1
CS18 Child grinds teeth during sleep (your dentist may have told you this).	5	4	3	2	1
CS19 Child snores loudly.	5	4	3	2	1
CS20 Child awakens during the night and is sweating, screaming, and inconsolable.	5	4	3	2	1
CS21 Child naps during the day.	5	4	3	2	1

Write in the number of minutes a nap usually lasted:

CS22

_____ minutes

MORNING WAKE UP

Write in the time your child usually woke up in the morning:

Weekday: _____:_____ am

CS23

Weekends: _____:_____ am

CS24

*Enter what is circled

	Always	Usually	Sometimes	Rarely	Never
CS25 Child wakes up by him/herself.	5	4	3	2	1
CS26 Child wakes up very early in the morning (or, earlier than necessary or desired).	5	4	3	2	1
CS27 Child seems tired during the daytime.	5	4	3	2	1
CS28 Child falls asleep while involved in activities.	5	4	3	2	1

THANK YOU!

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