

Respondent's Sex: [Enter 'm' for male or 'f' for female; the cursor will automatically move to the next box.]

Child's Name:

Parent's Name:

[For the child's Name and the Parent's Name type in the first name and first initial of last name, then press the Enter key.]

We'll now talk about some of your family's experiences during the past year. I hope it won't be too hard to remember for the entire year, so just do the best you can and if you can't remember or prefer not to answer, that's OK.

Do you have any questions before we start?

[CHECK FOR UNDERSTANDING THEN START THE CONVERSATIONAL BALL ROLLING. USE THIS TIME TO ESTABLISH RAPPORT AND TO SET THE PACE. MAKE SUMMARY STATEMENTS BASED ON INFORMATION YOU HAVE GLEANED FROM PARENT'S RESPONSES TO QUESTIONS ON THE FAMILY INFORMATION FORM. E.G., "SO TC IS THE YOUNGEST AND HAS 2 OLDER BROTHERS. HE'S ABOUT \_\_\_ YEARS OLD NOW, RIGHT?" THEN, MAKE FURTHER APPROPRIATE TRANSITION REMARKS. ALLOW AND ENCOURAGE THE PARENT TO TALK BUT KEEP CONTROL OF THE INTERVIEW, KEEP THEIR FOCUS ON THE QUESTIONS. PROMPT AND REQUEST ELABORATION, BUT BE READY TO MOVE IF THE PARENT MEANDERS OR BALKS.] [FOR THE FOLLOWING QUESTIONS ABOUT THE PARENT-CHILD RELATIONSHIP, NOTE THE PARENT'S VERBAL AND NONVERBAL RESPONSES - I.E., TONE OF VOICE, FACIAL EXPRESSIONS, LEVEL OF COMFORT WITH THIS TOPIC, ETC... WRITE IN RESPONSES AND YOUR OBSERVATIONS IN THE SPACES PROVIDED.]

1. Some changes and adjustments probably occurred during this past year that might have affected your family and TC, either directly or indirectly. As last year, I have a list of possible changes that could have occurred. I'll go through the list and I'd like you to tell me if they occurred and whether it was a minor change or a major change for you and your family.

[Once you have asked this general question, press the Next Page button to continue.]



Use the following scale for these questions:

- 0 = Did Not Occur
- 1 = Minor
- 2 = Major

[Enter 0, 1 or 2 and the cursor will automatically move to the next question.]

moved/major remodeling \_\_\_\_\_

medical problems with TC \_\_\_\_\_

medical problems with close family \_\_\_\_\_

death of important person \_\_\_\_\_

divorce of TC's parents \_\_\_\_\_

separation of TC's parents \_\_\_\_\_

remarriage/marital reconciliation \_\_\_\_\_

parent-child separation including long hours at work \_\_\_\_\_

financial problems \_\_\_\_\_

legal problems \_\_\_\_\_

drug/alcohol use/addiction (specify who: ) \_\_\_\_\_

[Type in their response, then press the Enter key.]

stress/conflicts in extended family, e.g., in-laws \_\_\_\_\_



Use the following scale for these questions:

0 = Did Not Occur

1 = Minor

2 = Major

[Enter 0, 1 or 2 and the cursor will automatically move to the next question.]

pregnancies, miscarriages, births

job-related stress

loss of job

other (specify: )

[Type in their response, then press the Enter key.]

2. How did these changes in general, or any in particular, affect TC? How did s/he react to these changes?

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

1 = Major Negative

2 = Minor Negative

3 = Neutral

4 = Minor Positive

5 = Major Positive



[FOR THE FOLLOWING QUESTIONS ABOUT TC AND THE PARENT-CHILD RELATIONSHIP, NOTE THE PARENT'S VERBAL AND NONVERBAL RESPONSES - I.E., TONE OF VOICE, FACIAL EXPRESSIONS, LEVEL OF COMFORT WITH THIS TOPIC, ETC...WRITE IN RESPONSES AND YOUR OBSERVATIONS IN THE SPACES PROVIDED.]

#### DESCRIPTION OF TC

3. As you know, children have their own personalities and parents are the ones who know their children best...they know what's going well for their kids and they know what's not going so well... you know the successes as well as the difficulties your child might be experiencing.

Describe TC. What is TC like?

[Type in their response, then press the Enter key.]

#### PARENT-CHILD RELATIONSHIP

4. Let's talk a little about TC's relationship with you. How do you two get along?

[Type in their response, then press the Enter key.]

5. What's the best thing about TC?

[Type in their response, then press the Enter key.]

6. On the other hand, what do you find most troubling about him/her...what do you have concerns about...any problems?

[Type in their response, then press the Enter key.]





PARENT RATINGS #1 - #4 FOLLOW. PARENTS WILL USE VISUAL AIDS (RESPONSE PROMPTS -RP) IN MAKING THESE. MAKE SURE RESPONSE PROMPT CORRESPONDS TO QUESTION. TAKE TIME TO EXPLAIN HOW TO USE THE RESPONSE PROMPTS. REMEMBER THIS MAY BE A NEW EXPERIENCE FOR MANY PARENTS. IN ADDITION, IT IS ADVISED THAT YOU RE-STATE PARENT'S COMMENTS, USING THEIR OWN WORDS, TO GUARD AGAINST SOCIALLY DESIRABLE RESPONSE HERE.]

PARENT RATING #1: SATISFACTION IN PARENTING ROLE. (RP: LIFE CHANGES I).

I'd like to get an idea of what being TC's parent is like for you. I have some visual aids that you can use in answering the next several questions. Considering the kind of child that TC is, how pleasant has it been to raise him/her?

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Very Unpleasant
- 2 = Unpleasant
- 3 = 50/50
- 4 = Mostly Pleasant
- 5 = Very Pleasant

PARENT RATING #2: PARENT PERCEPTION OF CHILD DIFFICULTY. (RP: LIFE CHANGES II).

How difficult is it to be patient with him/her?

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Never Difficult
- 2 = Hardly Ever Difficult
- 3 = Average
- 4 = Somewhat Difficult
- 5 = Very Difficult



PARENT RATING #3: PARENT-CHILD RELATIONSHIP. (RP: LIFE CHANGES III).

In general, how well do you get along with TC? \_\_\_\_\_   
[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Lots of Difficulties
- 2 = Some Difficulties
- 3 = Okay
- 4 = Well
- 5 = Very Well

PARENT RATING #4: SATISFACTION WITH CHILD BEHAVIOR. (RP: LIFE CHANGES IV).

In general, how satisfied are you with your child's behavior? \_\_\_\_\_   
[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Very Dissatisfied
- 2 = A Little Dissatisfied
- 3 = Somewhat Satisfied
- 4 = Satisfied
- 5 = Very Satisfied



[TELL PARENTS THAT YOU NEED A MINUTE TO UPDATE YOUR NOTES. MAKE YOUR RATINGS. YOUR NOTES FROM THEIR FREE RESPONSES SHOULD PROVIDE THE RATIONALE FOR THE RATINGS YOU MAKE.]

INTERVIEWER RATING #1: PARENT'S DESCRIPTION OF TC

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Very Negative
- 2 = Somewhat Negative
- 3 = Mixed, Hard to Say
- 4 = Somewhat Positive
- 5 = Very Positive

INTERVIEWER RATING #2: PARENT'S INSIGHT ABOUT TC

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Vague, Unaware
- 2 = Slightly Aware
- 3 = Average Awareness
- 4 = Above Average Awareness
- 5 = Very Perceptive

INTERVIEWER RATING #3: PARENT'S AFFECT WHEN SPEAKING OF TC

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Hostile/Critical/Very Detached
- 2 = Somewhat Detached
- 3 = Ambivalent
- 4 = Pleasant
- 5 = Glowing



INTERVIEWER RATING #4: PARENT-CHILD RELATIONSHIP 

[Enter 1, 2, 3, 4, or 5 and the cursor will automatically move to the next question.]

- 1 = Cold, Hostile
- 2 = Slightly Warm
- 3 = Somewhat Warm
- 4 = Warm Nurturing
- 5 = Extremely Warm, Very Nurturing

Finally, I'd like to ask you several questions about whether members of your family have received treatment services in the past year. Again, if you can't remember or prefer not to answer, that's O.K.

13. Has TC received treatment for emotional or behavioral difficulties?

[Enter y for yes and n for no; the cursor will automatically move to the next question.]

a. At what type of facility did TC receive treatment? Inpatient? Outpatient?

[Enter 1, 2, or 3 and the cursor will automatically move to the next question. If the answer is 3, specify below.]

- 1 = Inpatient, Residential Center, Day Hospital
- 2 = Outpatient Therapist, Mental Health Center
- 3 = Other

[Type in their response, then press the Enter key.]

14. Is your child receiving medication to control behavior or attention?

[Enter y for yes and n for no; the cursor will automatically move to the next question.]





15. Have you received treatment during the past year for personal or emotional difficulties? [Enter y for yes and n for no; the cursor will automatically move to the next question.]

a. At what type of facility did you receive treatment? [Enter 1, 2, or 3 and the cursor will automatically move to the next question. If the answer is 4, specify below.]

- 1 = Inpatient, Day Hospital
2 = Outpatient Therapist, Mental Health Center
3 = Alcohol and Drug Rehabilitation Center
4 = other

[Empty text input field]

[Type in their response, then press the Enter key.]

16. Has anyone else in your household received treatment during the past year for emotional or behavioral difficulties? [Enter y for yes and n for no; the cursor will automatically move to the next question.]

a. Which member was it? [Enter 2, or 3 and the cursor will automatically move to the page number]

- 2 = TC's Sibling
3 = Other Family Member

[MAKE APPROPRIATE STATEMENT OF CLOSURE.]