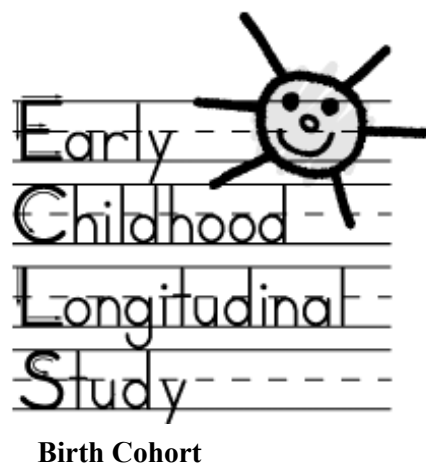


ID#

Early Childhood Longitudinal Study

Birth Cohort

24-month PARENT
SELF-ADMINISTERED QUESTIONNAIRE



SELF-ADMINISTERED QUESTIONS – 24-MONTH PARENT INTERVIEW

These are questions some people prefer to answer privately.

NOTE:

If you do NOT have a spouse/partner living in your household, please check here ☐ and —————> skip to Q6.

Q1. Would you say that your marriage or relationship is...

Mark (X) one response

- ☐ Very happy
☐ Fairly happy
☐ Not too happy

Q2. About how often do you and your spouse/partner do the following things? Would you say almost every day, once or twice a week, once or twice a month, or less often?

For each item, mark (X) one response

	Almost every day	Once or twice a week	Once or twice a month	Less often
a. Talk to each other about your day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Laugh together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Calmly discuss something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work together on a project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Talk about things that interest you both?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. Do you and your spouse/partner often, sometimes, hardly ever, or never have arguments about...

For each item, mark (X) one response

	Often	Some- times	Hardly ever	Never
a. Chores and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not showing love and affection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other women or men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. In-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. Couples deal with serious disagreements in different ways. When you have a serious disagreement with your spouse/partner, how often do you:

For each item, mark (X) one response

	<u>Often</u>	<u>Some- times</u>	<u>Hardly Ever</u>	<u>Never</u>
a. Just keep your opinions to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss your disagreements calmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue heatedly or shout at each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. End up hitting or throwing things at each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach a compromise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Criticize each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Q5. Some people are afraid that their spouse or partner will hit them if they argue with him/her or do something he/she doesn't like. How much would you say you are afraid of this? Would you say...

Mark (X) one response

- ☐ Not at all
☐ A little
☐ Quite a bit
☐ Very afraid

Q6. Since your child was about nine months old, have you been physically abused? (Physical abuse means pushing, hitting, slapping, kicking, or any other way of physically hurting someone.)

☐ Yes
☐ No → *Skip to End*



Q7. Since your child was about nine months old, did any of these people physically abuse you?

Mark (X) all that apply

- ☐ My spouse or partner
☐ A family or household member **other than** my spouse or partner
☐ A friend
☐ Someone else

END – THANK YOU