

INVENTORY OF MEASURES FOR USE IN FATHERHOOD PROGRAMS

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Introduction

This inventory of measures is intended for use by programs that may wish to measure the involvement of fathers with their children and families. The inventory contains constructs, measures, and items from 10 databases (both large and small-scale studies), and from recent studies and evaluations of fatherhood and parenting programs. The inventory represents a compilation of existing measures/tools used in several large scale and smaller scale studies designed to measure father involvement across a broad range of categories. The inventory consists of the constructs, items, and measures that have been used by existing surveys and studies to gauge father involvement and parenting activities relative to the needs of children beginning in infancy. The measures identified cover a wide range of topics. **The list of studies from which measures have been identified is not intended to be exhaustive, but rather a representation of the type and quality of measures that have been used in previous studies.**

Source of Items for the Inventory

The following are some of the selected studies from which measures of father involvement have been collected for this inventory:

- The Early Head Start- Father Studies (EHS)
- The Supporting Healthy Marriages Evaluation (SHM)
- Building Strong Families Evaluation (BSF)
- Minnesota Family Investment Program Evaluation (MFIP)
- Early Childhood Longitudinal Study- Birth Cohort (ECLS-B)
- Early Childhood Longitudinal Study- Kindergarten Cohort (ECLS-K)
- Panel Study of Income Dynamics- Child Development Supplement (PSID-CDS)
- The Fragile Families and Child Well-being Study (Fragile Families)
- The National Longitudinal Study of Adolescent Health (Add Health)
- The National Longitudinal Survey of Youth, 1997 (NLSY97)

Topics Covered in the Inventory

The inventory contains select measures in the following domains:

- Father Well-Being
- Parenting
- Social Support
- Father-Mother Relationship
- Father Involvement
- Co-Parenting
- Measures for Non-Resident Fathers
- Child Support Arrangements

Measures of Program Participation

PROGRAM PARTICIPATION

Have you ever attended a fatherhood program before?

- Yes
- No

In the past 6 months, have you attended classes, lectures, group activities for parents, or events that provided information on parenting or training to help you be a better parent?

- Yes → How many did you attend? _____
- No

[Early Head Start – 24 month survey]

Have you attended a meeting or other event that was just for fathers (or men who had important roles in the lives of children)?

- Yes → How many did you attend? _____
- No

[Early Head Start – 24 month survey]

If yes, what kind of meetings or events did you attend?

- Classes
- Lectures
- Group discussions
- Group activities
- Other: _____

[Early Head Start – 24 month survey]

Have you and your current partner ever attended a marriage education class, workshop, or counseling? ***PLEASE CHECK ALL THAT APPLY.***

- Yes, before we got married
- Yes, since we got married
- No

[SHM Baseline]

How regularly did you attend the program, class, workshop, or counseling?

- More than once a week
- Once a week
- Once or twice a month
- Less than once a month

Why did you choose to attend this program? ***MARK ALL THAT APPLY.***

- To learn about being a better father
- To learn how to improve my personal relationships
- My friends were coming
- My spouse/partner asked me to come
- A court ordered me to come
- Other: _____

Please check the box beside the main activities/services you got from this program. ***MARK ALL THAT APPLY.***

- Parenting classes or workshops
- Family activities (activities for parents and children together)
- Education and literacy services or activities (for example, ESL, GED)
- Parent group meetings (peer support network)
- Social service support resources or referrals
- Work-related services or activities (for example, job search, job placement)
- Other: _____

Measures of Father Well-Being

FATHER WELL-BEING

Depression

During the past 30 days, how often did you feel...

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a	...so sad nothing could cheer you up?	<input type="checkbox"/>				
b	...nervous?	<input type="checkbox"/>				
c	...restless or fidgety?	<input type="checkbox"/>				
d	...hopeless?	<input type="checkbox"/>				
e	...that everything was an effort?	<input type="checkbox"/>				
f	...worthless?	<input type="checkbox"/>				

[CES-D; SHM Baseline]

Locus of Control

In the past 30 days, how often have you felt that you were unable to control the important things in your life?

- Always
- Often
- Sometimes
- Never

[SHM Baseline]

In the past 30 days, how often have you felt that difficulties were piling up so high that you could not overcome them?

- Always
- Often
- Sometimes
- Never

[SHM Baseline]

Stressful Life Events Index

In the past 12 months, have you...

		Yes	No
a	...not been able to pay your rent, mortgage, or utility bills?	<input type="checkbox"/>	<input type="checkbox"/>
b	...felt threatened by someone or something in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>
c	...gotten a pay raise or promotion?	<input type="checkbox"/>	<input type="checkbox"/>
d	...experienced an unplanned pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
e	...had any parenting or child-support problems with a former spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>
f	...been arrested, convicted of a crime, or put in jail?	<input type="checkbox"/>	<input type="checkbox"/>
g	...Moved into a better home or neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>
h	Been fired or laid off from work?	<input type="checkbox"/>	<input type="checkbox"/>

[SHM Baseline]

Stressful Life Events

31. In the past 12 months, have you...

		Yes	No
a	Gotten a pay raise or promotion?	1	2
b	Not been able to pay your rent, mortgage, or utility bills?	1	2
c	Felt threatened by someone or something in your neighborhood?	1	2
d	Experienced an unplanned pregnancy?	1	2
e	Had any parenting or child-support problems with a former spouse or partner?	1	2
f	Been arrested, convicted of a crime, or put in jail?	1	2
g	Been fired or laid off from work?	1	2
h	Moved into a better home or neighborhood?	1	2

[SHM Baseline]

Hope

How do you feel about each of the following statements?

Strongly agree

Agree

Undecided

Disagree

Strongly disagree

a	I know what I'd like to do in life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b	I hope when I think about my future.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

[Quenching the Father Thirst]

Health

Would you say that your health in general is...

- Excellent
- Very good
- Good
- Fair
- Poor

[NHIS; SHM Baseline]

Do you have a physical or mental health problem now that limits the amount or kind of work or activities that you can do in or outside the household?

- Yes
- No

[SHM Baseline]

Substance Use

In the past 12 months...

		Yes	No	I don't drink/use drugs
a	...have you felt you should cut down on your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	...have people annoyed you by complaining about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	...have you ever felt bad or guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	...have you felt you should cut down on your drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	...have people annoyed you by complaining about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	...have you ever felt bad or guilty about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHM Baseline]

Measures of Parenting

PARENTING

Aggravation in Parenting – Long Form

Do you strongly agree, agree, disagree, or strongly disagree with each of the following statements?

		Strongly agree	Agree	Disagree	Strongly disagree
a	Most of my life is spent doing things for my child/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I find myself giving up more of my life to meet my children's needs than I ever expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I feel trapped by my responsibilities as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	I often feel that my child/children's needs control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Since having my child/children, I have been unable to do new and different things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Since having my child/children, I feel that I am almost never able to do things that I like to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	It is hard to find a place in my home where I can go to be by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[BSF First Follow-up; ECLS-B 24-month survey]

Aggravation in Parenting – Short Form

During the past month, how often have you felt...

		All of the time	Most of the time	Some of the time	None of the time
a	...that your child/children are harder to care for than most?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	...that your child does things that are really irritating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	...you are giving up more than you ever expected for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	...angry with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[MFIP Report]

In general, how much trouble has your child been to bring up?

- None
- Just a little
- Quite a bit
- A lot

[PSID-CDS II, Primary Caregiver Interview]

How often would it be true for you to make each of the following statements about your child?

		Untrue	Somewhat Untrue	Somewhat True	True
a	You get along well with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Your child and you make decisions about his/her life together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	You just do not understand him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	You feel you can really trust him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	He/she interferes with your activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Add Health Parent Interview, Wave 1]

How often do you feel the following ways or do the following things?

		All of the time	Some of the time	Rarely	Never
a	You talk a lot about your child to your friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	You carry pictures of your child with you wherever you go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	You often find yourself thinking about your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	You think holding and cuddling your child is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	You think it's more fun to get your child something new than it is to get yourself something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	You enjoy going places your child will enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ECLS-B Preschool Questionnaire]

Do you strongly agree, agree, disagree, or strongly disagree with this statement? You expected to have closer and warmer feelings for your child than you do and this bothers you.

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

[ECLS-B 24-month nonresident father survey]

Perceptions of the Father Role

How do you feel about each of the following statements? **Please choose one for EACH statement.**

		Strongly agree	Agree	Disagree	Strongly disagree
a	The activities a father does with his children don't matter. What matters more is whether he provides for them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b	It is essential for the child's well being that fathers spend time playing with their children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c	It is difficult for men to express affectionate feelings towards children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d	A father should be as heavily involved as the mother in the care of the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e	The way a father treats his child has long-term effects on the child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f	One of the most important things a father can do for his children is to give their mother encouragement and emotional support.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g	All things considered, fatherhood is a highly rewarding experience.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

[ECLS-B 9 and 24-month father surveys]

How important are these roles to you? **Please choose one for EACH statement.**

		Very Important	Somewhat Important	Not too Important	Not at all Important
a	Supporting your children financially	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b	Being there for your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c	Teaching and guiding your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d	Spending time with your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e	Sharing caregiving chores	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f	Providing love and emotional support for your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

[Early Head Start, Pre-K Father Interview]

Please check the ONE item that best describes how you feel about yourself as a father. Do you feel that you are...

- 1 Not very good at being a father
- 2 A person who has some trouble being a father
- 3 An average father
- 4 A better than average father
- 5 A very good father

[ECLS-B 24-month nonresident father survey]

Fathers do many things for their children. Of the things listed below, which do you think are the most important for you as a father to do? Please rank them by entering 1 (most important), 2 (second most important), and 3 (third most important) next to the 3 things that you think are the most important for you to do. Select only 3.

- ___ Showing my child love and affection
- ___ Taking time to play with my child
- ___ Taking care of my child financially
- ___ Giving my child moral and ethical guidance
- ___ Making sure my child is safe and protected
- ___ Teaching my child and encouraging his or her curiosity

[ECLS-B 24-month nonresident father survey]

Warmth

Over the past week, how many times did you...

		More than once a day	Once a day	A few times a week	Not at all
a	...hug, kiss, or show other physical affection to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	...praise your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	...brag about your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[MFIP Report]

Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.

		Completely true	Mostly true	Somewhat true	Not at all true
a	Most of the time, I feel that my child likes me and wants to be near me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I am usually too busy to joke and play around with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Even when I'm in a bad mood, I show my child a lot of love.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	By the end of a long day, I find it hard to be warm and loving toward my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	I express affection by hugging, kissing, and holding my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ECLS-K, Spring Kindergarten Interview]

Harshness/Discipline

Over the past week, how many times did you...

		More than once a day	Once a day	A few times a week	Not at all
a	...spank your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	...yell at or threaten your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	...lose your temper with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[MFIP Report]

For each statement, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not like you at all.

		Exactly like you	Very much like you	Somewhat like you	Not much like you	Not like you at all
a	I teach my child that misbehavior or breaking the rules will always be punished one way or another	<input type="checkbox"/>				
b	I do not allow my child to get angry with me.	<input type="checkbox"/>				
c	I express my affection by hugging, kissing, and holding my child.	<input type="checkbox"/>				
d	I am easygoing and relaxed with my child.	<input type="checkbox"/>				
e	There are times I just don't have the energy to make my child behave as he/she should.	<input type="checkbox"/>				
f	I have little or no difficulty sticking with my rules for my child even when close relatives, including grandparents, are there.	<input type="checkbox"/>				

[ECLS-B 24 month interview]

Most children get so angry at their parents that they say things like "I hate you," swear in a temper tantrum, or hit you. If your child did any of these, what would you do? **CHOOSE ALL THAT APPLY.**

- Ground him/her
- Spank him/her
- Talk with him/her
- Give him/her household chores
- Ignore it
- Send him/her to his/her room
- Take away his/her allowance
- Take away TV, phone, or other privileges
- Put him/her in a short "time out"
- Hit him/her back
- Other: _____

[PSID-CDS II, Primary Caregiver Child Interview]

Most children get angry with their parents from time to time. If your child got so angry that he/she hit you, yelled at you, or threw a temper tantrum, what would you do? Would you... **CHOOSE ALL THAT APPLY.**

- Spank him/her?
- Have him/her take a time out?
- Hit him/her back?
- Talk to him/her about what he/she did wrong?
- Ignore it?
- Make him/her do some work around the house?
- Make fun of him/her?
- Make him/her apologize?
- Take away a privilege?
- Give a warning?
- Yell at or threaten him/her?

[ECLS-B 24 month survey; ECLS-K 5th Grade Survey]

Supervision/Monitoring

Over the past week, how often did you know...

		Always	Almost	Often	Sometimes	Almost
--	--	--------	--------	-------	-----------	--------

PARENTING

			Always			Never
a	...where your child was?	<input type="checkbox"/>				
b	...who your child was with?	<input type="checkbox"/>				
c	...whether your child came home when he/she was supposed to?	<input type="checkbox"/>				
d	...whether your child had finished his/her homework?	<input type="checkbox"/>				

[MFIP Report]

About how often do you know who your child is with when he/she is not home?

- Only rarely
- Some of the time
- Most of the time
- All of the time

[PSID-CDS II, Primary Caregiver Child Interview]

How many of your child's close friends do you know by sight and by first and last name?

- None
- Only a few
- About half
- Most
- All

[PSID-CDS II, Primary Caregiver Child Interview]

Since your child was born, how many times have you and your child been separated for a week or more?

_____ (number of times)

- Never



Where did your child stay during that/those separation(s)?

- With his/her other biological parent
- With his/her maternal grandparent
- With his/her paternal grandparent
- With another relative/friend
- With a foster parent
- In an institution/group home
- In a hospital
- Other: _____

[Fragile Families 12-month father survey]

Measures of Social Support

SOCIAL SUPPORT

Relationship Support

The following statements describe the way some people feel about their partner and their relationship in general. Please indicate how you feel about the following. **Choose one answer for EACH statement.**

		Strongly agree	Agree	Disagree	Strongly disagree
a	I can count on my partner to be there for me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b	I think that marriage education can help my marriage/relationship.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c	I view our relationship as lifelong.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d	My partner is the type of parent that I want for my child/children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e	I worry about my partner cheating on me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f	I believe this relationship can stay strong even through hard times.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g	My partner is completely committed to being there for our child/children.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h	My family respects and values my relationship.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i	It is hard for me to talk with my partner about the important things in our life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Social Support

Of the following, who could you turn to if you had an emergency? **PLEASE CHECK ALL THAT APPLY.**

- 1 My partner
- 2 My parent, grandparent, or sibling
- 3 My partner's parent, grandparent, or sibling
- 4 Counselor/minister, other clergy
- 5 Friend/neighbor/co-worker
- 6 No one

[SHM Baseline; ECLS-B 9-month survey]

Of the following, who could you turn to if you had an emergency? **PLEASE CHECK ALL THAT APPLY.**

- My partner
- Someone else
- No one

[SHM Baseline]

Of the following, who could you turn to if you had a problem and needed advice or emotional support? **PLEASE CHECK ALL THAT APPLY.**

- My partner
- Someone else
- No one

[SHM Baseline]

		Very Supportive	Somewhat Supportive	Neither Supportive Nor Unsupportive	Somewhat Unsupportive	Very Unsupportive
How supportive of your role as a father are each of these people?						
a	Your spouse/partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b	Your in-laws/partner's family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c	Your spouse/partner's friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d	Your adult relatives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e	Your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f	Your co-workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Measures of Father-Mother/Partner Relationship

FATHER-MOTHER/PARTNER RELATIONSHIP

Relationship Conflict

The following statements describe the way some people feel about their partner and the way they handle problems or disagreements. Please indicate whether each of the following happens never, hardly ever, sometimes, or often.

	In the past year, how often has your partner...	Never	Hardly ever	Sometimes	Often
a	...yelled or screamed at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	...blamed you for her problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHM Baseline]

The following statements describe common problems that some couples argue about. Please indicate whether each of the following happens never, hardly ever, sometimes, or often.

	How often do you and your partner have arguments about...	Never	Hardly ever	Sometimes	Often
a	...household chores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	...sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	...spending time together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	...managing money, bills, and debt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	...in-laws, other relatives, and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	...drinking and drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	...other women or men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	...religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	...raising children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[SHM Baseline]

In the past year, how often have your arguments become physical?

- Never
- Hardly ever
- Sometimes
- Often

[SHM Baseline]

In the past year, have you ever thought your relationship was in trouble?

- Yes
- No

[SHM Baseline]

Relationship Quality

All things considered, on a scale from 1 to 7, where 1 is “completely unhappy” and 7 is “completely happy,” how happy are you with your relationship? **PLEASE CIRCLE ONE.**

- | | | | | | | |
|-----------------------|-----------------------|---------------------|---------------------------------|-------------------|---------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Completely
unhappy | Moderately
unhappy | Slightly
unhappy | Neither
happy nor
unhappy | Slightly
happy | Moderately
happy | Completely
happy |

[SHM Baseline]

Relationship Attitudes

For each statement, do you strongly agree, agree, disagree, or strongly disagree with the following statements?

		Strongly agree	Agree	Disagree	Strongly disagree
a	A single parent can bring up a child just as well as a married couple.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	It is better for a couple to get married than to just live together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	There are very few people who have good and happy marriages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	When a couple is committed to each other, it makes no difference whether they are living together or married.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	It is better for children if their parents are married.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[BSF First Follow-up]

Measures of Father Involvement

FATHER INVOLVEMENT

In the past 30 days, how often have you spent one or more hours a day with your child/children?

- Every day or almost every day
- A few times a week
- A few times a month
- Once or twice
- Never
- Don't know

[BSF First Follow-up; ECLS-B 24-month nonresident father survey]

In the past month, how often have you done the following activities with your child/children?

		More than once a day	Once a day	A few times a week	A few times a month	Rarely	Not at all
a	Played games like "peek-a-boo" or "gotcha" with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b	Sang songs with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c	Read or looked at books with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d	Told stories to your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e	Played with games or toys with your child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f	Helped your child get dressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g	Changed your child's diaper or helped him/her use the toilet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h	Gave your child a bottle or something to eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

[BSF First Follow-up; ECLS-B]

In the past month, how often did you and your child...

		Not in the Past Month	1 Or 2 Times in the Past Month	About Once a Week	Several Times a Week	Every Day
a	Wash or fold clothes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b	Do dishes together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c	Go to the store together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d	Do yard work or gardening?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e	Talk about your family?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f	Prepare food together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g	Do arts and crafts together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h	Play sports or do outdoor activities together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i	Clean the house together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j	Build or repair something together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k	Work or play on a computer or play video games together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l	Work on homework together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m	Play a board game or card game or do puzzles together?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n	Look at books together or talk about books he/she has read?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

[PSID-CDS]

Which of these things have you done with your child in the past four weeks? **CHOOSE ALL THAT APPLY.**

- 1 Gone shopping
- 2 Played a sport
- 3 Gone to a religious service or church-related event
- 4 Talked about someone he/she is dating, or a party he/she went to
- 5 Gone to a movie, play, museum, concert, or sports event
- 6 Had a talk about a personal problem he/she was having
- 7 Had a serious argument about his/her behavior
- 8 Talked about school work or grades
- 9 Worked on a project for school
- 10 Talked about other things he/she is doing in school
- 11 None
- 12 Other: _____

[Add Health Adolescent Interview, Wave 1]

In the past month, how often did you and your child...		Not in the Past Month	1 or 2 Times in the Past Month	About Once a Week	Several Times a Week	Every Day
a	Go shopping?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b	Play a sport?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c	Go to a religious service or church-related event?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d	Talk about someone he/she is dating or a party he/she went to?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e	Go to a movie, play, museum, concert, or sports event?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f	Have a serious talk about a personal problem he/she was having?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g	Have a serious argument about his/her behavior?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h	Talk about schoolwork or grades?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i	Work on a project for school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j	Talk about things he/she is doing in school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

What other activities have you done with your child in the past month?

Measures of Co-Parenting

CO-PARENTING

Co-Parenting Support

Do you strongly agree, agree, are not sure, disagree, or strongly disagree with these statements?

		Strongly agree	Agree	Are not sure	Disagree	Strongly disagree
a	I believe that my child's mother is a good parent.	<input type="checkbox"/>				
b	My child's mother and I communicate well about our child.	<input type="checkbox"/>				
c	I feel good about my child's mother's judgment about what is right for our child.	<input type="checkbox"/>				
d	My child's mother makes my job of being a parent easier.	<input type="checkbox"/>				
e	My child's mother and I are a good team	<input type="checkbox"/>				
f	My child's mother knows how to handle children well	<input type="checkbox"/>				
g	When there is a problem with our child, we work out a good solution together	<input type="checkbox"/>				
h	My child's mother is willing to make personal sacrifices to help take care of our child.	<input type="checkbox"/>				
i	Talking to my child's mother about our child is something I look forward to.	<input type="checkbox"/>				
j	My child's mother pays a great deal of attention to our child.	<input type="checkbox"/>				
k	I am satisfied with the responsibilities my child's mother takes for raising our child.	<input type="checkbox"/>				
l	My child's mother is committed to being there for our child.	<input type="checkbox"/>				
m	My child needs his/her mother just as much as he/she needs me.	<input type="checkbox"/>				
n	No matter what might happen between my child's mother and me, when I think of my child's future, it includes his/her mother.	<input type="checkbox"/>				
o	My child's mother is the kind of mother I want for my child.	<input type="checkbox"/>				
p	My child's mother takes financial responsibility for our child.	<input type="checkbox"/>				

[BSF First Follow-up]

Which of the following statements best describes your current relationship with the mother or guardian of the child?

- 1 We generally get along pretty well.
- 2 We don't get along too well.
- 3 We fight a lot and do not get along well.
- 4 We avoid seeing each other.

For each of these items, do you strongly agree, agree, are not sure, disagree, or strongly disagree with these statements?

		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
a	My partner supports me in the way that I want to raise the child(ren).	<input type="checkbox"/>				
b	When I'm having a rough day with the child(ren), I can turn to my partner for support and advice.	<input type="checkbox"/>				
c	When I have to set limits for the child(ren), my partner backs me up.	<input type="checkbox"/>				
d	When there is a problem with the child(ren), my partner and I work out a good solution together.	<input type="checkbox"/>				

[Revised from Building Strong Families, First Follow-Up Father Survey]

The following questions are about how parents work together in raising a child.
 Please tell me how often the following statements are true for you and (FATHER).
 Indicate whether each item is: always true (1), sometimes true (2), or rarely true (3)?

		1	2	3	N/A
a	1. When (F) is with (C), he acts like the father you want for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	2. You can trust (F) to take good care of (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	3. He respects the schedules and rules you make for (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	4. He supports you in the way you want to raise (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	6. You and (F) talk about problems that come up with raising (C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	7. You can count on (F) for help when you need someone to look after (C) for a few hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Fragile Families – 12 Month, Mother Questionnaire]

If you had to go away for one week and could not take (CHILD) with you, how much would you trust (FATHER) to take care of your child? Would you trust him very much, somewhat, or not at all?

- VERY MUCH
- SOMEWHAT
- NOT AT ALL

[Fragile Families – 12 Month, Mother Questionnaire]

		Never 1	2	3	4	Always 5
a	How often would you say that [co-parent] helps you in raising this child?	<input type="checkbox"/>				
b	When you need help with your child, how often do you go to [co-parent]?	<input type="checkbox"/>				

[Parenting Convergence Scale, Ahrons, 1981; Co-parental Support Subscale]

Co-Parenting Conflict

Please indicate how often these questions are true for you.

		Never	Rarely	Some- times	Often	Always
a	When you and your child's mother/guardian talk about how to raise the child, how often is the conversation hostile or angry?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b	When your child complains about his/her mother/guardian, how often do agree with him or her?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c	How often do you and your child's mother/guardian have different ideas as to how to raise him/her?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d	How often is the underlying atmosphere between you and your child's mother/guardian one of hostility?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e	How often would you say your child's mother/guardian helps you in raising your child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f	When you need help with your child, how often do you go to his/her mother/guardian?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

		Never 1	2	3	4	Always 5
a	When you and your child's mother talk about how to raise the child, how often is the conversation hostile or angry?	<input type="checkbox"/>				
b	When your child complains about his/her mother, how often do agree with him or her?	<input type="checkbox"/>				
c	How often do you and [co-parent] have different ideas as to how to raise him/her?	<input type="checkbox"/>				
d	How often is the underlying atmosphere between you and [co-parent] one of hostility?	<input type="checkbox"/>				

[Parenting Convergence Scale, Ahrons, 1981; Conflict Subscale]

Do you and your spouse/partner often, sometimes, hardly ever, or never have arguments about your child(ren)?

- Often
- Sometimes
- Hardly ever
- Never

[ECLS-B, 9 and 24-Month Surveys Resident Father Questionnaires]

For each issue, please tell me if you have none, some, or a great deal of disagreement.

		None	Some	A great deal
a	How the child is raised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	How you spend money on the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	How the child's mother spends money on the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	How much time you spend with the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Your financial contribution to the child's support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Where the child lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	How you spend money on the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Child care for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Disciplining the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ECLS-B, 9 and 24-Month Surveys non-Resident Father Questionnaires; Last 3 items taken from the Early Head Start Pre-K father interview]

I am going to read you a list of issues that you and your child's mother may have disagreements about. For each one, please tell me if you have none, some, or a great deal of disagreement.

		None	Some	A great deal
A	How you set limits and discipline your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Your child(ren)'s daily routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Selecting child care/schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Money spent on your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Your child(ren)'s schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Who your child(ren) spend(s) time with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Monitoring/being overprotective of your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	The activities that your child(ren) participate in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	The amount of time spent with your child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Revised from ECLS-B 9 and 24-Month Surveys non-Resident Father Questionnaires]

Co-Parental Communication

How often do you and [co-parent] communicate about each of the following issues having to do with your child(ren)?

		Never 1	2	3	4	Always 5
a	Medical problems					
b	Child-rearing problems					
c	Special events for the children					
d	Major decisions regarding the children's lives					
e	Daily decisions regarding the children's lives					

[Parenting Convergence Scale, Ahrons, 1981; Communication and Interaction Subscales]

How often do you talk with your child's mother about your child?

- Several times a week
- About once a week
- 2-3 times a month

- Once a month
- Less often

Shared Decision Making

For the next questions, please think about who usually does each activity.

	You	Another HH Member	Shared	Done By Someone Else
a. Disciplining children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choosing children's activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Buying children's clothes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Driving children to activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Selecting a pediatrician and making appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Selecting a child care program, preschool, or school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playing with the children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PSID-CDS II, Primary Caregiver Child Interview]

When the following things happen or need to be done, how often are you the one who does them?

		Always	Often	Sometimes	Rarely	Never
a	Get up with your child when he/she wakes up during the night?	<input type="checkbox"/>				
b	Soothe your child when he/she is upset?	<input type="checkbox"/>				
c	Take your child to the doctor?	<input type="checkbox"/>				
d	Stay home to care for your child when he/she is ill?	<input type="checkbox"/>				
e	Take your child to or from the sitter or day care center?	<input type="checkbox"/>				

[ECLS-B]

How much were you involved in making the decision about your child's current child care arrangement?

- Not at all
- Somewhat
- A great deal

[ECLS-B, 9 and 24-Month Surveys Resident Father Questionnaires]

How much influence do you have in making major decisions about things such as child care and health care for your child? Do you have...

- None
- Some
- A great deal of influence

[ECLS-B, 9 and 24-Month Surveys non-Resident Father Questionnaires]

When it comes to making major decisions about {CHILD}, please tell me if {Other Parent} has no influence, some influence, or a great deal of influence on such matters as ...

	No influence	Some influence	A great deal of influence
a. Discipline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ECLS-B 9, 24, and 48-Month Surveys Parent Questionnaires]

How much influence does (CHILD'S) father have in making decisions about such things as education, religion, and health care? Would you say none, some or a great deal?

- None
- Some

A great deal

[PSID-CDS II, Primary Caregiver Child Interview]

Who makes major decision about things such as child care and health care for [this child]? Would you say ...

You and the child's mother/father make most decisions together

The child's mother/father makes most decisions herself

You make most decisions yourself

[NLSY-97]

Questions for Nonresident Fathers

QUESTIONS FOR NONRESIDENT FATHERS

Frequency of Contact

Some fathers are unable to spend much time with their children. For each of the following, please tell me how much of a reason this is for you not spending time with your children. Do you strongly agree, mildly agree, mildly disagree, or strongly disagree?

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
a	I live too far away to see him/her more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I don't have enough time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I'm not good with babies/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	I don't know the mother well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	I don't know if this is my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	My child's mother won't let me see my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	I'm not interested in seeing him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Early Head Start – 14 and 36 month surveys]

In the past month, how often have you looked after your child while your child's mother did other things? Was it...

- ₁ Every day or almost every day
- ₂ A few times a week
- ₃ A few times a month
- ₄ Once or twice
- ₅ Never

[Early Head Start – 14 month survey; ECLS-B 24-month nonresident father survey]

How long has it been since you last saw your child?

- _____ Days OR
- _____ Weeks OR
- _____ Months

[ECLS-B 24-month nonresident father survey]

In the last 3 months, on how many days have you seen your child?

_____ **[ECLS-B 24-month nonresident father survey]**

In the past month, how often have you spent one or more hours a day with your child? Was it...

- Every day or almost every day
- A few times a week
- A few times a month
- Once or twice
- Never

[ECLS-B 24-month nonresident father survey]

Living Arrangements

Have you ever lived with your child?

- Yes
- No

[Fragile Families 12 month father survey]

Since your child's birth, has he or she ever stayed overnight with you?

- Yes
- No

[Fragile Families 12-month father survey]

How many minutes do you live away from your child?

- 10 minutes or less
- 11 to 30 minutes
- 31 to 59 minutes
- 1 to 2 hours
- More than 2 hours

[ECLS-B 24-month parent survey]

Child Support Arrangements

CHILD SUPPORT ARRANGEMENTS

Child Support Agreement

Do you have a legal agreement or child support order that requires you to provide financial support for your child?

- Yes
- No
- Don't know

[ECLS-B 9, 24, and 48-month father interviews, NSFG2002]

Thinking about child support, do you have a legal agreement, an informal agreement, or no agreement at all with your child's father?

- Legal
- Informal
- No arrangement

[ECLS-B 9-month interview, BF200; Fragile Families Father 12 month interview, FC19A]

Do you and your child's father have a legal agreement about your child regarding child support, alimony, custody, visitation, or where the child lives?

- Yes
- No

[NSFG 2002 – women's interview, LEGAGREE]

Do you have an informal agreement, or an understanding, not spelled out in a legal document that you will provide financial support for your child?

- Yes
- No

[Fragile Families 12 Month Father Survey, C14a]

In the past 12 months, have you given financial support to your child's mother instead of/in addition to paying formal child support?

- Yes
- No

[Fragile Families Father 36 month interview, C20B]

Child Support Compliance

In the last 12 months, did you contribute money or child support for your child's upbringing?

- Yes
- No

[NSFG 2002]

Did you do this on a regular basis, or once in a while?

- Regular basis
- Once in a while

[NSFG 2002, NCREG]

In the past month, did you actually pay child support?

- ₁ Yes
- ₂ No
- ₃ Don't know

How much per month are you supposed to pay for the child's support?

_____ (amount in dollars)

- Don't know

[ECLS-B 48-month father survey]

How much did you pay for the child's support last month?

_____ (amount in dollars)

- Don't know

[ECLS-B 48-month father survey]

How much are the child support payments supposed?

_____ dollars per

- Week
- Every 2 weeks
- Month
- Other

[Fragile Families 36-month survey]

How often do you pay on time? Is it...

- All of the time
- More than half of the time
- Half of the time
- Less than half of the time, or
- Never?

How often have you done any of the following for this child [CHILD'S NAME]?

Often Sometimes Hardly ever Never

		Often	Sometimes	Hardly ever	Never
a	Bought clothes, diapers, toys, or presents for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Paid for the child's medical insurance, doctor's bills, or medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Given the child's mother extra money to help out, not including child support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Helped pay for child care expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ECLS-B Preschool Interview, BF110a-d]

Please tell me how often you/your child's mother buy these items for your child.

		Often	Sometimes	Rarely	Never
a	Clothes for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Toys for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Medicine for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Food for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Fragile Families 36-month interview A1-A5, C30E1-5]

Have you given anyone in the child's household help by... **MARK ALL THAT APPLY**

- Helping with repairs around the house or on the car
- Buying food – either groceries or meals out
- Making car payments, paying for repairs, or purchasing or loaning a car
- Making rent or mortgage payments
- Helping pay for utilities or other household bills

[ECLS-B 24-month nonresident father survey]

I am going to read you a list of things that children need. Please tell me if you pay for these for CHILD, if the mother pays for them, if you both pay for them, or if someone else is the main person who pays for them. Who pays for...

		Father	Mother	Both	Someone Else
a	Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Household items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Preschool/child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Summer camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	School supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Early Head Start – Pre-K Father interview]

Thinking about being a father, please tell us about some of the things that you have most enjoyed.
