***FAMILY LIFE ATTITUDES AND BEHAVIOR MEASURE (FLAM)***

**Introduction**: The Evolved Nest (or Evolved Developmental Niche; EDN) refers to the early nest that humans inherit from our ancestors. Every animal has a nest for its young that matches up with the maturational schedule of the offspring (Gottlieb, 1997). Most characteristics of the human niche emerged with social mammals more than 30 million years ago. But humans are distinctive in that babies are born highly immature with many epigenetic effects occurring after birth based on the timing and type of early experience. Humanity's early nest was first identified by Melvin Konner (2005) as the "hunter-gatherer childhood model" (breastfeeding 2-5 years, nearly constant touch, responsiveness to baby's needs, multiple adult caregivers, free play with multiple-aged playmates, social support). Calling these components the Evolved Developmental Niche, Narvaez and colleagues add to the list soothing perinatal experience (before, during, after birth) and a positive, welcoming social climate. The Family Life Attitudes and Behavior Measure (FLAM) measures the evolved nest.

[Here are publications and a powerpoint about the evolved nest](http://www3.nd.edu/~dnarvaez/EDST.htm).

***QUESTIONNAIRE***

INSTRUCTIONS TO RESPONDENTS: Select a child of yours between 3 and 5 as the “target child” of the questions we will ask you. When you respond, only refer to the experiences of or with this child. Please put the initials of that child here\_\_\_\_\_\_\_

**For each item, please select the response that most closely matches your own.** Note: “Babies” refers to children 2 and under.

***PARENTING IN GENERAL***

***RESPONSIVITY***

***ResponAtt. General ATTITUDES About Responsivity (n=10; Gleason et al., 2013: α = .83)***

**Please indicate how strongly you agree or disagree with each item.**

**ResponAtt1 +Babies learn that they can depend on their parents if parents come when they cry.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt2 -If parents always respond when a baby cries, the baby learns to manipulate the parents.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt3 -It is good to let a baby cry once in a while.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt4 -Parents who respond quickly to a baby spoil the baby.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt5 -Letting a baby cry will build the baby’s character.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt6 -If parents respond every time a baby cries they will spoil the baby.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt7 +Babies are better cared for if parents are attentive to their needs.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt8 +Parents should adjust their lives to fit the needs of their children.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt9 -Children should fit into a parent’s existing schedule.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**ResponAtt10 +Parents should prepare meals on a schedule based on the child’s needs.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

***RespToBabe. RESPONSVITY to Babies (alpha= .87)***

**Please indicate how strongly you agree or disagree with each item.**

**RespToBabe-1. If parents always respond when a baby cries, the baby learns to manipulate the parents.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**RespToBabe-2. Parents who respond quickly to a baby spoil the baby.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**RespToBabe-3. Letting a baby cry will build the baby’s character.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**RespToBabe-4. If parents respond every time a baby cries they will spoil the baby.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**RespToBabe5. Babies are better cared for if parents are attentive to their needs.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

***Nurturing. Nurturing Parenting Orientation (Long version: Narvaez, Wang, et al., 2013; α = .84) This is shortened version (α =.70)***

**Please indicate how strongly you agree or disagree with each item.**

**Nurturing1 I feel a child should be given comfort and understanding when (he) (she) is scared or upset.**

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

**Nurturing2 I express affection by hugging, kissing, and holding my child.**

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

**Nurturing3 I find some of my greatest satisfactions in my child.**

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

**Nurturing4 I am easy-going and relaxed with my child.**

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

**Nurturing5 I joke and play with my child.**

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

**Nurturing6 I feel that my child and I have warm, intimate times together.**

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

**Nurturing7 I make sure my child knows that I appreciate what (he) (she) tries or accomplishes**.

Strongly Moderately Slightly Slightly Moderately Strongly

Disagree disagree disagree agree agree agree

***TOUCH***

***PTchAtt. Positive Touch Attitudes (Gleason et al., 2013; α = .91)***

**Please indicate how strongly you agree or disagree with each item.**

**PTchAtt-1. It’s best not to hug children too much.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**PTchAtt-2. Cuddling children can make them whiney and needy.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**PTchAtt-3. Too much hugging can spoil a child.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**PTchAtt4. It is good to cuddle with children.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**PTchAtt-5. Cuddling children too much can weaken their characters.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

***NTchAtt. Negative Touch Attitudes (USA FLAM3: α =.86)***

**Please indicate how strongly you agree or disagree with each item.**

**NTchAtt1. Sometimes children need to be spanked.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**NTchAtt2. Slapping a child is sometimes necessary.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**NTchAtt-3. It is best never to hit a child.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**NTchAtt4. Giving a child physical or corporal punishment is part of good parenting.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**NTchAtt-5. Spanking is not good for children.**

Strongly disagree Disagree Neither Disagree nor Agree Agree Strongly Agree

**WHEN MY CHILD WAS A BABY (new)**

**PTchBeh. Touch BEHAVIOR when child was a baby**

**Please indicate the answer that most closely matches your actions.**

**PTchBeh1. When my child was a baby, I touched or held my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh2. When my child was a baby, I snuggled/kissed/hugged my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-3. When my child was a baby and misbehaved, I slapped, hit or pinched him/her.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-4. When my child was a baby and misbehaved, I spanked him/her.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh5. Other people who cared for my child as a baby touched or held my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh6. Other people who cared for my child as a baby snuggled/kissed/hugged my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-7. Other people who cared for my child as a baby slapped/hit/pinched my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-8. Other people who cared for my child as a baby spanked my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**WITH MY CHILD NOW**

**PTchBeh. Touch BEHAVIOR (FLAM3 USA: α = .65)**

**Please indicate the answer that most closely matches your actions.**

**PTchBeh1. These days when we are together, I touch or hold my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh2. These days when we are together, I snuggle/kiss/hug my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-3. When my child misbehaves, I may slap, hit or pinch him/her.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-4. When my child misbehaves, I may spank him/her.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh5. Other people who care for my child touch or hold my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh6. Other people who care for my child snuggle/kiss/hug my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-7. Other people who care for my child slap/hit/pinch my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

**PTchBeh-8. Other people who care for my child spank my child.**

Never A few times a month A few times a week Once or twice a day Several times a day Many times a day

***TchOrient. Touch Orientation*** *(****n=8; Gleason et al., 2013; α = .88)***

**How often do you do these things?**

**TchOrient1 +Cuddling/kissing/hugging target child**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient2 -Spanking target child with a belt or another instrument when needed**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient3 +Holding target child close [at least] 10-15 minutes per day**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient4 +Holding or hugging target child when he or she is distressed**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient5 -Spanking target child with my hand when necessary**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient6 +Physically comforting target child when needed**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient7 +Showing affection to target child**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

**TchOrient8 -Slapping, hitting or pinching my child when she or he is disobedient**

Never how I parent Seldom how I parent Sometimes how I parent Mostly how I parent Always how I parent

***INFANT NUTRITION***

***NtrBelief\*. ATTITUDES about Infant Nutrition (Narvaez, Wang, et al., 2013: α = .85)***

 **Please indicate how strongly you agree or disagree with each item.**

**NtrBelief-1. Nowadays formula can be just as good for babies as breast milk.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief-2. If mothers breastfeed, fathers/partners and other relatives have trouble being close to the baby.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief3. Breast milk is better than formula.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief-4. If formula fed properly, babies will grow up healthy, strong, and smart.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief5. Breastfeeding is important for a baby’s health.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief-6. Breastfeeding is too much trouble.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief-7. Breast milk alone sometimes does not provide enough nutrition for a young, growing baby.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief8. Breastfeeding makes the mother-baby relationship strong.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**NtrBelief-9. Babies who are exclusively breastfed need vitamin supplements.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

***BFAtt. Please indicate how important each item is to you. (when these are added to the ones above, FLAM3: α =.76)***

**BFAtt10. Breastfeeding as soon as possible after birth**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BFAtt11. Breastfeeding while in the hospital**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BFAtt-12. You should only breastfeed for the first few months.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

***Breastfed. Infant Nutrition BEHAVIOR (Narvaez, Wang, et al., 2013)***

Some people breastfeed some people give infant formula and some do both. Please indicate what you did.

**Breastfed Indicate which is true for this child**

Formula only

Formula & breast milk

Breast milk only

If yes to breast milk, when did breastfeeding start after birth?

First hour first few hours first day first few days

**BFStill**. Is the child still taking breast milk?

No. If no, how long did the target child take breast milk?\_\_\_\_\_\_

Yes

**FormulaLate. If yes to formula feeding, when did the child first have formula?**

First hour first few hours first day first week first month Other:

***CHILD CAREGIVERS or ALLOPARENTING***

***CareAtt. ATTITUDES towards Caregivers (n=6; Gleason et al., 2013; α = .68)***

**Please indicate how strongly you agree or disagree with each item.**

**CareAtt**-**1. It doesn’t matter who takes care of my child while I work, as long as they don’t hurt my child.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**CareAtt2. I want my child to have a caregiver who loves my child.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**CareAtt3. I want my child to have a caregiver who plays with my child.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**CareAtt-4. I want my child to have a caregiver who is firm.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**CareAtt5. I want my child to spend part of each day with one-on-one attention from a caregiver.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**CareAtt-6. It doesn’t matter whether my child switches caregivers as long as they do a good job.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**CareAtt7. I want my child’s caregiver to educate my child**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

***Alloparenting BEHAVIOR (Narvaez, Wang, et al., 2013)***

**1styrCareH**. Where did the child spend most of his/her days during in the first year of life?

 Outside of home At home

**WkDayCare. In the child’s first year on a typical weekday, who took care of the child? (select all that apply) (kin vs. non-kin analysis)**

 Baby’s primary caregiver

 Baby’s secondary caregiver

 Grandparent

 Other relative

 Friend/Neighbor

 Nanny

 Daycare

Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WkEndCare. In the child’s first year on a typical weekend, who took care of the child? (select all that apply)**

 Baby’s primary caregiver

 Baby’s secondary caregiver

 Grandparent

 Other relative

 Friend/Neighbor

 Nanny

 Daycare

Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SLEEPING***

 **SlpTrainB**. In the child’s first year, I used “cry it out” or sleep training (letting my child cry him or herself to sleep).

**Never Once A few times Regularly**

**SleepTrSatf**. If YES: If you have tried sleep training, has it been satisfactory for you and your child?

**No I don’t know yet Yes**

**SlpTrnAge**. If YES: How old was the baby when you tried sleep training? \_\_\_\_Months

**SlpTrainAtt. SLEEP TRAINING ATTITUDES (*α =.42)***

**SlpTrainAtt1 -I let my child cry herself or himself to sleep.**

Never or almost never Rarely Sometimes Regularly Frequently Always or nearly always

**SlpTrainAtt2 -My child cried at first, but learned to sleep alone.**

Never or almost never Rarely Sometimes Regularly Frequently Always or nearly always

**SlpTrainAtt3 I felt/feel badly when my child cries at night.**

Never or almost never Rarely Sometimes Regularly Frequently Always or nearly always

**SlpTrainAtt4 -I was advised to try sleep training.**

Never or almost never Rarely Sometimes Regularly Frequently Always or nearly always

**SlpTrainAtt5 I never considered sleep training my child.**

Never or almost never Rarely Sometimes Regularly Frequently Always or nearly always

***FAMILY ROUTINES***

***FRoutAtt. Personal ATTITUDES About Family Routines (Narvaez, Wang, et al., 2013) (REVISED: α =.74)***

DIRECTIONS: We are interested in finding out about how important you feel certain family routines are in keeping your family strong.

**How important are these things to you?**

**[RARE EVENTS]**

**FRoutAtt1 Going to religious or holiday events together**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt2 Going to community events together**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt3 Going to school events together**

Not at all important Slightly important Moderately Important Mostly important Very important

**[DAILY EVENTS] (alpha=.866) (REVISED: *α =*.68)**

**FRoutAtt4 Doing chores together**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt5 Having fun together as a family**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt7 My child and I doing activities together outside the home (e.g., shopping, walking)**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt8 Our family having certain “family time” when we do things together at home**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt9 Our whole family eating together.**

Not at all important Slightly important Moderately Important Mostly important Very important

**FRoutAtt10 Our family regularly spending time with people we enjoy (e.g., family, friends).**

Not at all important Slightly important Moderately Important Mostly important Very important

***FRoutBeh. Family Routines BEHAVIOR (Narvaez, Wang, et al., 2013; α = .65) (Revised α =.64)***

**How often do you do these things?**

**[RARE EVENTS]**

**FRoutBeh1 Going to religious or holiday events together**

1-2 times a week 1-3 times a month A few times a year About once a year

**FRoutBeh2 Going to community events together**

1-2 times a week 1-3 times a month A few times a year About once a year

**FRoutBeh3 Going to school events together**

1-2 times a week 1-3 times a month A few times a year About once a year

**[DAILY EVENTS]**

**FRoutBeh4 Doing chores together**

almost everyday 1-2 times a week 1-3 times a month less than monthly

**FRoutBeh5 Having fun together as a family**

almost everyday 1-2 times a week 1-3 times a month less than monthly

**FRoutBeh6 My child and I doing activities together outside the home (e.g., shopping, walking)**

almost everyday 1-2 times a week 1-3 times a month less than monthly

**FRoutBeh7 Our family having certain “family time” when we do things together at home**

almost everyday 1-2 times a week 1-3 times a month less than monthly

**FRoutBeh8 Our whole family eating together.**

almost everyday 1-2 times a week 1-3 times a month less than monthly

**FRoutBeh9 Our family regularly spending time with people we enjoy (e.g., family, friends).**

almost everyday 1-2 times a week 1-3 times a month less than monthly

***PLAY***

***PlayAttGen. General ATTITUDES About Play (Gleason et al., 2013: α = .79)***

**Please indicate how strongly you agree or disagree with each item.**

**PlayAttGen1 Children playing together keeps them healthy.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**PlayAttGen2 Children need to run around playing with friends.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**PlayAttGen3 -If children play outside too much they won’t be as smart as they could be.-**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**PlayAttGen4 -It is better for young children to study than to play.-**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**PlayAttGen5 -I prefer to keep my child indoors.-**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

***PlayAttP. Personal ATTITUDES About Play (Narvaez, Wang, et al., 2013)* *(α = .93)***

**DIRECTIONS: For each item, please put an X in the box that goes along with your answer.**

**How important to you is it that you and your child do these things together?**

**PlayAttP1 Learn together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP2 Sing together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP3 Make things together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP4 Be silly together (making up songs, words, acting)**

Not Important at all A little Important Neutral Important Very important

**PlayAttP5 Pretend play**

Not Important at all A little Important Neutral Important Very important

**PlayAttP6 Laugh together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP7 Doing chores together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP8 Read together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP9 Talking together**

Not Important at all A little Important Neutral Important Very important

**PlayAttP10 Telling stories**

Not Important at all A little Important Neutral Important Very important

**PlayAttA 2, How important to you is it that your child do these things with other adults in the family? (α = .96*) If Same as above, check here*** *🞎*

**PlayAttA1 Learn together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA2 Sing together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA3 Make things together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA4 Be silly together (making up songs, words, acting)**

Not Important at all A little Important Neutral Important Very important

**PlayAttA5 Pretend play**

Not Important at all A little Important Neutral Important Very important

**PlayAttA6 Laugh together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA7 Doing chores together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA8 Read together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA9 Talking together**

Not Important at all A little Important Neutral Important Very important

**PlayAttA10 Telling stories**

Not Important at all A little Important Neutral Important Very important

**PlayAttC How important to you is it that your child do these things with other children? *(α =.92)***

***If Same as above, check here*** *🞎*

**PlayAttC1 Learn together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC2 Sing together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC3 Make things together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC4 Be silly together (making up songs, words, acting)**

Not Important at all A little Important Neutral Important Very important

**PlayAttC5 Pretend play**

Not Important at all A little Important Neutral Important Very important

**PlayAttC6 Laugh together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC7 Doing chores together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC8 Read together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC9 Talking together**

Not Important at all A little Important Neutral Important Very important

**PlayAttC10 Telling stories**

Not Important at all A little Important Neutral Important Very important

***Play BEHAVIOR (Narvaez, Wang, et al., 2013)***

**PlayBehP In the past 6 months, how often have you and your child done these things? (FLAM3: four-point scale: α = .82)** [Four point scale:almost everyday/1-2 times a week /1-3 times a month/less than monthly]

**PlayBehP1 Learn together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP2 Sing together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP3 Make things together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP4 Be silly together (making up songs, words, acting)**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP5 Pretend play**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP6 Laugh together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP7 Doing chores together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP8 Read together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP9 Talking together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP10 Telling stories**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehP11 Run, wrestle and climb**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA In the past 6 months, how often did your child do these things with other adults in the family? (FLAM3: four-point scale: α = .93)**

**PlayBehA1 Learn together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA2 Sing together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA3 Make things together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA4 Be silly together (making up songs, words, acting)**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA5 Pretend play**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA6 Laugh together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA7 Doing chores together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA8 Read together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA9 Talking together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehA10 Telling stories**

almost everyday 1-2 times a week 1-3 times a month less than monthly

**PlayBehA11 Run, wrestle and climb**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild.3. In the past 6 months, how often did your child do these things with other children? *(*FLAM3: four-point scale:*α =.97)***

**PlayBehChild1 Learn together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild2 Sing together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild3 Make things together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild4 Be silly together (making up songs, words, acting)**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild5 Pretend play**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild6 Laugh together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild7 Doing chores together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild8 Read together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild9 Talking together**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild10 Telling stories**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

**PlayBehChild11 Run, wrestle and climb**

Less than monthly 1-3 times a month 1-2 times a month Weekly Almost every day Multiple times a day

***[CHILD OUTCOMES]***

***CHILD MORAL CORE***

***ABOUT YOUR CHILD***

Directions for questions about your child. You will see descriptions of young children's behaviors in typical daily situations. Many refer to children's reactions when they get into mischief, and are very common for toddlers and preschoolers.

Please tell us how true each description is for your child.

Circle If the statement is:

1 **Extremely untrue** of your child; s/he would be extremely

 unlikely to react in this way in this situation; not at

 all characteristic of him/her

2 **Quite untrue** of your child; s/he would be very unlikely to

 react in this way in this situation

3 **Slightly untrue** of your child; s/he would be rather unlikely

 to react in this way in this situation

4 May be true, may be untrue; neither true nor untrue of your

 child's reaction in this situation; maybe

5 **Slightly true** of your child; s/he would be rather likely to

 react in this way in this situation

6 **Quite true** of your child; s/he would be very likely to react

 in this way in this situation

7 **Extremely true** of your child; s/he would be extremely likely

 to react in this way in this situation; very

 characteristic of him/her

All answers are OK; all behaviors described here are normal and common. Young children differ very much in how they respond to different situations. Also, children of different ages behave very differently. For example, most 2-year-olds get into trouble or mischief when unsupervised. These individual and age differences are exactly what we are studying.

Please circle NA only if you cannot remember your child ever being in this situation; for example, if the description says "Rarely cries or looks upset when watching a sad TV show", and your child never watches TV. However, most situations are typical for all young children; most parents will rarely need to circle NA.

**PLEASE BE SURE TO READ EACH ITEM** **VERY CAREFULLY**

***Empathy. [MY CHILD] (*α = .86)**

Response scale (1-7):

Extremely untrue of your child

Quite untrue of your child

Slightly untrue of your child

Neither true nor false of your child

Slightly true of your child

Quite true of your child

Extremely true of your child

**Empathy1** Will try to comfort or reassure another in distress.

**Empathy2** - May occasionally tease a pet if unsupervised.

**Empathy3** Likely to offer toys or candy to a crying playmate even without parental suggestion.

**Empathy4** Feels good when good things happen to movie characters.

**Empathy5** Acts upset when she or he sees a hurt animal.

**Empathy6** - Rarely cries or looks upset when watching a sad TV show.

**Empathy7** Likely to show spontaneous nurturing and care-giving behavior toward an animal.

**Empathy8** Can tell at just a glance how others are feeling.

**Empathy9** Likely to ask, “What’s wrong?” when seeing someone in distress.

**Empathy10** - Is not likely to become upset if a playmate cries.

**Empathy11** Gets angry at aggressor, “Bad Guy,” who hurts a TV character.

**Empathy12** Is upset by stories in which characters are hurt or die.

**Empathy13** Will feel sorry for other people who are hurt, sick, or unhappy.

***InternCond. [Internalized Conduct (Spontaneous Self- Correction/Self-Regulation/Compliance without Surveillance; FROM MY CHILD; SHORTENED,*** α ***=.88] (IH)***

Response scale (1-7):

Extremely untrue of your child

Quite untrue of your child

Slightly untrue of your child

Neither true nor false of your child

Slightly true of your child

Quite true of your child

Extremely true of your child

**InternCond1** (R) Likely to try a prohibited but attractive activity when alone.

**InternCond2** Even attractively wrapped presents can be left within his or her reach, because she or he is not likely to tamper with them.

**InternCond3** (R) If out of parent's sight, may ignore a household rule.

**InternCond4** It is enough to prohibit something once and she or he probably will not do it even when alone.

**InternCond5** Tries his or her best when doing chores.

**InternCond6** Clearly hesitates before doing something forbidden, even when alone.

**InternCond7** When unsupervised, is likely to stop himself or herself on his or her own when just about to do something wrong.

**InternCond8** Can be left alone even with his favorite dessert and will not touch it if asked to wait until the guests arrive.

**InternCond9** Rarely does something told not to do even if adult is not present.

**CBQInhCon. Child Behavior Questionnaire (CBQ) INHIBITORY CONTROL (α = .74) CBQIH**

Response scale (1-7):

Extremely untrue of your child

Quite untrue of your child

Slightly untrue of your child

Neither true nor false of your child

Slightly true of your child

Quite true of your child

Extremely true of your child

My child:

**CBQInhCon1** Can lower his/her voice when asked to do so.

**CBQInhCon2**.Is good at games like "Simon Says," "Mother, May I?" and "Red Light, Green ight."

**CBQInhCon3** R.Has a hard time following instructions.

**CBQInhCon4**.Prepares for trips and outings by planning things s/he will need.

**CBQInhCon5**.Can wait before entering into new activities if s/he is asked to.

**CBQInhCon6** R.Has difficulty waiting in line for something.

**CBQInhCon7** R.Has trouble sitting still when s/he is told to (at movies, church, etc.).

**CBQInhCon8**.Is able to resist laughing or smiling when it isn't appropriate.

**CBQInhCon9**.Is good at following instructions.

**CBQInhCon10**.Approaches places s/he has been told are dangerous slowly and cautiously.

**CBQInhCon11** R.Is not very careful and cautious in crossing streets.

**CBQInhCon12**.Can easily stop an activity when s/he is told "no."

**CBQInhCon13**.Is usually able to resist temptation when told s/he is not supposed to do something.

***Concern. [Concern over Good Feelings with Parent after Wrongdoing FROM MY CHILD]* (α = .88)**

**Concern1** \* After having been naughty, seems to want reassurance that parent is no longer angry with him or her.

**Concern2** After having done something naughty, asks to be forgiven.

**Concern3** \* After being scolded for some mischief, seems particularly happy when parent praises him or her for some accomplishment.

**Concern4** When she or he does something wrong, seems to feel relieved when forgiven.

**Concern5** After doing something she or he is not supposed to do, may later check with parent to see if she or he "is good now."

**Concern6** \* May become extra nice toward the parent after being caught doing something wrong.

**Concern7** \* Wants to stay physically closer to parent after being scolded for doing something wrong.

**Concern8** (R) Is not overly concerned about being for- given after having done something naughty

***[CHILD TRIUNE ETHICS MEASURE] (CTET)***

**Think of your child in SOCIAL SITUATIONS. Indicate how much your child shows the following behaviors.**

**Response scale:**

I have **never** seen my child be this way or heard that my child acts this way.

I have seen my child be this way or heard that my child acts this way **a couple of times ever.**

I have seen my child be this way or heard that my child acts this way **multiple times in the past.**

I have seen my child be this way or heard that my child acts this way **every week.**

I have seen my child be this way or heard that my child acts this way **every day.**

I have seen my child be this way or heard that my child acts this way **several times a day.**

***Bunker Safety: SOCIAL OPPOSITION subscale (Oppose)*** **(α = .92)**

**CTET1** Combative

**CTET2** Easily upset

**CTET3** Hostile

**CTET4** Argumentative

**CTET5** Uncooperative

**CTET6** Aggressive

**CTET7** Fights easily

**CTET8** Angry

**CTET9** Threatening

**CTET10** Hot-tempered

***Bunker Safety: SOCIAL DISTRUST subscale (Distrust)*** **(α = .61)**

**CTET1** Watchful

**CTET2** Suspicious

**CTET3** Untrusting

**CTET4** Vigilant

***Wallflower Safety: SOCIAL WITHDRAWAL (Withdraw)* (α = .91)**

**CTET1** Timid

**CTET2**  Withdrawing

**CTET3** Anxious

**CTET4** Cowardly

**CTET5** Fearful

**CTET6** Nervous

**CTET7** Scared

**CTET8** Hesitant

**CTET9** Wallflower

**CTET10** Freezes

***Engagement: SOCIAL ATTUNEMENT (low energy) (Attune)*** **(α = .88)**

**CTET1** Forgiving

**CTET2** Gentle

**CTET3** Kind hearted

**CTET4** Cuddly

**CTET5** Sympathetic (concerned about others)

**CTET6** Empathic (feeling other people’s feelings)

**CTET7** Supportive

**CTET8** Comforting

**Engagement: SOCIAL ENJOYMENT** **(high energy) (Enjoy) (α = .93)**

**CTET1** Excited

**CTET2** Laughs

**CTET3** Happy

**CTET4** Pleasant

**CTET5** Cheerful

**CTET6** Loving

**CTET7** Affectionate

**CTET8** Playful

**CTET9** Cheerfully interactive

***Imagination: SOCIAL CONSIDERATION subscale (Consider)* (α = .84)**

**CTET1** Thoughtful

**CTET2** Attentive

**CTET3** Considerate of others

**CTET4** Moral

**CTET5** Honorable

**CTET6** Respectful

***Imagination: SOCIAL IMAGINATION subscale (Imagine)* (α = .81)**

**CTET1** Creative

**CTET2** Thinks of new ideas

**CTET3** Artistic

**CTET4** Enterprising (shows initiative)

**CTET5** Original

**CTET6** Innovative (tries new ways of doing things)

***MISBEHAVIOR* (α = .75)**

**MisBFreq.** How often does your child misbehave?

Never Once a week or less Several times a week Every day Several times a day

**MisBehWk.** How often did your child misbehave in the last week?

Never or once 2-3 times 4-8 times 8-12 times Over a dozen times

**MisBehs. Now we have questions about specific behaviors.**

**MisBehs1** Does your child threaten others?

Never Once a week or less Several times a week Every day Several times a day

**MisBehs2** Does your child grab toys from others?

Never Once a week or less Several times a week Every day Several times a day

**MisBehs3** Does your child physically hurt others (e.g., hit, kick, bite, push)?

Never Once a week or less Several times a week Every day Several times a day

**MisBehs4** Does your child say bad words to others?

Never Once a week or less Several times a week Every day Several times a day

***PREGNANCY WITH THIS CHILD***

We are going to ask you questions about the pregnancy, birth and perinatal experience of this child. Please answer the questions as best as you can.

PregStress. Were there any major life stresses for the mother of this child during the pregnancy?

NO I don’t remember/know YES

If YES, please describe:

**PregPresc**. Were any prescription medications used during the pregnancy?

NO I don’t remember/know YES

If YES, please describe:

**PregComp**. **Were there any complications with the pregnancy, birth or health of the child? (anything requiring medical intervention)** NO I don’t remember/know YES

If yes, how many complications: One Two Three Four More than four

***BIRTH OF THIS CHILD***

***Birth Behavior***

**BirthInter. What kind of interventions did the mother have during or immediately after birth? (Mark all that apply)**

Pain medication –oral (pills or drops)

Pain medication –intravenous (through a drip line into your body)

Pain medication—epidural (injection into your backside)

Labor drug to make labor go *faster*

Labor drug to make labor go *slower*

Episiotomy (cut of tissue so baby could emerge more easily)

Instrument to get baby out: *Forceps*

Instrument to get baby out: *Vacuum*

OTHER (Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**BirthType. What type of birth did this child experience?**

Vaginal labor and birth without drugs

Vaginal labor and birth with drugs

Vaginal labor with C-Section

C-Section

I don’t know

**MSkin2h. Did the biological mother hold the baby on her skin in the two hours after birth?**

No I don’t know Yes

**FamSkin2h. Did another family member hold the baby on their skin in the two hours after birth?**

No I don’t know Yes

**BirthHoldR. When was someone first able to hold the baby? (R=Reversed)**

Right after birth

Later the same day

The next day

A few days later

Longer than a few days later

I don’t know

**BProcedure. When procedures were done on the baby, was the mother or father encouraged to hold the baby?**

No I don’t know Yes

**BMemory. How easy was it for you to remember the information we asked about the birth of your child?** Very easy Easy Hard Very hard

***BirthAtt. PERSONAL ATTITUDES ABOUT CHILD BIRTH (α =.72) (PACB)***

**Please indicate how important each item is to you.**

**BirthAtt1 +It is important to have skin to skin contact right after birth**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BirthAtt2- It is important to have let the medical personnel take the child right after birth to do their safety procedures**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BirthAtt3- It is important to have a comfortable birth (e.g., using drugs if necessary)**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BirthAtt4- It is important to give the mother a break from the baby after the child is born**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BirthAtt5+ It is important to have a natural birth without drugs or other interventions**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

**BirthAtt6- It is important to separate the baby from the mother so mother can get some sleep in the hospital.**

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

***YOUR CHILD’S HEALTH***

*Health items with (NAMES) are from : Measure adapted from: Belloc, N. B., Breslow, L., & Hochstim, J. R. (1971). Measurement of Physical Health in a General Population Survey. American Journal of Epidemiology, Vol. 93 (5), 328-336.*

***Child as Baby***

**BWeight**. How much did your child weigh at birth?\_\_\_\_\_\_\_\_\_\_

**BHeight**. How long was your child at birth? \_\_\_\_\_\_\_\_\_\_

**BCircum**. If boy, was your child circumcised as an infant? No yes

**BEarInfY1**. In the first years of life, did you child have frequent or repeated ear infections?

No I don’t know Yes

**BColic**. Did your baby have a period of “colic” in the first year—crying for part of the day or night for hours at a time which lasted several weeks or months?

No I don’t know Yes

***Child Now***

**CHeight**. How tall is your child now? \_\_\_\_\_\_\_\_\_\_

**CWeight**. How much does your child weigh now? \_\_\_\_\_\_\_\_\_\_

**CHealth**. Child Health Issues

No I don’t know Yes

**CHealth1**. food or digestive allergy?

**CHealth2**. trouble with eating?

**CHealth3**. trouble with digestion?

**CHealth4**. asthma?

**CHealth5**. One or more disabilities?

**CHPrvents. Do you think your child’s health prevents your child from doing things your child would like to do? (HLTHLIM1)**

 Not at all

 Partly

 To a great extent

**CHospLY. Has your child been hospitalized this year? (HOSP1)**

 No

Yes, once or twice

 Yes, 3 or more times

**CMeds. How many “over the counter” (nonprescription) medications does your child use? (MEDS1)**

 Almost never uses nonprescription medications.

 Uses some nonprescription medications, but not a lot.

 Uses a lot of nonprescription medications.

**CPresc. How many prescription drugs does your child use on a regular basis? (PRESCRP1)**

 None

 1-2

 3-5

 6-10

 11 or more

**CDocVisit. On average, how often does your child visit a doctor, clinic or emergency room? (DOCVIST1)**

 Never

 Once a year

 2-3 times a year

 4-6 times a year

 7-11 times a year

 Once a month

 More than once a month

**CMeds. How often does your child use  "over the counter" (nonprescription) medications? (choose one):**

Never or almost never uses nonprescription medications

Uses some nonprescription medications, but not a lot

Uses a lot of nonprescription medications

**CHealthCom. How would you rate your child’s health status compared to others in the child’s age group? (HLTHCMP1)**

 Worse

 About the same

 Better

**CHealthGen. Please rate your child’s health**

Bad

Poor

Fair

Good

Excellent

***CInjury. CHILD INJURY***

|  |  |
| --- | --- |
| In the last year, about how many injuries has your child had that: | Number of injuries |
|  **CInjury**1. Did not require professional medical attention? |  |
|  **CInjury**2. Required professional medical attention, but not hospital stay? |  |
|  **CInjury**3. Required overnight stay in the hospital? |  |

**CHILD MENTAL HEALTH**

***CWellB. CHILD WELL BEING (shortened alpha = .90) (CWB)***

***Based on Warwick-Edinburgh Well-Being Scale (a self-report measure for 4 yrs and up)***

**Please indicate how often your child acts in the way described.**

Responses: Never Rarely Sometimes Often Most of the time Always

**CWellB1** My child feels competent.

**CWellB2** My child feels good about him or herself.

**CWellB3** My child makes up his or her mind about things.

**CWellB4** My child is interested in new things.

**CWellB5** My child is cheerful.

**CWellB6** My child is interested in other people.

**CWellB7** My child thinks clearly.

**CWellB8** My child has lots of energy.

**CWellB9** My child helps others.

***CHappy. HAPPINESS AND FLOURISHING* (α = .72) (HF)**

**Please indicate how often your child acts in the way described.**

**Response Scale:** I used to see it but not lately I have never seen it I’ve seen it once or twice I see it every week I see it every day I see it more than once a day

**CHappy1** Squeal with happiness

**CHappy2** Belly laugh

**CHappy3** Sing spontaneously

**CHappy4v**Dance spontaneously

**CHappy5** Spontaneously jump into a caregiver’s arms

***CAnxiet. PRESCHOOL ANXIETY SCALE (Spence & Rapee) (Parent Report) Shortened: α=.96) (PAS)***

Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the 4 if the item is very often true, 3 if the item is quite often true, 2 if the item is sometimes true, 1 if the item is seldom true or if it is not true at all circle the 0. Please answer all the items as well as you can, even if some do not seem to apply to your child.

0 Not True at All

1Seldom True

2 Sometimes True

3 Quite Often True

4 Very Often True

Add: 5 Not Applicable

**CAnxiet1** Is tense, restless or irritable due to worrying

**CAnxiet2** Has trouble sleeping due to worrying

**CAnxiet3** Is afraid of crowded or closed-in places

**CAnxiet4** Worries that something bad will happen to his/her parents

**CAnxiet5** Spends a large part of each day worrying about various things

**CAnxiet6** Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won’t be able to see you again

**CAnxiet7** Has to have things in exactly the right order or position to stop bad things from happening

**CAnxiet8** Worries that he/she will do something embarrassing in front of other people

**CAnxiet9** Has bad or silly thoughts or images that keep coming back over and over

**CAnxiet10** Becomes distressed about your leaving him/her at preschool/school or with a babysitter

**CAnxiet11** Is afraid to go up to group of children and join their activities

**CAnxiet12** Has nightmares about being apart from you

**CAnxiet13** Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening

**CAnxiet14** Asks for reassurance when it doesn’t seem necessary

***CDepr. DEPRESSION based on NIH and AACAP lists of childhood depression symptoms***

***(Shortened version: alpha=.93)***

**Please indicate how often your child acts in the way described.**

**Response scale:**

I have **never** seen my child be this way or heard that my child acts this way.

I have seen my child be this way or heard that my child acts this way **a couple of times ever.**

I have seen my child be this way or heard that my child acts this way **multiple times in the past.**

I have seen my child be this way or heard that my child acts this way **every week.**

I have seen my child be this way or heard that my child acts this way **every day.**

I have seen my child be this way or heard that my child acts this way **several times a day.**

***Scoring****: Add A and B items together*

**ITEMS:**

**How often does your child**

**CDeprA1** lack confidence?

**CDeprA2** have difficulties with peer relationships?

**CDeprA3** have difficulties with your relationship?

**CDeprA4** have trouble concentrating?

**CDeprA5** worry?

**How often is your child**

**CDeprB6** bored?

**CDeprB7** sensitive to rejection?

**CDeprB8** sensitive to failure?

**CDeprB9** hostile?

**CDeprB**10 negative?

***Evolved Nest Provision Report (ENPR)***

**REGARDING THE TARGET CHILD, IN THE PAST WEEK:**

***[TOUCH]***

***CEDNTch1 (Positive)***

**How often did you affectionately touch, kiss, or hug the child?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNTch1 (Negative)**

**How often did you spank/hit/pinch/slap the child?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

 ***[SCHEDULED ACTIVITIES AND PLAY]***

**CEDNPFR1**

**Outside of school hours, how much did your child participate in activities directed by adults (e.g., organized sports, clubs, scouting, music/dance lessons, etc.)?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNPFR2**

**How much did the child play actively and freely with other children OUTSIDE (play organized by the children; not in organized activities)?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNPFR3**

**How much did the play actively and freely with other children INSIDE (play organized by the children; not in organized activities and not passive watching of television or videos)?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**[*TOGETHERNESS*]**

**CEDNPFR4. How often did you do things together as a family AT HOME (e.g., eating together, doing chores together, playing)?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNPFR5. How often did you do things together as a family OUTSIDE THE HOME (e.g., going to religious services, shows, community events, visiting parks, traveling)?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

***CEDNSleep. [SLEEPING ARRANGEMENTS]***

**CEDNSleep1 How often did the child sleep in the same bed with a parent or guardian?**

Never Once 2-3 times 4-5 times Almost every day Every day

**CEDNSleep2 How often did the child sleep in the same bed with another child?**

Never Once 2-3 times 4-5 times Almost every day Every day

**CEDNSleep3 How often did the child co-sleep (same room) with you or another adult?**

Never Once 2-3 times 4-5 times Almost every day Every day

**CEDNSleep4 How often did the child co-sleep (same room) with another child?**

Never Once 2-3 times 4-5 times Almost every day Every day

***CEDNEmot [CHILD EMOTION] [table]***

**CEDNEmot1 How often did you see your child laugh?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNEmot2 How often did you see your child smile?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNEmot3 How often did you see your child cry?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

**CEDNEmot4 How often did you see your child get angry?**

Never Once Less than once a day About once a day A couple of times each day Several times a day

***CHClimate. [CLIMATE] [table]***

**In the past week, how often did these types of feelings prevail in your household?**

*NEGATIVE CLIMATE*

**CHNClimate1 GRIEF (Downhearted, Sad, or Lonely)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHNClimate2 HUMILIATION (Humiliated, Demeaned, or Shamed)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHNClimate3 GUILT (Ashamed, Guilty, or Blameworthy)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHNClimate4 FEAR (Dread, Tense, Nervous, or Scared)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHNClimate5 ANGER (Angry, Hostile, Irritable, or Scornful)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHNClimate6 NUMBNESS (Apathetic, Numb, Passive, or Shut Down)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

***POSITIVE CLIMATE***

**CHPClimate7 JOY (Excited, Happy, Jovial, or Lively)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHPClimate8 EXPANSIVE (Open, Playful, or Creative)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHPClimate9 SELF-ASSURED (Proud, Confident, or Fearless)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

**CHPClimate10 SERENE (Calm, Relaxed, or at Ease)**

Describes our household poorly Sometimes yes/sometimes no Describes our household well

***CEDNSocSup [SOCIAL SUPPORT]***

**CEDNSocSup1 In the past week, how often did you receive the support you needed to care for this child?**

Never Once A few times Half the time More than half the time Most or all of the time

**CEDNSocSup2 In the past week, how often did you feel stressed out about caring for this child?**

Never Once A few times Half the time More than half the time Most or all of the time

**CEDNSocSup3 In the past week, how often did you feel stressed out generally?**

Never Once A few times Half the time More than half the time Most or all of the time

**CEDNSocSup4 Did the family have any unusually stressful situations this past week?**

Never Once A few times Half the time More than half the time Most or all of the time

**ABOUT YOU**

***FSocSup. Family Support Scale (FSS)***

*Hanley, B., Tassé, M. J., Aman, M. G., & Pace, P. (1998). Psychometric properties of the family support scale with head start families. Journal of Child and Family Studies, 7, 69-77.*

**How helpful have the following sources been in rearing your child?**

Likert scale: 0 = Not at all helpful, 4 = Extremely helpful

If the source was not available, they can circle the option “Not available”

**FSocSup1** parents

**FSocSup2** spouse’s parents

**FSocSup3** relatives/kin

**FSocSup4** spouse’s relatives

**FSocSup5** spouse

**FSocSup6** friends

**FSocSup7** spouse’s friends

**FSocSup8** children

**FSocSup9** other parents

**FSocSup10** co-workers

**FSocSup11** parent groups

**FSocSup12** social groups

**FSocSup13** church

**FSocSup14** family/child’s physician

**FSocSup15** early intervention program

**FSocSup16** school/daycare

**FSocSup17** professional help

**FSocSup18** professional agency

*SCORING: There are five factors:*

*F1 = community (items 11, 12, 13)*

*F2 = Spouse/in-laws (items 2, 4, 5)*

*F3 = Friends (items 6, 7, 8, 9, 10)*

*F4 = Specialized Professional (14 – 18)*

*F5 = Own parents and extended family (1 and 3)*

**Parent Evolved Developmental Niche- History (EDNH)**

**When answering the following questions please think of your experience growing up (your childhood).**

**Note: When we refer to “parent/guardian,” think of anyone who took care of you like a mother or father**.

**EDNFR1. How often did you do things together as a family outside the home (e.g., going to religious services, shows, community events, visiting parks, traveling)?**

Less than yearly

A few times a year

Once a month

Every two weeks

Every week

More than once a week

Every day

**EDNFR2. How often did you do things together as a family at home (e.g., eating together, doing chores together, playing)?**

Less than monthly

Once a month

Every two weeks

Almost every day

Every day

Multiple times a day

**EDNTch1 (positive)**

**How often were you affectionately touched, kissed, or hugged by at least one of your parents or guardians?**

Never Rarely Sometimes Often Very often

**EDNNTch2 (negative)**

**Did you ever receive corporal punishment from a parent or guardian (e.g., hit, spanked, slapped, pinched)?**

Never Rarely Sometimes Often Very often

**EDNEmotPunish**

**Were you ever emotionally punished by a parent or guardian (e.g., demeaned, screamed at, humiliated in public)?**

Very little or not at all A little A moderate amount Quite a lot Very much

***PLAY***

***(Scoring options: look at items independently; add second 2 items; add up 3 items)***

**EDNPlay1**

**How much did you participate in activities directed by adults (e.g., organized sports, clubs, scouting, music/dance lessons, etc.)?**

Never Rarely A few times More than a few times Often Very often

**EDNPlay2**

**How much did you play freely (play organized by the children; not in organized activities) with other children OUTSIDE?**

Never Rarely A few times More than a few times Often Very often

**EDNPlay3**

**How much did you play freely (play organized by the children; not in organized activities)with other children INSIDE?**

Never Rarely A few times More than a few times Often Very often

**EDNBF. Were you breastfed?**

Yes No I don’t know

**EDNBFL.** If Yes, for how long? (we can include “don’t know” as a response category)

**EDNCirc. IF MALE: Were you circumcised as a child**? Yes No

**EDNPierce. IF FEMALE: Were you pierced (e.g., ears) as a child?** Yes No

***(Scoring options for next 3 items: Look at Happy, Support and Responsivity separately or together)***

**EDNHappy. Overall, was your childhood a happy one?**

Very slightly or not at all

A little

Moderately

Quite a bit

Very much

**EDNSupp. How much support and affection did you receive in your childhood?**

Very little or none at all

A little

Moderate amount

Quite a lot

Very much

**EDNResp**. **How responsive were your parents or caregivers to your needs?**

Very little or none at all

A little

Moderate amount

Quite a lot

Very much

**PHClimate. Past Home Climate**

Scoring: Add together items 1-6 for Negative Home Climate total and add 7-10 for Positive Home Climate Total.

**Directions: IN YOUR FAMILY HOME WHEN YOU WERE A CHILD (from age 0-18), please rate the emotion sets according to how frequently you felt them**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Don’t recall** | **Never or almost never** | **Rarely** | **Regularly** | **Frequently** | **Always or almost always** |
|  |  |  |  |  |  |  |
| **PHClimate1 GRIEF (Downhearted, Sad, or Lonely)** |  |  |  |  |  |  |
| **PHClimate2 HUMILIATION (Humiliated, Demeaned, or Shamed)** |  |  |  |  |  |  |
| **PHClimate3 GUILT (Ashamed, Guilty, or Blameworthy)** |  |  |  |  |  |  |
| **PHClimate4 FEAR (Dread, Tense, Nervous, or Scared)** |  |  |  |  |  |  |
| **PHClimate5 ANGER (Angry, Hostile, Irritable, or Scornful)** |  |  |  |  |  |  |
| **PHClimate6 NUMBNESS (Apathetic, Numb, Passive, or Shut Down)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **PHClimate7 JOY (Excited, Happy, Jovial, or Lively)** |  |  |  |  |  |  |
| **PHClimate8 EXPANSIVE (Open, Playful, or Creative)** |  |  |  |  |  |  |
| **PHClimate9 SELF-ASSURED (Proud, Confident, or Fearless)** |  |  |  |  |  |  |
| **PHClimate10 SERENE (Calm, Relaxed, or at Ease)** |  |  |  |  |  |  |

# *SocDesire. Social Perceptions Inventory, (Paulhus Deception Scales) to measure social desirability*

As I ask you this next set of questions I’d like for you to remember that we aren’t looking for any specific answers, so keep in mind that there aren’t any right or wrong or good or bad answers to these questions.

**Please tell me whether you would agree that these statements are true for you:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | StronglyDisagree | Disagree | Neither | Agree | StronglyAgree |
| SocDesire1 I never take things that don’t belong to me. | 1 | 2 | 3 | 4 | 5 |
| SocDesire2 I have never said something bad about a friend behind his or her back. | 1 | 2 | 3 | 4 | 5 |
| SocDesire3 I never swear. | 1 | 2 | 3 | 4 | 5 |
| SocDesire4 I don’t gossip about other people’s business.  | 1 | 2 | 3 | 4 | 5 |
| SocDesire5 My first impressions of people usually turn out to be right.  | 1 | 2 | 3 | 4 | 5 |
| SocDesire6 I always know why I like things. | 1 | 2 | 3 | 4 | 5 |
| SocDesire7 Once I’ve made up my mind, other people can seldom change my opinion.  | 1 | 2 | 3 | 4 | 5 |
| SocDesire8 I never regret my decisions. | 1 | 2 | 3 | 4 | 5 |

***ADVERSE CHILDHOOD EXPERIENCES (ACES; Felitti & Anda, 2005)***

Yes/No

ACE1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
ACE2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
ACE3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
ACE4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?
ACE5. Did you often or very often feel that … You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
ACE6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
ACE7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
ACE8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
ACE9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

ACE10. Did a household member go to prison?

**Thank you for your interest in our research.**