

# Family and Child Outcomes Data Collection Manual for the Evidence-Based Home Visiting to Prevent Child Maltreatment Cross-Site Evaluation

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Supporting Evidence-Based  
Home Visiting to Prevent  
Child Maltreatment

**MATHEMATICA**  
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## I. INTRODUCTION TO FAMILY AND CHILD OUTCOMES DOMAIN

In 2008, the Children’s Bureau within the Administration for Children and Families at the U.S. Department of Health and Human Services funded 17 cooperative agreement grants with the goal of supporting the implementation of home visiting programs that may prevent child maltreatment. Grantees are focusing on supporting the implementation, scaling up, and sustainability of home visiting programs, including ensuring high fidelity to their program models. In addition, grantees will conduct local implementation and outcome evaluations, along with analyzing the costs of home visiting programs. The grant program is called “Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment,” referred to as the EBHV grant program.

Mathematica Policy Research and Chapin Hall at the University of Chicago (Chapin Hall) are conducting a cross-site evaluation of the initiative. The cross-site evaluation will examine grantees’ activities to build infrastructure supporting their selected home visiting program models (systems change), the fidelity of the home visiting programs to their evidence-based models, the costs of home visiting programs, family and child outcomes, and the process of grant implementation.

Each grantee is responsible for developing its own local evaluation and collecting and analyzing all data related to the child and family outcomes domain. Grantees will provide these data to Mathematica for submission to the National Data Archive on Child Abuse and Neglect.

### A. Family and Child Outcome Domain

The goal of home visiting programs is to improve family and child well-being and reduce rates of child maltreatment. The evaluation approach in the family and child domain is to assess whether the EBHV programs implemented by the grantees in selected local communities affected the outcomes of families and children. Specifically, the research questions for the family and child outcomes domain are as follows:

- Do EBHV programs improve parent and child outcomes when programs are implemented in the “real world” and supported by investments in infrastructure?
  - Do home visiting programs decrease rates of child maltreatment?
  - Are home visiting programs associated with improvements in parent and child health and well-being?
- How do effects vary across different target populations and across program models?
  - Do subgroups of the target population experience differential effects of the investments in supports for evidence-based home visiting programs?
  - Do effects vary by the program model that grantees implement?

Each home visiting program model has a target population and family and child outcome domains it intends to impact through program participation. Despite program model differences, there is a common set of outcome domains that can be assessed across home visiting programs. By means of a systematic review of the findings across the EBHV grantees' analytic reports, the cross-site evaluation is designed to assess family and child outcomes in seven measurement domains:

1. Parent health
2. Parent mental health
3. Parenting behaviors,
4. Child physical health/nutrition
5. Overall child development/functioning
6. Child social-emotional development
7. Child maltreatment/agency action

A number of measures are available for the above-mentioned outcome domains. Each grantee had discretion in the measures it chose to quantify outcomes. However, the ability to conduct meaningful systematic reviews of findings across grantees is greatly enhanced when the same measures are used for each outcome domain. To facilitate consistency across grantees, the cross-site evaluation team considered the preferences and goals of the grantees and the Peer Learning Network family and child outcomes group, and recommended a set of measures based on the following considerations:

- Assessment of constructs potentially influenced by EBHV programs
- Demonstrated sensitivity to similar interventions
- Successful use in other large-scale research
- Appropriateness for families and children from different cultural, racial, ethnic, and linguistic backgrounds (for example, availability in Spanish), as well as across different age groups
- Costs of measures (for purchasing and using copyrighted measures), training required for collecting high-quality data, and time and frequency required for data collection
- Reliability and validity of the measures in general and for Spanish speakers in particular

The recommended timing of family and child outcomes assessment varies across measures, but generally the minimum recommended collection schedule is at baseline and at program exit. Ideally, EBHV grantees would also collect outcomes data at the midpoint of the program model implementation (this may not be necessary for program models with a short intervention period) and, if possible, 12 months after the end of the planned intervention.

## **B. Purpose and Organization of the Training Manual**

This manual is targeted toward evaluators who will be overseeing data collection efforts for each EBHV grantee's family and child outcome study. The information presented here is meant to supplement rather than replace the users' manuals and training materials for the individual measures that are available from publishers. The objectives of this manual are to highlight key considerations for administering the outcomes measures reliably and efficiently, summarize recommended measures, and describe procedures for managing and storing data in an organized manner.

The procedures described in this manual may need to be modified by grantees to fit specific needs and local contexts. After reading this manual, grantees and evaluators should consider how the guidelines presented apply to their particular program, target population, and family and child outcome study design.

Section II provides general guidelines for the preparation and administration of recommended family and child outcomes measures and describes additional tips for ensuring an efficient and high-quality data collection process—including strategies for maintaining data confidentiality and addressing participants' concerns about sharing sensitive information. The measure-by-measure guide that follows offers a brief description of each recommended measure, definitions and clarification of terms used in each measure, target populations, access to instruments and training materials, and considerations in administering the measure.

Section III describes specifications for storing family and child outcomes data in an electronic format that will facilitate streamlined analysis and archiving. These specifications include guidelines for laying out data files, creating constructed variables from item-level data, and strategies for coding missing responses.

## II. GUIDELINES FOR ADMINISTRATION OF FAMILY AND CHILD OUTCOME MEASURES

### A. General Issues to Consider

The information provided in this section is meant to support activities before and during the administration of measures. In preparing for data collection, there are several key issues to consider.

**Target population.** It is important to determine if a particular measure is designed for use with the target population served by the grantee participating in the family and child outcome study. For example, some child development measures are only appropriate for children within a specific age range. For each recommended measure, we provide information on the population(s) for which a measure was intended.

**Administrative issues.** The logistics of any data collection effort are largely affected by the amount of time and resources required to administer the measures involved. We provide information on the number of items, time required for administration, available translations, different modes available for administration, and scoring.

**Source, cost, and copyright issues.** Some measures are in the public domain and are free for use, while others are copyright protected. If a measure is copyright protected, the developer or publisher of a measure will need to be contacted to obtain permission to use the instrument. For each of the recommended measures, we provide information regarding copyright protection and contact information for developers/publishers. A template for corresponding with publishers about the measures is also provided in Appendix A.

**Survey mode.** Sample instruments for the non-copyright-protected cross-site evaluation measures in a self-administered questionnaire (SAQ) format are presented in Appendix B. Evaluators who prefer to use a different administration mode may need to modify question wording and are encouraged to consult the user manuals and references provided to obtain additional information.

**Reference period.** The reference period for a particular measure or survey item may not be appropriate given your study design and the timing of assessment. On the other hand, shorter reference periods may not capture behaviors that do not occur very frequently but are of interest nonetheless. Grantees may modify the instruments for such purposes; however, it is important to be clear about any modifications when it comes to interpreting findings later.

**Modifications by grantees or alternate measures.** Grantees and evaluators who are considering modifications to instruments are asked to indicate proposed changes to the cross-site evaluation team by submitting annotated versions of the sample instruments in Appendix B to the Mathematica EBHV liaison. Grantees proposing alternate measures should submit them and information about their psychometric properties to their Mathematica-Chapin Hall liaison for review by the cross-site team. This should occur prior to the start of data collection.

## B. Additional Tips for Successful Administration of Measures

This section provides information that will be useful for data collection staff in maximizing response rates and minimizing missing data.

### 1. Advance Notification of Families Prior to Data Collection

Sending participants an advance letter that gives a general overview of the family child outcome study, explains what the data collection entails, and assures respondent confidentiality can help facilitate participant cooperation when data collection begins. The advance letter can be referenced when contacting participants or sending additional materials later.

An example of an advance letter is in Appendix A. If the respondent doesn't remember receiving the advance letter, data collection staff should offer to read it to them or offer to send another copy; however, they may complete the interview without having read or received the letter.

### 2. Collecting Information About Respondent and Date of Administration

All pages of instruments administered should have a space allotted to indicate the respondent's name, Mathematica ID number (f\_mprid), and date of administration (see forms in Appendix B for an example). Interviewers and data collectors must ensure that this information is recorded before administering a measure or sending out assessment forms to respondents. This will help keep the data organized and avoid confusion later.

### 3. Basic Interviewing Techniques for Data Collectors

Some measures require the respondent to recall activities over the past month or year or over the course of a lifetime. If the respondent has difficulty recalling information, it will be necessary to probe for an appropriate response. Data collection staff should not accept "don't know" for an answer until they probe and use recall prompts to try to get the respondent to give his or her best estimate.

Data collectors should be patient and give the respondent time to think about his/her response. How much time and how much assistance is needed will vary from person to person, and will require judgments on a case-by-case basis.

Data collectors should familiarize themselves with the following guidelines for probing for estimates and questions about the timing of events:

- **Date and frequency questions.** Answers to date and frequency questions ideally should reflect actual numbers. If the respondent is unable to provide the exact amount or date, data collection staff should use probes to obtain a best estimate. Using zeroing-in techniques helps the respondent come up with his/her best estimate. For example, if you begin with the question, "Would you say that your child has had more than five injuries in the past year or less than five?" then a follow-up question could be, "Okay, you said less than five injuries. Was it one or two injuries in the past year or more than two?" and so on.

- **Range responses.** If the respondent answers a question with range, using probes can narrow the range as much as possible. If a range cannot be narrowed, the midpoint should be used. For example, if the respondent says, “It was between 10 and 30 percent,” the entry would be 20. If the midpoint is a fraction, it should be rounded to the nearest whole number. There is no need to enter the range in a comments section.
- **Respondent cannot provide number.** If the respondent cannot provide an amount after probing, record a “don’t know” response in the question field. Also record his or her verbatim response to the question in the comments section.
- **Listen carefully.** Be aware of exactly what the question is asking and then listen carefully to the respondent’s answer so that you can be sure he or she is providing the information you have asked for. If you think the respondent has misunderstood the question, probe by repeating the question with a preface such as, “Just to make sure I have this right . . .” If he or she asks for clarification, repeat the question or portion of the question that provides the information he or she needs in order to answer the question correctly. Unless otherwise stated in the question, the majority of the time the best probe is to repeat the question.

#### 4. Respondent Selection if the Birth Mother Is Not Available

Whenever possible, when seeking information about the child, you will want to interview the child’s birth mother, since there are questions that she is most qualified to answer, and more than likely, she is the one receiving the home-based intervention. However, there will be times when interviewing the birth mother is not possible or not reasonable. While we want to interview the birth mother, we also need to complete data collection within the allotted time frame.

Assuming the birth mother is living in the household and is not available for some temporary reason, try to schedule a time to speak with her. If she is still unavailable after three attempts, try to interview the child’s other parent or caregiver. Ultimately, if the birth mother is not available or living in the household, you must reach the person who is primarily responsible for the child and knows the most about the child.

#### 5. Answering Respondent Questions

Respondents may ask questions about the data collection process. Data collectors should give clear and concise answers to questions. Here are some important pointers:

**Listen carefully.** Data collection staff must be certain to listen carefully to a respondent’s question, understand his or her point, and respond directly to that point. Respondents deserve a clear and accurate answer, given in a manner that communicates recognition that this question is important.

**Be polite under all circumstances.** Sometimes, the way a respondent’s question is answered makes the difference between gaining and losing the cooperation of a hesitant respondent.

**Answer a question in a concise and efficient manner.** Data collectors should answer the respondent’s question directly and concisely and avoid offering extra information, which may be misunderstood and may further confuse the respondent. If staff do not know the answer to a

question, they should admit that they do not know. If in the process of an interview, staff can keep the interview going, but offer to contact the respondent with an answer to the question at a later date or offer the respondent the opportunity to speak to their evaluation contractor. If the interview has not started, staff should assure the respondent that they will follow up and get an answer, then ask for permission to continue. If the respondent wants an answer before continuing, staff should set up a time to complete the questionnaire at a later date.

**Know the material.** When encountering a reluctant respondent, it is especially important to be alert and know the responses to questions most commonly asked. Your voice will convey your confidence in your skills in collecting data. Hesitation on the part of data collection staff may give the respondent an opportunity to terminate the interview. If the respondent clearly states that he/she does not want to answer certain questions or complete certain instruments, probe as to why. If he/she continues to refuse after you address his/her concerns, you should simply skip the questions and/or instruments he/she does not want to answer.

## 6. Policy on Suspected Child Abuse

It is very unlikely that data collection staff will see abusive behavior during a home visit. The Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) provides a foundation for a national definition of child abuse and neglect. CAPTA defines child abuse and neglect as “at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.” What legally constitutes abuse varies by state, and home visitors, teachers, and other professionals receive detailed training in distinguishing reportable abuse. Abuse is also different from neglect, which is the failure to provide for the child’s basic needs. Neglect can be physical, educational, or emotional. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats).

If data collection staff suspect child abuse, they must discuss it privately with their supervisor immediately. They should not take matters into their own hands and should not discuss suspicions with individuals within the household. In the rare event that staff **witness** any physical child abuse where the child is in immediate danger, they are obligated to help and notify the authorities. Depending on the situation, they may want to enlist the aid of other adults in stopping the abuse. Then they should notify the local authorities and their supervisor.

In rare instances, staff may encounter a parent reporting imminent harm. That is, a parent voluntarily stating that he or she intends to hurt him or herself or another person. If these thoughts are revealed to a staff member, they should recommend that the person call 911, a mental health hotline, or a personal physician or therapist. Staff can assist them by helping them access telephone numbers. **However, staff cannot place the call on their behalf, as this would violate their confidentiality as a study participant.** Staff should report the event to a supervisor immediately.

## 7. Maintaining Confidentiality

All grantees have developed informed consent forms that describe confidentiality protections of study participants. All study participants have signed these forms upon entry into the study. Maintaining confidentiality of identifying information and the fact of the person’s participation in

the study is critical. We provide here additional guidance about protecting responses to the data collection instruments described below.

Some of the recommended measures include questions about topics that are sensitive in nature. If a respondent is unsure about answering or refuses, data collection staff can remind him/her that any information collected is completely confidential. Respondents must not only be convinced of the legitimacy and value of evaluation efforts, but they must trust that their responses will be treated in the strictest confidence and respect. Respondents must be comfortable to answer freely with the knowledge that no one outside the project will see or hear about their responses. However, respondents do have the right to refuse to answer questions or complete questionnaires.

The security of completed paper instruments and other forms of media containing participant information is of paramount importance. Proper handling and storage of these materials are critical to ensure against loss, breach of security or respondent confidentiality, and other hazards. Staff must never leave any document with a respondent name or contact information in a place where it can be easily viewed. Study materials should be secured in a locked file cabinet or electronically on a password-protected computer with access to study folders on a “need-to-know” basis. Further, members of the data collection and evaluation team must be careful not to discuss any aspects of the data gathered, or details about program staff or families, while on site or in any public location (such as elevators, restaurants, or stores) where they might be overheard. Information should not be shared at all with anyone outside of the data collection and evaluation team.

### C. Measure-by-Measure Guide

In this section, we describe the family and child outcome measures recommended by the EBHV cross-site evaluation team for each outcome domain. Table II.1 provides a summary, and the remainder of the section provides detailed information about each domain.

**Table II.1. Domains, Constructs, and Measures Recommended for the Family and Child Outcomes Evaluation**

Domain	Construct	Recommended Cross-Site Measure
Parent Health	Alcohol use	Alcohol Use Disorders Identification Test (AUDIT)
	Drug use	Drug Abuse Screening Test (DAST-10)
Parent Mental Health	Parent depression	Center for Epidemiologic Studies Depression Scale: Short Form (CES-D)
Parenting	Harsh discipline	Spanking in the past week (Adapted from large-scale surveys)
Child Physical Health/ Nutrition	Immunizations	Immunizations (Adapted from large-scale surveys)
	Number of injuries/ER visits	Number of injuries/ER visits (Adapted from large-scale surveys)
Child Developmental	Social-emotional	Child Behavior Checklist (CBCL) or Brief Infant Toddler Social and Emotional Assessment (BITSEA)
Child Maltreatment/ Agency Action	Number of abuse/neglect reports	Administrative records
	Involvement in child welfare system	Administrative records
	Number of foster care placements	Administrative records

<sup>a</sup> This manual excludes the Ages and Stages Questionnaire-3rd edition (ASQ-3), the recommended measure for cross-domain child development. The ASQ-3 requires training by its authors. Liaisons can provide additional information based on Mathematica’s experience using this measure.

This manual does not cover any of the alternate or supplemental measures that grantees have proposed to use.<sup>1</sup> However, the information provided here will highlight important issues to think about in collecting all family and child outcomes data. Grantees and evaluators are encouraged to apply the same general guidelines described here to any additional data collection efforts.

Availability in Spanish is likely to be an important consideration for many grantees. If a translated version of an instrument is available, it is indicated in the summary for that instrument. Spanish language versions of many noncopyrighted instruments are available.

## 1. Parent Health Domain

The constructs in the parent health domain relate to alcohol and drug use/abuse. In this section, we describe the two measures for these constructs, the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST).

### A. Alcohol Use Disorders Identification Test (AUDIT)

*Brief description:* The AUDIT was developed to screen for hazardous (or risky) drinking, harmful drinking, or alcohol dependence. It is a 10-item screening questionnaire with 3 questions on the amount and frequency of drinking, 3 questions on alcohol dependence, and 4 on problems caused by alcohol. Clients should be asked all 10 questions.

*Definitions/clarifications of terms:* It may be necessary to define, for the respondent, what is meant by “drinks.” The first question on the AUDIT asks the respondent, “How often do you have a drink containing alcohol?” Questions 2 and 3 of the AUDIT ask about “drinks consumed.”

The AUDIT defines a drink as approximately 10 grams of pure ethanol. In layman’s terms, for the respondent, tell him/her that a drink typically means one bottle of beer, a glass of wine, or a shot of liquor.

<i>Total number of items:</i>	10
<i>Need to obtain copyright?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Measure available in Appendix B)
<i>Target population:</i>	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Adolescents
<i>Modes of administration:</i>	<input checked="" type="checkbox"/> SAQ—paper <input checked="" type="checkbox"/> Telephone interview <input checked="" type="checkbox"/> SAQ—computer <input type="checkbox"/> Observation <input checked="" type="checkbox"/> In-person interview <input type="checkbox"/> Other

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<sup>1</sup> Alternate measures are those that grantees have proposed to use in place of cross-site recommended measures listed in Table II.1. Supplemental measures are additional parenting measures in the areas of parent-child interactions and parenting stress that go beyond the recommended constructs listed in the domain of “parenting” in Table II.1. In cases where alternate or supplemental measures are to be used by several grantees, members of the cross-site evaluation team may be able to provide additional resources and are available to provide feedback on data collection plans.

*Preferred mode of administration:* We recommend that the participant complete the AUDIT as a self-administered questionnaire rather than provide answers to an interviewer orally, in-person, or over the phone. Questions about drinking behaviors can be sensitive, and self-administration may result in more truthful answers by the respondent.

*Time required for administration:* 5 minutes or less

*Training materials available:*  Yes  No

There is a detailed user's manual and a videotape training module that explains proper administration procedures, scoring, and interpretation. For additional information, see Babor, T. F., J. C. Biddle-Higgins, J. B. Saunders, and M. G. Monteiro. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*. Geneva, Switzerland: World Health Organization, 2001. Available at [[http://whqlibdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf).]

*Translations of the AUDIT:*  Yes  No

The AUDIT has been translated into Spanish, French, and several other languages. These translations are available by writing to the Department of Mental Health and Substance Abuse, World Health Organization, 1711 Geneva 27, Switzerland. Before attempting to translate AUDIT into other languages, interested individuals should consult with WHO headquarters about the procedures to be followed and the availability of other translations.

In some cultural settings and linguistic groups, the AUDIT questions cannot be translated literally. There are a number of sociocultural factors that need to be taken into account in addition to semantic meaning. For example, the drinking customs and beverage preferences of certain countries may require adaptation of questions to conform to local conditions.

*Tips on administration of the AUDIT:* Whether the AUDIT is administered as an oral interview or a self-administered questionnaire (the preferred technique), it is recommended that an explanation be given to respondents before questions are asked/read and answered. The explanation should focus on the content of the questions, the purpose for asking them, and the need for accurate and truthful answers. The following is an example of an introduction you can use:

[Now I am going to ask you some questions / Now you are going to read some questions] about your use of alcoholic beverages during the past year. Because alcohol use can affect many areas of health, it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and as accurate as you can be.

This statement should be followed by a description of the types of alcoholic beverages typically consumed in the country or region where the patient lives. For example, “By alcoholic beverages, we mean your use of wine, beer, and liquors, such as vodka, sherry, etc.” In addition, include a reference to the quantity that constitutes a drink—a bottle of beer, a glass of wine, or a shot.

Include a description of beverages that may not be considered alcoholic, (cider, low alcohol beer, and so on) but should be considered as alcohol when completing the AUDIT. With individuals whose alcohol consumption is prohibited by law, culture, or religion (for example, youths, observant

Muslims), acknowledgment of such prohibition and encouragement of candor may be needed. For example, “I understand you or others may think you should not drink alcohol at all, but it is important in assessing your health to know what you actually do.”

*Time to score/interpret:* 1 minute  
*Scored by:* Hand  
*Computerized scoring or interpretation available:* No

## B. Drug Abuse Screening Test (DAST-10)

*Brief description:* The DAST was developed as a simple method of screening individuals for drug abuse. The DAST is a 10-item screening questionnaire focused on drug use and consequences of drug use. Clients should be asked all 10 questions.

*Definitions/clarifications of terms:* Before you administer the DAST, inform respondents that “drug abuse” refers to the use of prescribed or over-the-counter drugs, which may include cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). The questions do not include alcohol. Also remind respondents that the questions refer to the last 12 months.

*Total number of items:* 10

*Need to obtain copyright?*  Yes  No (Measure available in Appendix B)

*Target population:*  Adults  Adolescents

*Modes of administration:*  SAQ—paper  Telephone interview  
 SAQ—computer  Observation  
 In-person interview  Other

*Preferred mode of administration:* We recommend that the participant complete the DAST as a self-administered questionnaire rather than provide answers to an interviewer orally, in-person, or over the phone. Questions about drug abuse can be sensitive, and self-administration may result in more truthful answers by the respondent.

*Time required for administration:* 5 minutes or less

*Training materials available:*  Yes  No

See Skinner, H. A. “Assessment of Substance Abuse: Drug Abuse Screening Test.” In *Encyclopedia of drugs, alcohol, and addictive behavior*, 2nd ed., edited by R. Carson-De Witt. Durham, NC: Macmillan Reference USA, 2001.

*Translations of the DAST:*  Yes  No

The DAST has been translated into Spanish. Please note for both the English and Spanish versions, some items were modified to stress the reference period, adding the phrase “in the last/past 12 months.” Also see Bedregel, L., L. Sobell, M. Sobell, and E. Simco. “Psychometric

Characteristics of a Spanish Version of the DAST-10 and the RAGS.” *Addictive Behaviors*, vol. 31, pp. 309–319, 2006.

*Tips on administration of the DAST:* Whether the DAST is used as an oral interview or a self-administered questionnaire, the following introductory script is required. If the script is read to the client, “e.g.” should be replaced by “for example.”

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully [listen to/read] each statement and decide if your answer is yes or no.

In the statements “drug abuse” refers to the use of prescribed or over-the-counter drugs, which may include cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g., LCD) or narcotics (e.g., heroin). The questions do not include alcoholic beverages. These questions refer to the past 12 months.

The DAST should not be administered to individuals who are currently under the influence of drugs or undergoing a drug withdrawal reaction.

<i>Time to score/interpret:</i>	1 minute
<i>Scored by:</i>	Hand
<i>Computerized scoring or interpretation available:</i>	No

## 2. Parent Mental Health Domain

The selected measure in the parent health domain assesses depression. The recommended measure is the Center for Epidemiologic Studies Depression Scale (CES-D) Short Form.

### A. Parent Depression: Center for Epidemiologic Studies Depression Scale (CES-D) Short Form

*Brief description:* The CES-D short form was developed as a simple method to assess if an individual has exhibited some level of depression during the past week. The CES-D is used for initial screening of symptoms related to depression or psychological distress. However, because the CES-D does not assess the full range of depression symptoms (for example, it does not assess suicidal ideation) and because it assesses the occurrence of symptoms only during the past week, users are cautioned against relying on the CES-D exclusively. It is suggested that the scale be used only as an indicator of symptoms relating to depression, not as a means to clinically diagnose depression. All 12 questions are asked of all respondents.

*Definitions/clarifications of terms:* If the respondent is not clear on what is meant by “shake off the blues” in item 3, you can say, “Not being able to ‘shake off the blues’ refers to feeling sad, unhappy, miserable, or down in the dumps for an extended period of time, to the point that it interferes with everyday life.”

<i>Total number of items:</i>	12
<i>Need to obtain copyright?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Measure available in Appendix B)
<i>Target population:</i>	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Adolescents
<i>Modes of administration:</i>	<input checked="" type="checkbox"/> SAQ—paper <input checked="" type="checkbox"/> Telephone interview <input checked="" type="checkbox"/> SAQ—computer <input type="checkbox"/> Observation <input checked="" type="checkbox"/> In-person interview <input type="checkbox"/> Other

*Preferred mode of administration:* We recommend that the participant complete the CES-D as a self-administered questionnaire rather than provide answers to an interviewer orally, in-person, or over the phone. Questions about depressive feelings can be sensitive, and self-administration may result in more truthful answers by the respondent. Further, response categories may be more easily understood when read than when heard.

<i>Time required for administration:</i>	10 minutes
<i>Training materials available:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Translations of the CES-D:</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

The CES-D has been translated into Spanish (see Grzywacz, J., J. Hovey, M. Seligman, T. Arcury, and S. Quandt. “Evaluating the Short-Form Versions of the CES-D for Measuring Depressive Symptoms Among Immigrants from Mexico.” *Hispanic Journal of Behavioral Sciences*, vol. 28, no. 3, pp. 404–424, 2006.

*Tips on administration of the CES-D:* Whether the CES-D is used as an oral interview or a self-administered questionnaire, as recommended, the following introductory script is required. Although the response categories in the introductory script are lengthy, this is a well-established measure, so it is important to read the response categories exactly as they appear.

Here is a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?

<i>Time to score/interpret:</i>	1 minute
<i>Scored by:</i>	Hand
<i>Computerized scoring or interpretation available:</i>	No

### 3. Parenting Domain

The construct in the parenting domain assesses harsh discipline. In this section, we describe the measure for this construct, which is parents’ use of spanking as a means to discipline children.

#### A. Harsh Discipline: Spanking in the Past Week

*Brief description:* Two questions on spanking are used to assess harsh parenting practices.

*Definitions/clarifications of terms:* If respondents have questions about what “spanking” includes, the two questions in this section refer to spanking as physically striking child on any area of the body hard enough to produce redness. Remind the respondent that the reference period of “past week” means the past seven days. When asking about the number of times spanked, you can probe the respondent for their best estimate if necessary. The second question (on number of times child was spanked) is a follow-up to the first and is only asked if the answer to the first question is “Yes.”

*Total number of items:* 2

*Need to obtain copyright?*  Yes  No (Measure available in Appendix B)

*Target population:*  Adults  Adolescents

*Modes of administration:*  SAQ—paper  Telephone interview  
 SAQ—computer  Observation  
 In-person interview  Other

*Preferred mode of administration:* We recommend that the participant complete these two questions as a self-administered questionnaire rather than provide answers to an interviewer orally, in-person, or over the phone. Questions about spanking can be sensitive, and self-administration may result in more truthful answers by the respondent.

*Time required for administration:* 2 minutes

*Training materials available:*  Yes  No

*Translations of spanking questions:*  Yes  No

*Tips on administration of the spanking questions:* Whether the spanking questions are asked during an interview or a written questionnaire, it is recommended that an explanation be given to respondents before you begin asking the questions. The explanation should focus on the content of the questions and the purpose for asking them. The following is an example of an introduction that can be used: “This section asks questions about the use of spanking as a way to discipline your child.”

*Time to score/interpret:* 1 minute

*Scored by:* Hand

*Computerized scoring or interpretation available:* No

#### 4. Child Physical Health/Nutrition

The construct in the child physical health/nutrition domain assesses child health. In this section, we describe the two measures for these constructs: immunizations and the number of injuries and ER visits.

## A. Immunizations

*Brief description:* Two questions are asked to determine the immunization status of children. The second question (on reasons for incomplete immunization status) is only asked if the answer to the first question is NOT “Completely Up to Date.”

*Definitions/clarifications of terms:* When asking the respondent about reasons for incomplete immunizations, advise him or her that they can choose more than one response. Be sure to code all the reasons that the respondent lists.

<i>Total number of items:</i>	2
<i>Need to obtain copyright?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Measure available in Appendix B)
<i>Target population:</i>	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Adolescents
<i>Modes of administration:</i>	<input checked="" type="checkbox"/> SAQ—paper <input checked="" type="checkbox"/> Telephone interview <input checked="" type="checkbox"/> SAQ—computer <input type="checkbox"/> Observation <input checked="" type="checkbox"/> In-person interview <input type="checkbox"/> Other

*Preferred mode of administration:* Any of these methods of administration are acceptable.

<i>Time required for administration:</i>	2 minutes
<i>Training materials available:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Translations of immunization questions:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*Tips on administration of the immunization questions:* These questions should be asked exactly as written. Whether the questions are asked orally during an interview or read during self-administration, it is recommended that an explanation be given to respondents before the respondent answers them. The explanation should focus on the content of the questions and the purpose for asking them.

The following is an example of an introduction you can use for oral delivery or in written questionnaires: “This section asks questions about your child’s immunization status.”

<i>Time to score/interpret:</i>	1 minute
<i>Scored by:</i>	Hand
<i>Computerized scoring or interpretation available:</i>	No

## B. Number of Injuries/ER Visits

*Brief description:* The four questions in this section are used to (1) determine the number of injuries requiring medical attention in the last 12 months, (2) the location where the most serious injury occurred, (3) presence of caregiver when injury occurred, and (4) need for overnight hospitalization.

*Definitions/clarifications of terms:* Whether administering these questions by interviewer or self-administered questionnaire, be sure that you know the questionnaire skip patterns and references. If the respondent answers “zero” to the first question, the remaining questions should be skipped. If the respondent reports more than one injury at question one, the follow-up question about where the injury occurred should reference the most serious injury.

- Total number of items:* 4
- Need to obtain copyright?*  Yes  No (Measure available in Appendix B)
- Target population:*  Adults  Adolescents
- Modes of administration:*
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> SAQ—paper           | <input checked="" type="checkbox"/> Telephone interview |
| <input checked="" type="checkbox"/> SAQ—computer        | <input type="checkbox"/> Observation                    |
| <input checked="" type="checkbox"/> In-person interview | <input type="checkbox"/> Other                          |

*Preferred mode of administration:* We recommend that the participant complete the four questions, referenced above, as a self-administered questionnaire rather than provide answers to an interviewer orally, in-person, or over the phone. Questions about injuries and ER visits can be sensitive, and self-administration may result in more truthful answers by the respondent.

- Time required for administration:* 5 minutes
- Training materials available:*  Yes  No
- Translations of questions:*  Yes  No
- Time to score/interpret:* 5 minutes
- Scored by:* Hand
- Computerized scoring or interpretation available:* No

## 5. Child Development

The constructs in the child development domain relate to children’s social-emotional skills. In this section, we describe the two measures for these constructs: the Child Behavior Checklist (CBCL) Preschool and School-Age Forms and the Brief Infant Toddler Social and Emotional Assessment (BITSEA).

### A. Social-Emotional Development: Child Behavior Checklists (CBCL), Preschool, and School-Age Forms

*Brief description:* This measure asks a parent (or another individual who knows the child well) about a child’s problem behaviors within the past six months. Responses on individual items are aggregated to produce the following syndrome scores: emotionally reactive, anxious/depressed, somatic complaints, withdrawn, attention problems, aggressive behavior, and sleep problems. Syndrome scale scores are further combined to obtain Internalizing, Externalizing, and Total Problems scores.

*Total number of items:* 99 items for preschool children (age 1.5 to 5 years old)  
103 items for school-age children (age 6 to 18 years old)

*Need to obtain copyright?*  Yes  No

CBCL forms and associated materials are legally protected against unauthorized reproduction or alteration. Test developers advise against making any changes to the instruments because revisions may alter the CBCL's psychometric properties.

CBCL materials may be purchased online through the Achenbach System of Empirically Based Assessment (ASEBA) website:  
<http://www.aseba.org/index.html>.

The direct links to the product pages, including cost, are as follows:

For CBCL Preschool (1 1/2 to 5 years): forms, manual, and option of hand or computer scoring materials:  
<http://shop1.mailordercentral.com/aseba/products.asp?dept=22>.

For CBCL School Age (6 to 18 years): forms, manual, and option of hand or computer scoring materials:  
<http://shop1.mailordercentral.com/aseba/products.asp?dept=19>.

*Target population:*  Adults  Children (age 1.5 to 18 years)

*Modes of administration:*

<input checked="" type="checkbox"/> SAQ—paper	<input checked="" type="checkbox"/> Telephone interview
<input checked="" type="checkbox"/> SAQ—computer	<input type="checkbox"/> Observation
<input checked="" type="checkbox"/> In-person interview	<input type="checkbox"/> Other

*Preferred mode of administration:* CBCL forms were designed to be self-administered and completed by parents/caregivers. If the form is to be administered orally, the parent/caregiver should be provided with a copy to view during administration. The interviewer may then begin by saying, "I'll read you the questions on this form, and you can record your answer." (If the parent is not literate, you will need to record the response on his or her behalf.)

*Time required for administration:* 15 minutes

*Training materials available:*  Yes  No

Achenbach, T. M., and L. A. Rescorla. *Manual for ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth and Families, 2000.

Achenbach, T. M., and L. A. Rescorla. *Manual for ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth and Families, 2001.

*Translations of questions:*  Yes  No

The CBCL has been translated into Spanish. See the websites below to order the Spanish versions of the CBCL.

SPANISH CBCL Preschool forms:

<http://shop1.mailordercentral.com/aseba/prodinfo.asp?number=600>.

SPANISH CBCL School-Age forms:

<http://shop1.mailordercentral.com/aseba/prodinfo.asp?number=200>.

<i>Time required to score/interpret:</i>	Dependent on method
<i>Scored by:</i>	Hand or computer; computer is recommended
<i>Computerized scoring or interpretation available:</i>	Yes, available for purchase from ASEBA website

## B. Social-Emotional Development: Brief Infant Toddler Social and Emotional Assessment (BITSEA)

*Brief description:* This measure helps identify emerging social-emotional problems in infants and toddlers (ages 12 to 36 months). It is designed for quick and easy administration and requires a respondent with a fourth- to sixth-grade reading level (Briggs-Gowan, 2004).

*Definitions/clarifications of terms:* The respondent should think about the child's behavior *over the past month*. The respondent should not focus on specific instances of behavior but rather on how the child typically behaves and the frequency of such behavior in order to describe the child in general. Probe if necessary with "in general, over the past month." Note that items are answered on a three-point scale—not true or rarely; somewhat true or sometimes; very true or often.

Some questions give the option of "not applicable," with an explanation of when to use it (for example, "child runs away . . ." is scored as not applicable if the child cannot run yet).

*Total number of items:* 42

*Need to obtain copyright?*  Yes  No

The BITSEA must be purchased for use. Materials can be obtained through the Pearson Assessments website:

<http://www.pearsonassessments.com/pai/>.

The direct link to the product page is

<http://pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352&Mode=summary>.

Permission to copy, translate, modify, or adapt the BITSEA must be obtained from Pearson Assessments Intellectual Property Licensing by e-mail at [pas.licensing@pearson.com](mailto:pas.licensing@pearson.com)

*Target population:*  Adults  Children (ages 12 to 36 months)



There will likely be differences in the way these constructs are defined, measured, and recorded at the state and county levels. As such, the cross-site evaluation team requests that grantees and evaluators maintain clear and detailed documentation of the child maltreatment data specifications. For example, how does the agency define a substantiated case? It is also important for the documentation to indicate the reference period covered by the data, to include details about how the data were obtained from the county or state, and to clarify how the administrative data were collected.

### III. ORGANIZING AND STORING FAMILY AND CHILD OUTCOMES DATA

In this section, we provide instructions for processing family and child outcomes data. These include preparing data files for data entry, entering data, and calculating scores (including subscale, domain, and total scores) for each of the family and child outcome measures.

#### A. Preparing Data Files

The information provided in this section assumes that grantees and local evaluators will be able to maintain their child and family outcomes data in SAS, SPSS, or STATA formats. In Appendix C, we provide specifications for variable names, labels, response codes, and acceptable values for each measure recommended for the cross-site evaluation. This list includes variables at the item level, as well as constructed variables that aggregate information across items (for example, subscale scores). In cases where a measure produces standardized scores and/or scores that combine information from several items, it is important to include raw variables and data on individual items in the data files. This will facilitate the monitoring of data quality and allow for correction of any errors.

It is important for all variables to be formatted appropriately, with numeric response codes formatted as numbers, not as text, and date type variables appropriately specified. Date variables do not have to be specified in a particular way, but whichever format is selected must be adapted consistently across all data entries and files created by a grantee.

We are requesting that grantees and local evaluators follow the specifications laid out in Appendix C when managing data for alternative or supplemental family and child outcome measures. Members of the cross-site evaluation team are available to help grantees create data file layouts for measures that have not been covered here, particularly if certain measures are being used by multiple grantees. To clarify the variable specifications in Appendix C and to support the creation of file layouts for alternate or supplemental measures, the following sections describe the variable naming and labeling conventions in more detail.

#### 1. Variable Naming Specifications

The cross-site evaluation team specifies a protocol for naming variables in a way that allows data users to immediately obtain information about the source of the data, the round of data collection, and the domain and construct/measure to which each variable pertains. The template for naming variables is as follows:

#### S#DO\_Meas\_000

<b>S = Source of data:</b> P = Parent O = Other caregiver H = Home visitor* E = Evaluator*	<b># = Round of data collection:</b> 0 = baseline; then number subsequent follow-up administrations chronologically	<b>DO = Domain:</b> PH = Parent health P = Parenting CH = Child Physical Health/Nutrition CD = Child Development CW = Child Welfare	<b>Meas = Abbreviated name of measure:</b> e.g., AUD for AUDIT	<b>000 = Item number or short item descriptor</b>
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\*Some of the supplemental measures might include observational data completed by a home visitor or third-party evaluator.

Following the template specified above will ensure that family and child outcomes data are consistently labeled and organized across grantees. Uniformity in grantees' data files will in turn enable the cross-site evaluation team to provide technical assistance in an efficient manner, facilitate analyses for the systematic review of evidence, and ensure that data are ready for archiving with National Child Abuse and Neglect Data System.

To ensure that the data and variable names are usable in a variety of statistical software packages and that no information is lost, variable names must not exceed 12 characters and must not include spaces (use “\_” to separate characters). More detailed information about each variable can be provided through supplementary data codebooks and variable labels. Appendix C provides a list of variable names and labels for the cross-site measures.

**Some examples of variable names:**

**P1PH\_AUD01** → The name of this variable indicates that the data came from the parent (P), the information was collected during the first follow-up assessment (1), the variable refers to an outcome in the domain of parent health (PH), from the AUDIT measure (AUD), and is the first item on the instrument (01).

**P0CD\_BIT\_prob** → This variable contains a child's baseline score (0) collected from the parent (P) on the problem subscale (prob) of the BITSEA measure (BIT), a measure in the child development domain (CD).

*In addition to item-level variables, the following format is needed for date variables and constructed variables that aggregate information across several items. For example:*

**P0CD\_BIT\_date** → This variable indicates when the BITSEA measure (BIT) was administered to a parent (P) during the baseline assessment (0). Note that even if the information is about the child, we use the code “P” for source because the measure is filled out by the parent.

## 2. Variable Label Specifications

Most statistical software packages allow users to display the variable label, rather than the more cryptic variable name, when printing data output or analytic results. Like the variable name, each variable label should describe the variable, including its source, “round,” measure, and specific content. This can help in interpreting the data displayed. As such, it is a helpful way to describe the information that the variable contains. Variable labels can be up to 55 characters long, so there is more room for description. However, since labels are sometimes truncated at 40 characters in certain file formats, there should not be critical information in the last 15 characters. The template for labeling variables is as follows:

**S# DO: Meas: Item description—ref period**

<p><b>S = Source of data:</b>                  P = Parent                  O = Other caregiver                  H = Home visitor*                  E = Evaluator*</p>	<p><b># = Round of data collection:</b>                  0 = baseline; then number subsequent rounds chronologically</p>	<p><b>DO = Domain:</b>                  PH = Parent health                  P = Parenting                  CH = Child Physical Health/Nutrition                  CD = Child Development                  CW = Child Welfare</p>	<p><b>Meas = Abbreviated name of measure:</b>                  e.g., AUD for AUDIT</p>	<p><b>Item description =</b> description of the variable (this can be based largely on the question itself), also include information about the reference period when appropriate</p>
---	--	---	--	---

\*Some of the supplemental measures might include observational data completed by a home visitor or third-party evaluator.

Notice that the first four pieces of the variable label specification are similar to the pieces used to identify source of data, round of data collection, domain, and measure in the variable name. The difference is in the item description field. Instead of a number or short text, the label indicates what the variable actually measures. To illustrate, we revisit the variable names examined earlier:

<p><b>Variable name → Variable label</b></p>	
<b>P1PH_AUD01</b>	→ P1PH: AUDIT Freq have alcoholic drink (past year)
<b>P0CD_BIT_prob</b>	→ P0CD: BITSEA Problem total score
<b>P0CD_BIT_date</b>	→ P0CD: BITSEA Date administered

Notice that instead of an abbreviated name of the measure, the label includes the full acronym. As appropriate based on the measure, include information about the reference period for the item in the variable labels. For example, (past year) is appended to the following variable label: P1PH: AUDIT Freq have alcoholic drink (past year).

**B. Data Entry**

As a general rule, we strongly recommend inspecting questionnaires as they are completed to check for any missing responses or inappropriate following of skip logic. If a missing or ambiguous response is identified, contact the respondent (the parents or whoever filled out the instrument) to obtain the missing information or correct potentially erroneous responses. Some of the recall aids and techniques described in Section III may be helpful for obtaining missing data. Once the missing data are obtained, proceed to implement the scoring procedures outlined in Section C below. If attempts to contact the respondent fail, follow the guidelines for recording missing data and imputing values in the measure-by-measure rules for data entry listed below. Appendix D includes a spreadsheet that can be a useful tool for tracking key elements of each wave of child and family outcomes data. This sheet records summary information on each measure, including means and standard deviations, and unit and item nonresponse. This summary information will be useful for the cross-site evaluation in addition to the data themselves.

Additional important rules to keep data entry consistent:

**Date variables.** In most cases, you will be recording the date of administration for each measure. Most statistical software packages will accept typical formats for entering dates (that is, you can enter January 20, 2010, as 1/20/2010, 1-20-2010, and so on). Any of these formats will work; however, it is good practice for those responsible for data entry to choose one format and apply it consistently across all cases and all measures. This will help avoid confusion and errors, particularly if several people are involved in data processing.

**Missing data.** Data that are missing should be explicitly coded as such rather than left blank. At a minimum, you should use a consistent code for “missing.” It may also be helpful to differentiate between different types of missing variables by using the standard missing value codes for each statistical software package. Here are likely values (SAS/SPSS/meaning):

- .M / -9 / Missing
- .D / -8 / Don’t Know
- .R / -7 / Refused
- .N / -1 / Not Applicable

**Rounding Rules.** Most of the items on the instruments have response categories with corresponding whole numbers. It should not be necessary to round any responses. However, in situations where rounding becomes necessary, use the following rules:

- If a number is less than half, round down.
- If a number is half or more than half, round up.

**Binary Variables.** Responses to yes/no questions should be coded in a standard way so that 1 always means Yes and 0 always means No.

## C. Measure-by-Measure Guidelines for Calculating Summary Scores

In this section, we provide information about calculating summary scores for the noncopyrighted recommended measures (Appendix A). For similar information for copyrighted materials, please see the developer’s user manuals via the websites provided in Section II of this manual.

### 1. Alcohol Use Disorders Identification Test (AUDIT)

- Each response category on the AUDIT has a numerical equivalent ranging from 0 to 4.
- The total score (P#PH\_AUDtot) is the sum across all 10 items (P#PH\_AUD01-P#PH\_AUD10) and can range from 0 to 40.
- Missing data:
  - If more than 2 items are missing, the total score cannot be calculated and the respondent is assigned a missing score for the entire measure.

- If 2 or fewer items are missing, calculate the total score as follows:

$$P\#PH\_AUDtot = [\text{sum of the nonmissing items}] / [\text{count of the nonmissing items}] * 10$$

## 2. Drug Abuse Screening Test, 10-Item Version (DAST)

- Items on the DAST require a “yes” or “no” response. All “yes” responses receive a score of 1, except for item 3, where a “no” response should be scored as 1.
- The total score (P#PH\_DAS<sub>tot</sub>) is the sum across all 10 items (P#PH\_DAS01-P#PH\_DAS10) and can range from 0 to 10.
- Missing data:
  - If more than 2 items are missing, the total score cannot be calculated and the respondent is assigned a missing score for the entire measure.
  - If 2 or fewer items are missing, calculate the total score as follows:

$$P\#PH\_DAS_{tot} = [\text{sum of the non-missing items}] / [\text{count of the nonmissing items}] * 10$$

## 3. Center for Epidemiological Studies Depression Scale, Short Form (CES-D)

- Scores on each item on the CES-D can range from 0 to 3.
- The total score (P#PH\_CES<sub>tot</sub>) is the sum across all 12 items (P#PH\_CES01-P#PH\_CES12) and can range from 0 to 36.
- Missing data:
  - If three or more items are missing, the total score cannot be calculated and the respondent is assigned a missing score on the entire measure.
  - If fewer than three items are missing, calculate the total score as follows:

$$P\#PH\_CES_{tot} = [\text{sum of the nonmissing items}] / [\text{count of the nonmissing items}] * 12$$

## 4. Harsh Discipline

- Record responses on this measure using the following variables:
  - P#P\_Sp\_yn = whether the child was spanked in the past week. Scores are either 0 (no) or 1 (yes).
  - P#P\_Sp\_num = If P#P\_Sp\_yn = 1, record the number of times the child was spanked here. If P#P\_Sp\_yn = 0, this variable should be set to “not applicable.”

## 5. Immunizations

- P#CH\_im1 = this is a categorical response with a numerical equivalent assigned for simplified data entry.

- P#CH\_im2a--P#CH\_im2e. If P#CH\_im1 = 0, 1, or 2, enter a score of 1 for every reason provided for incomplete immunization status. If P#CH\_im1 = 3, this variable should be set to “not applicable.”
- P#CH\_im2sp. If P#CH\_im2e = 1, enter the reason provided here. If P#CH\_im2e = 0, this variable should be set to “not applicable.”

## 6. Child Maltreatment Data

- Record child maltreatment data using the following variables:
  - R#CW\_numrep = Number of child abuse/neglect reports
  - R#CW\_subrep = Number of substantiated child abuse/neglect reports
  - R#CW\_involve = Involvement in child welfare system
  - R#CW\_numfos = Number of foster care placements

These rules and guidelines are intended to be useful for local evaluators as they plan for data collection and for preparation of data for analysis and eventual submission to Mathematica. Additional information can be found on the EBHV SharePoint site and by contacting your site’s liaison.

**APPENDIX A**  
**SAMPLE LETTER**

SAMPLE LETTER FOR OBTAINING PERMISSION TO USE COPYRIGHT-PROTECTED  
MEASURES IN LOCAL EVALUATION

Permissions Department  
Publisher  
Street address  
City, State ZIPCODE

Dear Sir or Madam:

[YOUR ORGANIZATION] is requesting permission to use the [INSERT NAME/S OF MEASURE/S HERE] for the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) study. We will be administering the assessment using [SELF-ADMINISTERED QUESTIONNAIRES/PERSONAL INTERVIEWS].

The EBHV study funded 17 local grantees (of which we are one) to implement an evidence-based home visiting model. Mathematica Policy Research is conducting a cross-site evaluation of all 17 programs. Data collection will commence in [MONTH/YEAR] and continue for [TIME SPAN].

Approximately [LIST EXPECTED SAMPLE SIZE] [CHILDREN/PARENTS] will be assessed during the course of the study. Would you please let us know what royalties/fees (the cost per administration) [YOUR ORGANIZATION] would be asked to pay for the use outlined above?

Please feel free to respond by email at [YOUR EMAIL], by fax at the number listed above, or by telephone at [YOUR NUMBER].

Thank you

**APPENDIX B**  
**EBHV PROPOSED CROSS-SITE FAMILY AND CHILD OUTCOME MEASURES,**  
**BY CONSTRUCT**

**EBHV PROPOSED CROSS-SITE FAMILY AND CHILD OUTCOME MEASURES, BY CONSTRUCT**

**[NONCOPYRIGHTED MATERIALS ONLY]**

**CONSTRUCT: Substance Abuse**

**Alcohol Use Disorders Identification Test (AUDIT)**

The next questions are about your use of alcohol during this past year. Your answers will remain confidential so please be honest. Place an X in the box that best describes your answer to each question.

1. How often do you have a drink containing alcohol?

- <sup>0</sup> Never
- <sup>1</sup> Monthly or less
- <sup>2</sup> 2–4 times a month
- <sup>3</sup> 2–3 times a week
- <sup>4</sup> 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- <sup>0</sup> 1 or 2
- <sup>1</sup> 3 or 4
- <sup>2</sup> 5 or 6
- <sup>3</sup> 7 to 9
- <sup>4</sup> 10 or more

3. How often do you have six or more drinks on one occasion?

- <sup>0</sup> Never
- <sup>1</sup> Less than monthly
- <sup>2</sup> Monthly
- <sup>3</sup> Weekly
- <sup>4</sup> Daily or almost daily

4. How often during the past year have you found that you were not able to stop drinking once you had started?

- <sup>0</sup> Never
- <sup>1</sup> Less than monthly
- <sup>2</sup> Monthly
- <sup>3</sup> Weekly
- <sup>4</sup> Daily or almost daily

5. How often during the past year have you failed to do what was normally expected from you because of drinking?

- <sup>0</sup> Never
- <sup>1</sup> Less than monthly
- <sup>2</sup> Monthly
- <sup>3</sup> Weekly
- <sup>4</sup> Daily or almost daily

**Alcohol Use Disorders Identification Test (AUDIT) – continued**

6. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- <sup>0</sup> Never
- <sup>1</sup> Less than monthly
- <sup>2</sup> Monthly
- <sup>3</sup> Weekly
- <sup>4</sup> Daily or almost daily

7. How often during the past year have you had a feeling of guilt or remorse after drinking?

- <sup>0</sup> Never
- <sup>1</sup> Less than monthly
- <sup>2</sup> Monthly
- <sup>3</sup> Weekly
- <sup>4</sup> Daily or almost daily

8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?

- <sup>0</sup> Never
- <sup>1</sup> Less than monthly
- <sup>2</sup> Monthly
- <sup>3</sup> Weekly
- <sup>4</sup> Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- <sup>0</sup> No
- <sup>2</sup> Yes but not in this year
- <sup>4</sup> Yes during the year

10. Has a relative, friend, doctor, or another health worker been concerned about your drinking or suggested you cut down?

- <sup>0</sup> No
- <sup>2</sup> Yes but not in this year
- <sup>4</sup> Yes during the year

**CONSTRUCT: SUBSTANCE ABUSE**

**Drug Abuse Screening Test, 10-item version (DAST-10)**

The following questions concern information about your possible involvement with drugs, not including alcoholic beverages, during the past 12 months. Carefully read each statement and decide if your answer is “Yes” or “No.” Then, check the appropriate box.

In the statements, “drug abuse” refers to the use of prescribed or over-the-counter drugs, which may include cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD), or narcotics (e.g., heroin). The questions do not include alcoholic beverages. These questions refer to the past 12 months.

---

	Yes	No
1. Have you used drugs other than those required for medical reasons?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
2. Did you abuse more than one drug at a time?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
3. Were you always able to stop using drugs when you wanted to in the past 12 months?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>
<hr/>		
4. Have you had “blackouts” or “flashbacks” as a result of drug use?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
5. Did you ever feel bad or guilty about your drug use in the past 12 months?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
6. Did your spouse (or parents) ever complain about your involvement with drugs in the past 12 months?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
<hr/>		
7. Have you neglected your family because of your use of drugs?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
8. Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
9. Have you ever experienced in the past 12 months withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>

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**CONSTRUCT: DEPRESSION**

**Center for Epidemiological Studies Depression Short Form**

Here is a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time?

For each item, mark (X) one response.

1. How often during the past week have you felt .....	Rarely or never (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or a moderate amount of time (3–4 days)	Most or all of the time (5–7 days)
a. Bothered by things that usually don't bother you?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
b. You did not feel like eating; your appetite was poor?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
c. That you could you not shake off the blues, even with help from family and friends?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
d. You had trouble keeping your mind on what you were doing?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
e. Depressed?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
f. That everything you did was an effort?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
g. Fearful?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
h. Your sleep was restless?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
i. You talked less than usual?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
j. Lonely?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
k. Sad?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
l. You could not get "going"?	<input type="checkbox"/> <sup>0</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

**CONSTRUCT: HARSH DISCIPLINE**

1. Sometimes children behave pretty well and sometimes they don't. In the past week, have you or anyone in the household spanked your child because he or she was misbehaving or acting up?

<sup>1</sup> Yes  
<sup>0</sup> No



2. How often did this happen in the past week? \_\_\_ (# times in past week)

**CONSTRUCT: IMMUNIZATIONS**

1. What is the child's immunization status? Would you say ...

<sup>3</sup> Completely up to date —————→ **End Immunizations section.**

<sup>2</sup> Mostly up to date (has received a majority of required shots)    → **Go to Question 2.**

<sup>1</sup> Somewhat up to date (has received fewer than half of required shots)

<sup>0</sup> He or she never received any immunizations

2. What are the reasons the child has incomplete immunization status? Please check all that apply.

<sup>1</sup> Unable to schedule or attend appointments

<sup>1</sup> Too costly

<sup>1</sup> Worried about complications (illness, disabilities)

<sup>1</sup> Religious beliefs

<sup>1</sup> Other (please specify): \_\_\_\_\_

**CONSTRUCT: NUMBER OF INJURIES AND EMERGENCY ROOM VISITS**

1. Now, I want to ask you about any injuries the child has had. In the past 12 months or since our last interview, how many times has he or she seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

\_\_\_ (# of times)

2. Where did the most serious injury happen?  
Check only one.

<sup>1</sup> At the child's home

<sup>2</sup> At another person's home

<sup>3</sup> At a child care center, nursery school, or school

<sup>4</sup> Outdoors (street, playground, woods, or place of recreation)

<sup>5</sup> Another place

3. Were you or the child's other parent caring for him or her when this injury occurred?

<sup>1</sup> Yes  
<sup>0</sup> No

4. Was the child hospitalized at least one night because of this injury?

<sup>1</sup> Yes  
<sup>0</sup> No

## **APPENDIX C**

### **VARIABLE NAMING AND LABELING CONVENTIONS**

**DOMAIN: PARENT HEALTH  
CONSTRUCTS (MEASURE): SUBSTANCE ABUSE (AUDIT, DAST)**

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
	MPR Site ID	6 characters. 1&2 are state abbreviation, 3-6 are site number.	Siteid	Siteid: Site ID Number
	Client ID Number (Unique)		F_MPRID	F_MPRID: Unique ID for client
Alcohol Use Disorders Identification Test (AUDIT)	Initials of individual administering the AUDIT	Initials	P#PH_AUD_rpt	P#PH: AUDIT Initials of individual collecting data
AUDIT	Date of administration	Date variable	P#PH_AUD_date	P#PH: AUDIT Date administered
AUDIT	How often do you have a drink containing alcohol?	(0) Never (1) Monthly or less (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week	P#PH_AUD01	P#PH: AUDIT Freq have alcoholic drink
AUDIT	How many drinks containing alcohol do you have on a typical day when you are drinking?	(0)1 or 2 (1)3 or 4 (2)5 or 6 (3)7 to 9 (4)10 or more	P#PH_AUD02	P#PH: AUDIT Number alcoholic drinks
AUDIT	How often do you have six or more drinks on one occasion?	(0)Never (1)Less than monthly (2)Monthly (3)Weekly (4)Daily or almost daily	P#PH_AUD03	P#PH: AUDIT Freq six or more drinks
AUDIT	How often during the last year have you found that you were not able to stop drinking once you had started?	(0)Never (1)Less than monthly (2)Monthly (3)Weekly (4)Daily or almost daily	P#PH_AUD04	P#PH: AUDIT Freq unable to stop - past yr
AUDIT	How often during the last year have you failed to do what was normally expected from you because of drinking?	(0)Never (1)Less than monthly; (2)Monthly (3)Weekly (4)Daily or almost daily	P#PH_AUD05	P#PH: AUDIT Freq failed to do expected - past yr
AUDIT	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	(0)Never (1)Less than monthly (2)Monthly (3)Weekly (4)Daily or almost daily	P#PH_AUD06	P#PH: AUDIT Freq drink in morning - past yr
AUDIT	How often during the last year have you had a feeling of guilt or remorse after drinking?	(0)Never (1)Less than monthly (2)Monthly (3)Weekly (4)Daily or almost daily	P#PH_AUD07	P#PH: AUDIT Freq felt guilt/remorse - past yr
AUDIT	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	(0)Never (1)Less than monthly (2)Monthly (3)Weekly (4)Daily or almost daily	P#PH_AUD08	P#PH: AUDIT Freq unable to remember - past yr
AUDIT	Have you or someone else been injured as a result of your drinking?	(0)No (2)Yes but not in this year (4)Yes during the year	P#PH_AUD09	P#PH: AUDIT You or someone else injured

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
AUDIT	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	(0)No (2)Yes but not in this year (4)Yes during the year	P#PH_AUD10	P#PH: AUDIT Someone concerned about your drinking
AUDIT	AUDIT Total score (sum of items 1-10)	0-40	P#PH_AUDtot	P#PH: AUDIT total score
Drug Abuse Screening Test, 10 item version (DAST-10)	Initials of individual administering the DAST-10	Initials	P#PH_DAS_rpt	P#PH: DAST Initials of individual collecting data
DAST-10	Date of administration	Date variable	P#PH_DAS_date	P#PH: DAST Date administered
DAST-10	Have you used drugs other than those required for medical reasons?	(0)No (1)Yes	P#PH_DAS01	P#PH: DAST Used drugs other than required
DAST-10	Did you abuse more than one drug at a time?	(0)No (1)Yes	P#PH_DAS02	P#PH: DAST Abused more than one drug
DAST-10	Were you always able to stop using drugs when you wanted to in the past 12 months?	(0)No (1)Yes	P#PH_DAS03	P#PH: DAST Able to stop using - past 12 mos
DAST-10	Have you had "blackouts" or "flashbacks" as a result of drug use?	(0)No (1)Yes	P#PH_DAS04	P#PH: DAST Had blackouts/flashbacks
DAST-10	Did you ever feel bad or guilty about your drug use in the past 12 months?	(0)No (1)Yes	P#PH_DAS05	P#PH: DAST Felt bad/guilty - past 12 mos
DAST-10	Did your spouse (or parents) ever complain about your involvement with drugs in the past 12 months?	(0)No (1)Yes	P#PH_DAS06	P#PH: DAST Family complain - past 12 mos
DAST-10	Have you neglected your family because of your use of drugs?	(0)No (1)Yes	P#PH_DAS07	P#PH: DAST Neglected family because of drugs
DAST-10	Have you engaged in illegal activities in order to obtain drugs?	(0)No (1)Yes	P#PH_DAS08	P#PH: DAST Illegal activities for drugs
DAST-10	Have you ever experienced in the past 12 months withdrawal symptoms (felt sick) when you stopped taking drugs?	(0)No (1)Yes	P#PH_DAS09	P#PH: DAST Exp withdrawal - past 12 mos
DAST-10	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	(0)No (1)Yes	P#PH_DAS10	P#PH: DAST Medical problems from drug use
DAST-10	DAST Total score (sum of items 1-10)	0-10	P#PH_DAStot	P#PH: DAST total score

Variable Names for Baseline Administration of AUDIT

SITEID  
F\_MPRID  
P0PH\_AUDIT\_RPT  
P0PH\_AUD\_date  
P0PH\_AUD01  
P0PH\_AUD02  
P0PH\_AUD03  
P0PH\_AUD04  
P0PH\_AUD05  
P0PH\_AUD06  
P0PH\_AUD07  
P0PH\_AUD08  
P0PH\_AUD09  
P0PH\_AUD10  
P0PH\_AUDtot

Variable Names for Second Administration (First Follow-Up) of AUDIT

SITEID  
F\_MPRID  
P1PH\_AUDIT\_RPT  
P1PH\_AUD\_date  
P1PH\_AUD01  
P1PH\_AUD02  
P1PH\_AUD03  
P1PH\_AUD04  
P1PH\_AUD05  
P1PH\_AUD06  
P1PH\_AUD07  
P1PH\_AUD08  
P1PH\_AUD09  
P1PH\_AUD10  
P1PH\_AUDtot

Variable Names for Third Administration (Second Follow-Up) of AUDIT

SITEID  
F\_MPRID  
P2PH\_AUDIT\_RPT  
P2PH\_AUD\_date  
P2PH\_AUD01  
P2PH\_AUD02  
P2PH\_AUD03  
P2PH\_AUD04  
P2PH\_AUD05  
P2PH\_AUD06

P2PH\_AUD07  
P2PH\_AUD08  
P2PH\_AUD09  
P2PH\_AUD10  
P2PH\_AUDtot

Variable Names for Baseline Administration of DAST

SITEID  
F\_MPRID  
P0PH\_DAST\_RPT  
P0PH\_DAS\_date  
P0PH\_DAS01  
P0PH\_DAS02  
P0PH\_DAS03  
P0PH\_DAS04  
P0PH\_DAS05  
P0PH\_DAS06  
P0PH\_DAS07  
P0PH\_DAS08  
P0PH\_DAS09  
P0PH\_DAS10  
P0PH\_DAStot

Variable Names for Second Administration (First Follow-Up) of DAST

SITEID  
F\_MPRID  
P1PH\_DAST\_RPT  
P1PH\_DAS\_date  
P1PH\_DAS01  
P1PH\_DAS02  
P1PH\_DAS03  
P1PH\_DAS04  
P1PH\_DAS05  
P1PH\_DAS06  
P1PH\_DAS07  
P1PH\_DAS08  
P1PH\_DAS09  
P1PH\_DAS10

P1PH\_DAStot

Variable Names for Third Administration (Second Follow-Up) of DAST

SITEID  
F\_MPRID  
P2PH\_DAST\_RPT  
P2PH\_DAS\_date

P2PH\_DAS01  
P2PH\_DAS02  
P2PH\_DAS03  
P2PH\_DAS04  
P2PH\_DAS05  
P2PH\_DAS06  
P2PH\_DAS07  
P2PH\_DAS08  
P2PH\_DAS09  
P2PH\_DAS10  
P2PH\_DAStot

**DOMAIN: PARENT MENTAL HEALTH  
CONSTRUCTS (MEASURE): DEPRESSION (CES-D)**

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
	Name of Site		Siteid	Siteid: Site Name
	Client ID Number (Unique)		F_MPRID	F_MPRID: Unique ID for client
Center for Epidemiological Studies Depression Short Form (CES-D)	Initials of individual administering the CES-D	Initials	P#PH_CES_rpt	P#PH: CES-D Initials of individual collecting data
CES-D	CES-D Date of administration	Date variable	P#PH_CES_date	P#PH: CES-D Date administered
CES-D	How often during the past week have you felt bothered by things that usually don't bother you?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES01	P#PH: CES-D Freq felt bothered - past wk
CES-D	How often during the past week have you felt you did not feel like eating; your appetite was poor?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES02	P#PH: CES-D Freq poor appetite - past wk
CES-D	How often during the past week have you felt that you could not shake off the blues, even with help from family and friends?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES03	P#PH: CES-D Freq felt blues - past wk
CES-D	How often during the past week have you had trouble keeping your mind on what you were doing?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES04	P#PH: CES-D Freq distracted - past wk
CES-D	How often during the past week have you felt depressed?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES05	P#PH: CES-D Freq felt depressed - past wk
CES-D	How often during the past week have you felt that everything you did was an effort?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES06	P#PH: CES-D Freq everything an effort - past wk
CES-D	How often during the past week have you felt fearful?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES07	P#PH: CES-D Freq felt fearful - past wk
CES-D	How often during the past week have you felt your sleep was restless?	<b>(0)</b> Rarely or never; <b>(1)</b> Some or a little of the time; <b>(2)</b> Occasionally or a moderate amount of time; <b>(3)</b> Most or all of the time	P#PH_CES08	P#PH: CES-D Freq restless sleep - past wk



Variable Names for Second Administration (First Follow-Up) of CES-D

SITEID  
F\_MPRID  
P1PH\_CES\_RPT  
P1PH\_CES01  
P1PH\_CES01  
P1PH\_CES02  
P1PH\_CES03  
P1PH\_CES04  
P1PH\_CES05  
P1PH\_CES06  
P1PH\_CES07  
P1PH\_CES08  
P1PH\_CES09  
P1PH\_CES10  
P1PH\_CES11  
P1PH\_CES12  
P1PH\_CES0tot

Variable Names for Third Administration (Second Follow-Up) of CES-D

SITEID  
F\_MPRID  
P2PH\_CES\_RPT  
P2PH\_CES01  
P2PH\_CES01  
P2PH\_CES02  
P2PH\_CES03  
P2PH\_CES04  
P2PH\_CES05  
P2PH\_CES06  
P2PH\_CES07  
P2PH\_CES08  
P2PH\_CES09  
P2PH\_CES10  
P2PH\_CES11  
P2PH\_CES12  
P2PH\_CES0tot

**DOMAIN: PARENTING**

**CONSTRUCTS (MEASURE): HARSH DISCIPLINE (SPANKING IN PAST WEEK)**

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
	Name of Site		Siteid	Siteid: Site Name
	Client ID Number (Unique)		F_MPRID	F_MPRID: Unique ID for client
	Initials of individual collecting information on spanking	Initials	P#P_SP_rpt	P#P: Spanking: Initials of individual collecting data
Spanking in the Past Week	Spanking items - date of collection	Date variable	P#P_Sp_date	P#P: Spanking: Date collected
Spanking in the Past Week	Have you or anyone in the household spanked child because he/she was misbehaving or acting up?	(0) No, (1) Yes	P#P_Sp_yn	P#P: Spanking: Child spanked - past wk
Spanking in the Past Week	How often did this happen in the past week?	Number of times	P#P_Sp_num	P#P: Spanking: Times child spanked - past wk

Variable Names For Baseline Collection of Spanking Data

SITEID  
 F\_MPRID  
 POP\_SP\_RPT  
 POP\_SP\_date  
 POP\_SP\_YN  
 POP\_SP\_NUM

Variable Names For Second Collection (First Follow-Up) of Spanking Data

SITEID  
 F\_MPRID  
 P1P\_SP\_RPT  
 P1P\_SP\_date  
 P1P\_SP\_YN  
 P1P\_SP\_NUM

Variable Names For Third Collection (Second Follow-Up) of Spanking Data

SITEID  
 F\_MPRID  
 P2P\_SP\_RPT  
 P2P\_SP\_date  
 P2P\_SP\_YN  
 P2P\_SP\_NUM

**DOMAIN: CHILD PHYSICAL HEALTH/NUTRITION  
CONSTRUCTS (MEASURE): IMMUNIZATIONS (ITEMS FROM PREVIOUS LARGE-SCALE STUDIES - BABY FACES); INJURIES AND ER VISITS (ITEMS FROM PREVIOUS LARGE-SCALE STUDIES - ECLS-B).**

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
	Name of Site		Siteid	Siteid: Site Name
	Client ID Number (Unique)		F_MPRID	F_MPRID: Unique ID for client
Items from Previous Large-Scale Studies (Baby FACES)	Initials of individual collecting immunization data	Initials	P#CH_IM_rpt	P#CH: Immunizations: Initials of individual collecting data
Items from Previous Large-Scale Studies (Baby FACES)	Immunizations items - date of collection	Date variable	P#CH_im_date	P#CH: Immunizations: Date collected
Items from Previous Large-Scale Studies (Baby FACES)	What is child's immunization status?	(3) completely up-to-date, (2) mostly up-to-date (has received a majority of required shots), (1) somewhat up-to-date (has received less than half of required shots), or (0) never received any immunizations	P#CH_im1	P#CH: Immunizations: Status
Items from Previous Large-Scale Studies (Baby FACES)	Reasons for incomplete immunization - unable to schedule or attend appointment	(0) No, (1) Yes	P#CH_im2a	P#CH: Immunizations: unable to schedule/attend
Items from Previous Large-Scale Studies (Baby FACES)	Reasons for incomplete immunization - too costly	(0) No, (1) Yes	P#CH_im2b	P#CH: Immunizations: too costly
Items from Previous Large-Scale Studies (Baby FACES)	Reasons for incomplete immunization - worried about complications	(0) No, (1) Yes	P#CH_im2c	P#CH: Immunizations: worried about complications
Items from Previous Large-Scale Studies (Baby FACES)	Reasons for incomplete immunization - religious beliefs	(0) No, (1) Yes	P#CH_im2d	P#CH: Immunizations: religious beliefs
Items from Previous Large-Scale Studies (Baby FACES)	Reasons for incomplete immunization - other	(0) No, (1) Yes	P#CH_im2e	P#CH: Immunizations: other
Items from Previous Large-Scale Studies (Baby FACES)	Reasons for incomplete immunization - other (specify)	Text variable	P#CH_im2sp	P#CH: Immunizations: other - specify
Items from Previous Large-Scale Studies (Baby FACES)	Initials of individual collecting injury and ER visit data	Initials	P#CH_INJ_rpt	P#CH: Injuries: Initials of individual collecting data
Items from Previous Large-Scale Studies (ECLS-B)	Injuries and ER visits - date of collection	Date variable	P#CH_inj_date	P#CH: Injuries: Date collected

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
Items from Previous Large-Scale Studies (ECLS-B)	How many times has child seen a doctor or other medical professional or visited a clinic or emergency room for an injury?	Number of times	P#CH_inj_num	P#CH: Injuries: Number - past yr
Items from Previous Large-Scale Studies (ECLS-B)	Where did most serious injury happen?	(1) At the child's home; (2) At another person's home; (3) At a child care center, nursery school, or school; (4) Outdoors (street, playground, woods, or place of recreation); (5) Another place	P#CH_inj_loc	P#CH: Injuries: Most serious - Location
Items from Previous Large-Scale Studies (ECLS-B)	Child's parent caring for child when injury occurred?	(0)No; (1)Yes	P#CH_inj_par	P#CH: Injuries: Most serious - Parent present
Items from Previous Large-Scale Studies (ECLS-B)	Child hospitalized at least one night because of this injury?	(0)No; (1)Yes	P#CH_inj_hos	P#CH: Injuries: Most serious - Hospitalized

#### Variable Names For Baseline Collection of Immunization Data

SITEID  
 F\_MPRID  
 P0CH\_IM\_RPT  
 P0CH\_IM\_DATE  
 P0CH\_IM1  
 P0CH\_IM2A  
 P0CH\_IM2B  
 P0CH\_IM2C  
 P0CH\_IM2D  
 P0CH\_IM2E  
 P0CH\_IM2SP

#### Variable Names For Second Collection (First Follow-Up) of Immunization Data

SITEID  
 F\_MPRID  
 P1CH\_IM\_RPT  
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 P1CH\_IM2A  
 P1CH\_IM2B  
 P1CH\_IM2C  
 P1CH\_IM2D  
 P1CH\_IM2E  
 P1CH\_IM2SP

Variable Names For Third Collection (Second Follow-Up) of Immunization Data

SITEID  
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P2CH\_IM\_DATE  
P2CH\_IM1  
P2CH\_IM2A  
P2CH\_IM2B  
P2CH\_IM2C  
P2CH\_IM2D  
P2CH\_IM2E  
P2CH\_IM2SP

Variable Names for Baseline Collection of Injury Data

SITEID  
F\_MPRID  
P0CH\_INJ\_RPT  
P0CH\_INJ\_DATE  
P0CH\_INJ\_NUM  
P0CH\_INJ\_LOC  
P0CH\_INJ\_PAR  
P0CH\_INJ\_HOS

Variable Names for Second Collection (First Follow-Up) of Injury Data

SITEID  
F\_MPRID  
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P1CH\_INJ\_DATE  
P1CH\_INJ\_NUM  
P1CH\_INJ\_LOC  
P1CH\_INJ\_PAR  
P1CH\_INJ\_HOS

Variable Names for Third Collection (Second Follow-Up) of Injury Data

SITEID  
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P2CH\_INJ\_NUM  
P2CH\_INJ\_LOC  
P2CH\_INJ\_PAR  
P2CH\_INJ\_HOS

**DOMAIN: CHILD SOCIAL/EMOTIONAL DEVELOPMENT  
CONSTRUCTS (MEASURE): BEHAVIOR PROBLEMS OR EMOTIONAL WELL-BEING  
(CBCL); BEHAVIOR PROBLEMS OR EMOTIONAL WELL-BEING (BITSEA)**

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
	Name of Site		Siteid	Siteid: Site Name
	Client ID Number (Unique)		F_MPRID	F_MPRID: Unique ID for client
Child Behavior Checklists for ages 1.5 to 5 years (CBCL-Preschool)	Initials of individual administering the CBCL-Preschool assessment	Initials	P#CD_CBP_rpt	P#CD: CBCL-PS: Initials of individual collecting data
CBCL-Preschool	CBCL Preschool: Date administered	Date variable	P#CD_CBP_date	P#CD: CBCL-PS: Date administered
CBCL-Preschool	CBCL Preschool: item 1 - CBCL Preschool: item 100	(0) Not true (as far as you know), (1) Somewhat or sometimes true, (2) Very true or often true	P#CD_CBP001 - P#CD_CBP100	P#CD: CBCL-PS: item 1 - P#CD: CBCL-PS: item 100
CBCL-Preschool	CBCL Preschool: Emotionally reactive scale raw score	0-18	P#CD_CBPem_r	P#CD: CBCL-PS emot reactive raw score
CBCL-Preschool	CBCL Preschool: Anxious/depressed scale raw score	0-16	P#CD_CBPan_r	P#CD: CBCL-PS anxious/dep raw score
CBCL-Preschool	CBCL Preschool: Somatic complaints scale raw score	0-22	P#CD_CBPsm_r	P#CD: CBCL-PS somatic comp raw score
CBCL-Preschool	CBCL Preschool: Withdrawn scale raw score	0-16	P#CD_CBPwi_r	P#CD: CBCL-PS withdrawn raw score
CBCL-Preschool	CBCL Preschool: Sleep problems scale raw score	0-14	P#CD_CBPsl_r	P#CD: CBCL-PS sleep probs raw score
CBCL-Preschool	CBCL Preschool: Attention problems scale raw score	0-10	P#CD_CBPat_r	P#CD: CBCL-PS Attention probs raw score
CBCL-Preschool	CBCL Preschool: Aggressive behavior scale raw score	0-38	P#CD_CBPag_r	P#CD: CBCL-PS Aggressive beh raw score
CBCL-Preschool	CBCL Preschool: Internalizing problems raw score	0-72	P#CD_CBPin_r	P#CD: CBCL-PS Internalizing probs raw score
CBCL-Preschool	CBCL Preschool: Externalizing problems raw score	0-48	P#CD_CBPex_r	P#CD: CBCL-PS Externalizing probs raw score
CBCL-Preschool	CBCL Preschool: Total problems raw score	0-200	P#CD_CBPto_r	P#CD: CBCL-PS Total probs raw score
CBCL-Preschool	CBCL Preschool: Emotionally reactive scale T score	50-100	P#CD_CBPem_t	P#CD: CBCL-PS emot react T score
CBCL-Preschool	CBCL Preschool: Anxious/depressed scale T score	50-100	P#CD_CBPan_t	P#CD: CBCL-PS anxious/depressed T score
CBCL-Preschool	CBCL Preschool: Somatic complaints scale T score	50-100	P#CD_CBPsm_t	P#CD: CBCL-PS Somatic complaints T score
CBCL-Preschool	CBCL Preschool: Withdrawn scale T score	50-100	P#CD_CBPwi_t	P#CD: CBCL-PS Withdrawn T score
CBCL-Preschool	CBCL Preschool: Sleep problems scale T score	50-100	P#CD_CBPsl_t	P#CD: CBCL-PS Sleep probs T score
CBCL-Preschool	CBCL Preschool: Attention problems scale T score	50-100	P#CD_CBPat_t	P#CD: CBCL-PS Attention probs T score
CBCL-Preschool	CBCL Preschool: Aggressive behavior scale T score	50-100	P#CD_CBPag_t	P#CD: CBCL-PS Aggressive beh T score

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
CBCL-Preschool	CBCL Preschool: Internalizing problems T score	0-100	P#CD_CBPin_t	P#CD: CBCL-PS Internalizing probs T score
CBCL-Preschool	CBCL Preschool: Externalizing problems T score	0-100	P#CD_CBPex_t	P#CD: CBCL-PS Externalizing probs T score
CBCL-Preschool	CBCL Preschool: Total problems T score	0-100	P#CD_CBPto_t	P#CD: CBCL-PS Total probs T score
Child Behavior Checklists for ages 6 to 18 years (CBCL- School-age)	Initials of individual administering the CBCL- School-age assessment	Initials	P#CD_CBS_rpt	P#CD: CBCL-SA: Initials of individual collecting data
CBCL-School-age	CBCL School-age: Date administered	Date variable	P#CD_CBS_date	P#CD: CBCL-SA: Date administered
CBCL-School-age	CBCL School-age: item 1 - CBCL School-age: item 113 [NEED TO DOUBLE- CHECK NUMBER OF ITEMS]	(0) Not true (as far as you know), (1) Somewhat or sometimes true, (2) Very true or often true	P#CD_CBS001 - P#CD_CBS113	P#CD: CBCL-SA: item 1 - P#CD: CBCL-SA: item 113
CBCL-School-age	CBCL School-age: Anxious/depressed scale raw score	0-26	P#CD_CBSan_r	P#CD: CBCL-SA anxious/depressed raw score
CBCL-School-age	CBCL School-age: Withdrawn/depressed scale raw score	0-16	P#CD_CBSwi_r	P#CD: CBCL-SA withdrawn/depressed raw score
CBCL-School-age	CBCL School-age: Somatic complaints scale raw score	0-22	P#CD_CBSsm_r	P#CD: CBCL-SA somatic complaints raw score
CBCL-School-age	CBCL School-age: Social problems scale raw score	0-22	P#CD_CBSsc_r	P#CD: CBCL-SA social probs raw score
CBCL-School-age	CBCL School-age: Thought problems scale raw score	0-30	P#CD_CBSth_r	P#CD: CBCL-SA thought probs raw score
CBCL-School-age	CBCL School-age: Attention problems scale raw score	0-20	P#CD_CBSat_r	P#CD: CBCL-SA attention probs raw score
CBCL-School-age	CBCL School-age: Rule- breaking behavior scale raw score	0-34	P#CD_CBSru_r	P#CD: CBCL-SA rule- breaking beh raw score
CBCL-School-age	CBCL School-age: Aggressive behavior scale raw score	0-36	P#CD_CBSag_r	P#CD: CBCL-SA aggressive beh raw score
CBCL-School-age	CBCL School-age: Internalizing problems raw score	0-64	P#CD_CBSin_r	P#CD: CBCL-SA Internalizing probs raw score
CBCL-School-age	CBCL School-age: Externalizing problems raw score	0-70	P#CD_CBSex_r	P#CD: CBCL-SA Externalizing probs raw score
CBCL-School-age	CBCL School-age: Total problems raw score	0-240	P#CD_CBSst_r	P#CD: CBCL-SA Total probs raw score
CBCL-School-age	CBCL School-age: Anxious/depressed scale T score	50-100	P#CD_CBSan_t	P#CD: CBCL-SA anxious/depressed T score
CBCL-School-age	CBCL School-age: Withdrawn/depressed scale T score	50-100	P#CD_CBSwi_t	P#CD: CBCL-SA withdrawn/depressed T score
CBCL-School-age	CBCL School-age: Somatic complaints scale T score	50-100	P#CD_CBSsm_t	P#CD: CBCL-SA somatic complaints T score
CBCL-School-age	CBCL School-age: Social problems scale T score	50-100	P#CD_CBSsc_t	P#CD: CBCL-SA social probs T score
CBCL-School-age	CBCL School-age: Thought problems scale T score	50-100	P#CD_CBSth_t	P#CD: CBCL-SA thought probs T score

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
CBCL-School-age	CBCL School-age: Attention problems scale T score	50-100	P#CD_CBSat_t	P#CD: CBCL-SA attention probs T score
CBCL-School-age	CBCL School-age: Rule-breaking behavior scale T score	50-100	P#CD_CBSru_t	P#CD: CBCL-SA rule-breaking beh T score
CBCL-School-age	CBCL School-age: Aggressive behavior scale T score	50-100	P#CD_CBSag_t	P#CD: CBCL-SA aggressive beh T score
CBCL-School-age	CBCL School-age: Internalizing problems T score	0-100	P#CD_CBSin_t	P#CD: CBCL-SA Internalizing probs T score
CBCL-School-age	CBCL School-age: Externalizing problems T score	0-100	P#CD_CBSex_t	P#CD: CBCL-SA Externalizing probs T score
CBCL-School-age	CBCL School-age: Total problems T score	0-100	P#CD_CBSsto_t	P#CD: CBCL-SA Total probs T score
Brief Infant-Toddler Social Emotional Assessment (BITSEA)	Initials of individual administering the BITSEA assessment	Initials	P#CD_BIT_rpt	P#CD: BITSEA: Initials of individual collecting data
Brief Infant-Toddler Social Emotional Assessment (BITSEA)	BITSEA Date administered	Date variable	P#CD_BIT_date	P#CD: BITSEA Date administered
BITSEA	BITSEA Items 1-42	(0) Not true or rarely, (1) somewhat true or sometimes, (2) very true or often	P#CD_BIT01 - P#CD_BIT42	P#CD: BITSEA Item 1 - P#CD: BITSEA Item 42
BITSEA	BITSEA Problem total score	0-62	P#CD_BITprob	P#CD: BITSEA Problem total score
BITSEA	BITSEA Competence total score	0-22	P#CD_BITcomp	P#CD: BITSEA Competence total score

#### Variable Names for Baseline Administration of CBCL-Preschool

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Variable Names for Second Administration (First Follow-Up) of CBCL-Preschool

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Variable Names for Third Administration (Second Follow-Up) of CBCL-Preschool

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Variable Names for Baseline Administration of CBCL-School-Aged

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Variable Names for Second Administration (First Follow-Up) of CBCL-School-Aged

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Variable Names for Third Administration (Second Follow-Up) of CBCL-School-Aged

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P2CD\_CBSex\_t  
P2CD\_CBSsto\_t

Variable Names for Baseline Administration of BITSEA

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P0CD\_BIT042

P0CD\_BITprob  
P0CD\_BITcomp

Variable Names for Second Administration (First Follow-Up) of BITSEA

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P1CD\_BITcomp

Variable Names for Third Administration (Second Follow-Up) of BITSEA

SITEID

F\_MPRID

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P2CD\_BIT041

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P2CD\_BITcomp

**DOMAIN: CHILD WELFARE / AGENCY ACTION  
 CONSTRUCTS (MEASURE): NUMBER OF REPORTS OF CHILD ABUSE/NEGLECT (CPS ADMINISTRATIVE RECORDS); NUMBER OF SUBSTANTIATED REPORTS OF CHILD ABUSE/NEGLECT (CPS ADMINISTRATIVE RECORDS); INVOLVEMENT IN CHILD WELFARE SYSTEM (CPS ADMINISTRATIVE RECORDS); NUMBER OF FOSTER CARE PLACEMENTS (CPS ADMINISTRATIVE RECORDS).**

Measure name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
	Name of Site		Siteid	Siteid: Site Name
	Client ID Number (Unique)		F_MPRID	F_MPRID: Unique ID for client
	Initials of individual administering the CBCL-Preschool assessment	Initials	R#CW_rpt	R#CW: Child Welfare: Initials of individual collecting data
	Last date for which cases were extracted (i.e., if extraction covered 10/2010 - 12/31/2011 then enter 12/31/2011)	Date	R#CW_date	R#CW: Last date included in extraction from administrative records
County or State Administrative Records	Number of reported cases	n.a.	R#CW_numrep	R#CW: Number reported abuse/neglect cases
County or State Administrative Records	Number of substantiated cases	n.a.	R#CW_subrep	R#CW: Number substantiated abuse/neglect cases
County or State Administrative Records	Involvement in child welfare system	n.a.	R#CW_involve	R#CW: Involvement in child welfare system
County or State Administrative Records	Number of foster care placements	n.a.	R#CW_numfos	R#CW: Number of foster care placements

Variable Names for Baseline Collection of Child Protection Services Data

SITEID  
 F\_MPRID  
 R0CW\_date  
 R0CW\_rpt  
 R0CW\_numrep  
 R0CW\_subrep  
 R0CW\_involve  
 R0CW\_numfos

Variable Names for Second Collection (First Follow-Up) of Child Protection Services Data

SITEID  
 F\_MPRID  
 R1CW\_date  
 R1CW\_rpt  
 R1CW\_numrep  
 R1CW\_subrep  
 R1CW\_involve  
 R1CW\_numfos

Variable Names for Third Collection (Second Follow-Up) of Child Protection Services Data

SITEID

F\_MPRID

R2CW\_date

R2CW\_rpt

R2CW\_numrep

R2CW\_subrep

R2CW\_involve

R2CW\_numfos

**APPENDIX D**  
**DATA QUALITY TRACKING**

**A. STUDY SAMPLE AND DESIGN**

**Grantee:**

**National Model(s):**

**Date of This Report:**

**Instructions:** Fill in green cells that are applicable to this study. Yellow cells will be calculated from the information provided in the green boxes. Dark gray cells are **not** to be filled out.

Study Phase	Recruiting					Random Assignment	Intervention
	Start recruiting		Complete recruiting			Conduct random assignment	Begin implementing the intervention
Key Dates:							
	Total Number Targeted in Recruiting	Total Number Recruited	Total Number Recruited But No MOU/Consent Yet	Total Number Recruited With MOU/Consent	Percent of Those Recruited with MOU/Consent	Total Number Assigned	Current Number in Study
<b>Unit=Child</b>							
Full sample					#DIV/0!		
Treatment group					#DIV/0!		
Control/comparison group					#DIV/0!		
<b>Unit=Parent</b>							
Full sample					#DIV/0!		
Treatment group					#DIV/0!		
Control/comparison group					#DIV/0!		
<b>Unit=Home Visitor</b>							
Full sample					#DIV/0!		
Treatment group					#DIV/0!		
Control/comparison group					#DIV/0!		

**B. FAMILY-CHILD DATA INFORMATION**

Grantee:

National Model(s):

Date of This Report:

**Instructions:** Fill in green cells that are applicable to this study. Yellow cells will be calculated from the information provided in the green boxes. Dark gray cells are **not** to be filled out.

**Family and Child Outcome Measures**

**Study Phase** Each Data Collection Wave Across all waves

Begin baseline data collection      Complete baseline data collection

**Key Dates:**

**Parent health-substance use ALCOHOL (unit=parent)**

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)		END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
									English:	Spanish:	
Full sample	0			#DIV/0!	#DIV/0!				English:		English:
Treatment group	0			#DIV/0!	#DIV/0!						
Control/comparison group	0			#DIV/0!	#DIV/0!						

**Parent health-substance use DRUG (unit=parent)**

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)		END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
									English:	Spanish:	
Full sample	0			#DIV/0!	#DIV/0!				English:		English:
Treatment group	0			#DIV/0!	#DIV/0!						
Control/comparison group	0			#DIV/0!	#DIV/0!						

**Parent mental health-depression (unit=parent)**

D.3

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)	END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
Full sample	0			#DIV/0!	#DIV/0!				English: Spanish:	English: Spanish:
Treatment group	0			#DIV/0!	#DIV/0!					
Control/comparison group	0			#DIV/0!	#DIV/0!					

**Harsh discipline-Spanking (unit=parent)**

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)	END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
Full sample	0			#DIV/0!	#DIV/0!					
Treatment group	0			#DIV/0!	#DIV/0!					
Control/comparison group	0			#DIV/0!	#DIV/0!					

**Child health-Immunization status (unit=child)**

Age of youngest child:   
 Age of oldest child:

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)	END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
Full sample	0			#DIV/0!	#DIV/0!					
Treatment group	0			#DIV/0!	#DIV/0!					
Control/comparison group	0			#DIV/0!	#DIV/0!					

**Child health-number of injuries/ER visits (unit=child)**

Age of youngest child:   
 Age of oldest child:

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)	END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
Full sample	0			#DIV/0!	#DIV/0!					
Treatment group	0			#DIV/0!	#DIV/0!					
Control/comparison group	0			#DIV/0!	#DIV/0!					

**Child development cross-domain (unit=child)**

Age of youngest child:  
Age of oldest child:

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)	END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
Full sample	0			#DIV/0!	#DIV/0!				English: Spanish:	English: Spanish:
Treatment group	0			#DIV/0!	#DIV/0!					
Control/comparison group	0			#DIV/0!	#DIV/0!					

**Child social-emotional development (unit=child)**

Age of youngest child:  
Age of oldest child:

Instrument: *Fill in name of instrument*

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)	END OF STUDY ONLY Internal consistency reliability (Cronbach's alpha)
Full sample	0			#DIV/0!	#DIV/0!				English: Spanish:	English: Spanish:
Treatment group	0			#DIV/0!	#DIV/0!					
Control/comparison group	0			#DIV/0!	#DIV/0!					

**C. HOME VISIT RELATIONSHIP DATA**

**Grantee:**

**National Model(s):**

**Date of This Report:**

**Each Data Collection Wave**

**Instructions:** Fill in green cells that are applicable to this study. Yellow cells will be calculated from the information provided in the green boxes. Dark gray cells are **not** to be filled out.

**Home Visitor-Participant Relationship Questionnaire (unit=home visitor)**

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)
Treatment group	0			#DIV/0!	#DIV/0!				English: Spanish:

**Participant-Home Visitor Relationship Questionnaire (unit=parent)**

	Total Number Assigned	Total Number Attempted	Number Completed	Percentage of Attempted Completed	Percentage of Assigned Completed	Proportion of number completed with greater than 25 percent of items missing	Mean	Standard Deviation	END OF WAVE ONLY Internal consistency reliability (Cronbach's alpha)
Treatment group	0			#DIV/0!	#DIV/0!				English: Spanish: