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

Supporting Evidence-Based
Home Visiting to Prevent
Child Maltreatment

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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 the maltreatment of children. 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 outcomes 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 along with other key analytical variables (such as demographic information and any grantee-specific outcomes that will be part of their reports) to Mathematica for submission to the National Data Archive on Child Abuse and Neglect. A test file will be submitted in fall 2011, and the final files will be due at the end of the grant period. Rules for naming key variables apart from the recommended cross-site measures are described in Chapter IV. We view this as a working document that will evolve to meet the needs of grantees and facilitate collaboration and joint analyses. This second version of the manual, dated July 2011, has been produced to clarify questions regarding outcomes domains and the use of the Ages and Stages Questionnaire 3rd edition (ASQ-3). It replaces the version dated May 2011.

A. Family and Child Outcomes 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 have 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 family 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 program models?

  - Do subgroups of the target population experience differential effects of the investments in support of evidence-based home visiting programs?

  - Do effects vary by the program models that grantees implement?

Each home visiting program model has a target population and family and child outcomes domains on which it intends to have an impact through program participation. Despite program model differences, a common set of outcomes domains can be assessed across home visiting programs. By means of a systematic review of the findings across the EBHV grantees' analytical 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 these outcomes domains. Each grantee has discretion in its choice of measures 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 outcomes 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 (with respect to 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 (although 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 outcomes study. The information presented here is meant to supplement rather than replace the users' manuals and training materials that are available from publishers for the individual measures. 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 it, grantees and evaluators should consider how the guidelines presented apply to their particular programs, target populations, and family and child outcomes study designs.

Section II provides general guidelines for the preparation and administration of recommended family and child outcomes measures and offers 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 and creating constructed variables from item-level data and strategies for coding missing responses.

II. GUIDELINES FOR ADMINISTRATION OF FAMILY AND CHILD OUTCOMES 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 outcomes 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 it is 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 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 free for use, while others are copyright protected. If a measure is copyright protected, its developer or publisher 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 or 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 are presented in Appendix B in a self-administered questionnaire (SAQ) format. 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 a grantee's 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 interpreting findings later.

Modifications by grantees. 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. 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

Sending participants an advance letter that gives a general overview of the family and child outcomes study, explains what the data collection entails, and assures respondent confidentiality can 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 respondents don't remember receiving the advance letter, data collection staff should offer to read it to them or 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 have probed and used 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 or 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 number or date, data collection staff should use probes to obtain a best estimate. Using zeroing-in techniques helps the respondent come up with his or 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 a range, use probes to narrow it 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 percent. 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 a number 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 it with a preface such as, "Just to make sure I have this right . . ." If the respondent asks for clarification, repeat the question or the portion of the question that provides the information he or she needs to answer correctly. Unless otherwise stated in the question, the best probe most of the time is to repeat the question.

4. Respondent Selection If the Birth Mother Is Not Available

Whenever possible when seeking information about a child, you will want to interview the child's birth mother, since there are questions 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 interviewing the birth mother is preferable, we also need to complete data collection within the allotted time frame.

Assuming the birth mother is living in the household and is unavailable temporarily, 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 unavailable or not 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 the question is important.

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

- **Answer the 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 an interview is in progress, staff can keep it 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 staff's 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 or she does not want to answer certain questions or complete certain instruments, probe as to why. If he or she continues to refuse after you address those concerns, you should simply skip the questions and/or instruments the respondent 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 the child and notify the authorities. Depending on the situation, they may want to enlist the aid of other adults in stopping the abuse. Then they must 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, the staff member should recommend that the person call 911, a mental health hotline, or a personal physician or therapist. Staff can assist the person by helping to obtain telephone numbers. **However, staff cannot place the call on the person's behalf, as this would violate his or her 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 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 or 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 with 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. Furthermore, 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 an elevator, restaurant, or store) 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 outcomes measures recommended by the EBHV cross-site evaluation team for each outcomes domain. Table II.1 provides a summary, and the remainder of the section provides detailed information about each domain.

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

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[1] Alternate measures are those that grantees have proposed to use in place of the cross-site recommended measures listed in Table II.1. Supplemental measures are additional measures that go beyond the recommended constructs listed 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.

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 Number of injuries/ER visits	Immunizations (adapted from large-scale surveys) Number of injuries/ER visits (adapted from large-scale surveys)
Overall Child Development	Communication, gross motor, fine motor, problem solving, personal-social development	Ages and Stages Questionnaire—3rd edition (ASQ-3)
Child Social/Emotional 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

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

1. Parent Health Domain

The constructs in the parent health domain relate to alcohol and drug use and 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 questions 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, tell the respondent that a drink typically means one bottle of beer, a glass of wine, or a shot of liquor.

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 AUDIT as a self-administered questionnaire rather than provide answers to an interviewer orally, either 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 T. F. Babor, 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.]

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 or 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 such when completing the AUDIT. With individuals whose alcohol consumption is prohibited by law, culture, or religion (for example, youths or 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 term. 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, either 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 H. A. Skinner. "Assessment of Substance Abuse: Drug Abuse Screening Test." In *Encyclopedia of Drugs, Alcohol, and Addictive Behavior,* 2nd ed., ed. 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 that 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 L. Bedregel, L. Sobell, M. Sobell, and E. Simco. "Psychometric Characteristics of a Spanish Version of the DAST-10 and the RAGS." *Addictive Behaviors,* vol. 31, 2006, pp. 309–319.

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.

Time to score/interpret:	1 minute
Scored by:	Hand
Computerized scoring or interpretation available:	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."

Total number of items: 12

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 CES-D as a self-administered questionnaire rather than provide answers to an interviewer orally, either 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. Furthermore, response categories may be more easily understood when read than when heard.

Time required for administration: 10 minutes

Training materials available: ☐ Yes ☒ No

Translations of the CES-D: ☒ Yes ☐ No

The CES-D has been translated into Spanish (see J. Grzywacz, 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, 2006, pp. 404–424.

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 <u>during the past week</u> 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?

Time to score/interpret:	1 minute
Scored by:	Hand
Computerized scoring or interpretation available:	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 a 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 his or her best estimate if necessary. The second question (on number of times the child was spanked) is a followup 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, either 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 on 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 more than one response can be chosen. Be sure to code all the reasons the respondent lists.

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: Any of these methods of administration is acceptable.

Time required for administration:	2 minutes

Training materials available: ☐ Yes ☒ No

Translations of immunization questions: ☐ Yes ☒ 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."

Time to score/interpret:	1 minute
Scored by:	Hand
Computerized scoring or interpretation available:	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: ☒ SAQ—paper ☒ Telephone interview
☒ SAQ—computer ☐ Observation
☒ In-person interview ☐ 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, either 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 ER visits questions: ☐ Yes   ☒ No

Time to score/interpret: 5 minutes
Scored by: Hand
Computerized scoring or interpretation available: No

5.   Overall Child Development

The constructs in the overall child development domain relate to communication, gross motor, fine motor, problem solving, and personal-social development. The recommended measure for this domain is the Ages and Stages Questionnaire, 3rd edition (ASQ-3).

a.   Ages and Stages Questionnaire, 3rd edition (ASQ-3)

Brief description. This measure is a screening tool used by parents or primary caregivers to assess 5 developmental areas for children ages 1 month to 5 1/2 years. There are specific questionnaires appropriate for different age levels. Scores are derived for each developmental area: (1) communication, (2) gross motor, (3) fine motor, (4) problem solving, and (5) personal-social development. Scores that fall above cut-off scores indicate appropriate development, and scores within the monitoring zone may require closer attention.

Definitions/clarifications of terms. A response of "yes" indicates that the child performs the skill, a response of "sometimes" indicates that the child is just starting to perform the skill, and "not yet" means the skill has not been performed.

Total number of items: 21

Need to obtain copyright?   ☒ Yes   ☐ No

The ASQ-3 materials may be purchased through the Brooke Publishing website.
http://www.brookespublishing.com/store/books/squires-asq/index.htm

Target population: ☐ Adults   ☒ Children (1 month to 5 1/2 years)

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

Time required for administration: 10–15 minutes

Training materials available: ⊠ Yes   ☐ No

Training is available through DVDs, a user's guide, and in-person training through Brookes Publishing.

ASQ on a Home Visit DVD:
http://www.brookespublishing.com/store/books/farrell-2185/index.htm

ASQ-3 Scoring and Referral DVD:
http://www.brookespublishing.com/store/books/twombly-7616/index.htm

ASQ User's Guide
http://www.brookespublishing.com/store/books/squires-asq/index.htm

Translations of the ASQ-3:   ⊠ Yes   ☐ No

The ASQ-3 questionnaires are available in Spanish from Brookes Publishing.
http://www.brookespublishing.com/store/books/squires-asq/index.htm

Tips on administration of the ASQ-3. To use the correct age questionnaire, the child's exact age must be determined in years, months, and days. Parents are allowed to try out all items with their children if they are unsure the child can complete the skill.

Time to score/interpret:	3 minutes
Scored by:	Hand or computer
Computerized scoring or interpretation available:	Yes

6. Child Social-Emotional 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:	100 items for preschool children (age 1.5 to 5 years old) 113 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. ☒ SAQ—paper   ☒ Telephone interview
                                 ☒ SAQ—computer   ☐ Observation
                                 ☒ In-person interview   ☐ Other

     Preferred mode of administration. CBCL forms were designed to be self-administered and completed by parents or caregivers. If the form is to be administered orally, the parent or 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

T. M. Achenbach 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.

T. M. Achenbach 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.

Time required to score/interpret:	Dependent on method
Scored by:	Hand or computer; computer is recommended
Computerized scoring or interpretation available:	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.

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 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 email at pas.licensing@pearson.com

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

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

Time required for administration: 7 to 10 minutes

Training materials available: ☒ Yes   ☐ No

Training materials are available from Pearson Assessments.

> Product: BITSEA Manual (015-8007-31X):
> http://pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352&Mode=summary.

> M. Briggs-Gowan and A. Carter. *Brief Infant Toddler Emotional Assessment: Manual.* San Antonio, TX: Harcourt Assessment, 2005.

Translations of questions: ☒ Yes   ☐ No

These questions have been translated into Spanish. The Spanish BITSEA is available from Pearson Assessments (see website below).

> Product: Spanish parent forms (015-8007-395):
> http://pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352&Mode=summary.

Tips on administration. For item 41, "attempts to eat or drink non-edible things," children around age one year often put non-edible things in their mouths as a normal behavior. Count this question only if the child puts an object in his or her mouth, not if he or she just "mouths" the object.

Time to score/interpret:	Dependent on scoring method
Scored by:	Hand or computer
Computerized scoring or interpretation available:	Yes, available for purchase from Pearson Assessments.

7. Child Maltreatment/Agency Action

a. Recording Information on Number of Abuse/Neglect Reports, Involvement in Child Welfare System, and Number of Foster Care Placements

All EBHV grantees with family child outcomes studies, regardless of their evaluation designs, will be responsible for collecting administrative child abuse and neglect (CAN) data for the home visiting program participants in their research samples. The Children's Bureau within the Administration for Children and Families and the cross-site evaluation team have requested that grantees gather both substantiated and reported cases of CAN as part of this effort. The specific constructs proposed in this domain include the number of child abuse/neglect reports (both substantiated and unsubstantiated), involvement in the child welfare system, and the number of foster care placements.

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.

IV. 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 outcomes 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 outcomes 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 obtain information immediately 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

| **S = Source of data:** P = Parent O = Other caregiver H = Home visitor* E = Evaluator* | **# = Round of data collection:** 0 = baseline; then number subsequent follow-up administrations chronologically | **DO = Domain:** PH = Parent health P = Parenting CH = Child physical health/nutrition CD = Child development CW = Child welfare DE = Demographics | **Meas = Abbreviated name of measure:** e.g., AUD for AUDIT | **000 = Item number or short item descriptor** |

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

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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 the 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. These same rules should be followed for naming other variables in the data files. For example, grantees will report on the characteristics of the families in their studies (such as race/ethnicity, receipt of public assistance, household composition) and some grantees will collect measures either as alternatives to the cross-site measures, or in addition to them. If the naming rules do not fit a measure used in your site, please contact your site liaison for guidance.

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), is 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).

Besides being used for 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.

Some examples of names for likely demographic variables:

P0DE_RACE → The name of this variable indicates that the data came from the parent (P), at baseline (0), and that the variable refers to a demographic characteristic (DE). You may want to add additional characters to indicate if it is the race of the mother or the father that is indicated (for example, P0DE_RACE_M for mother or P0DE_RACE_F for father.

P1DE_TANF → This variable is a first follow-up measure (1) from the parent (P) about receipt of TANF, a measure in the demographic (DE) domain.

P0DE_LIVARR → This is a baseline variable (0) collected from the parent (P) that describes a demographic characteristic (DE) of living arrangements.

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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 analytical 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 by describing the information contained in the variable. Variable labels can be up to 55 characters long, giving more room for description than variable names. However, since labels are sometimes truncated at 40 characters in certain file formats, the last 15 characters should not include critical information. The template for labeling variables is as follows:

S# DO: Meas: Item description—ref period

S = Source of data: P = Parent O = Other caregiver H = Home visitor* E = Evaluator*	**# = Round of data collection:** 0 = baseline; then number subsequent rounds chronologically	**DO = Domain:** PH = Parent health P = Parenting CH = Child physical health/nutrition CD = Child development CW = Child welfare DE = Demographics	**Meas = Abbreviated name of measure:** e.g., AUD for AUDIT	**Item description = Description of the variable:** This can be based largely on the question itself. Can also include information about the reference period, when appropriate.

*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 those 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 comprising a number or short text, the label indicates what the variable actually measures. To illustrate, we revisit the variable names examined earlier:

Variable name → Variable label

P1PH_AUD01   → P1PH: AUDIT Freq have alcoholic drink (past year)
P0CD_BIT_prob → P0CD: BITSEA Problem total score
P0CD_BIT_date → P0CD: BITSEA Date administered

Notice that instead of an abbreviated name of the measure, the label includes the full acronym. As appropriate based upon the measure, include information about the reference period for the item in the variable labels. For example, (past year) is appended to the 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 found, contact the respondent (the parent 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 useful for tracking key elements of each wave of child and family outcomes data. This sheet is used to record summary information on each measure, including means and standard deviations and unit and item non-response. This summary information will be useful for the cross-site evaluation, in addition to the data themselves.

Here are 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). Although any of these formats will work, 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 among 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 non-copyrighted recommended measures (Appendix A). For similar information for copyrighted materials, please see the developers' user manuals available from 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:

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

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_DAStot) 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:

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

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_CEStot) is the sum across all 12 items (P#PH_CES01-P#PH_CES12) and can range from 0 to 36.

Missing data:

- If 3 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 3 items are missing, calculate the total score as follows:

$$P\#PH\_CEStot = [\text{sum of the non-missing items}] / [\text{count of the non-missing items}] * 12$$

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 = the number of times the child was spanked. 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 website and by contacting your site's liaison.

APPENDIX A

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

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

Date

Permissions Department
Publisher
Street address
City, State ZIPCODE

Dear Sir or Madam:

[NAME OF 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 or fees (the cost per administration) [NAME OF 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 PHONE NUMBER].

Thank you.

APPENDIX B

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

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?

   ☐ 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

2. 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

3. 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

4. How often during the past 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

5. How often during the past 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

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?

☐ 0 Never
☐ 1 Less than monthly
☐ 2 Monthly
☐ 3 Weekly
☐ 4 Daily or almost daily

7. How often during the past 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

8. How often during the past 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

9. 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

10. Has a relative, friend, 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

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?	☐[1]	☐[0]
2.	Did you abuse more than one drug at a time?	☐[1]	☐[0]
3.	Were you always able to stop using drugs when you wanted to in the past 12 months?	☐[0]	☐[1]
4.	Have you had "blackouts" or "flashbacks" as a result of drug use?	☐[1]	☐[0]
5.	Did you ever feel bad or guilty about your drug use in the past 12 months?	☐[1]	☐[0]
6.	Did your spouse (or parents) ever complain about your involvement with drugs in the past 12 months?	☐[1]	☐[0]
7.	Have you neglected your family because of your use of drugs?	☐[1]	☐[0]
8.	Have you engaged in illegal activities in order to obtain drugs?	☐[1]	☐[0]
9.	Have you ever experienced in the past 12 months withdrawal symptoms (felt sick) when you stopped taking drugs?	☐[1]	☐[0]
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	☐[1]	☐[0]

CONSTRUCT: DEPRESSION

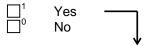**Center for Epidemiological Studies Depression Short Form**

Here is a list of ways you may have felt or behaved recently. How often <u>during the past week </u>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?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
b. You did not feel like eating; your appetite was poor?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
c. That you could you not shake off the blues, even with help from family and friends?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
d. You had trouble keeping your mind on what you were doing?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
e. Depressed?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
f. That everything you did was an effort?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
g. Fearful?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
h. Your sleep was restless?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
i. You talked less than usual?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
j. Lonely?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
k. Sad?	$\square^0$	$\square^1$	$\square^2$	$\square^3$
l. You could not get "going"?	$\square^0$	$\square^1$	$\square^2$	$\square^3$

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?

       □¹   Yes

       □⁰   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 …

   □[3] Completely up to date ⟶ **End Immunizations section**.

   □[2] Mostly up to date (has received a majority of required shots)
   □[1] Somewhat up to date (has received fewer than half of required shots) → **Go to Question 2.**
   □[0] He or she never received any immunizations

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

   □[1] Unable to schedule or attend appointments
   □[1] Too costly
   □[1] Worried about complications (illness, disabilities)
   □[1] Religious beliefs
   □[1] 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.

    ☐ [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

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

    ☐ [1] Yes
    ☐ [0] No

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

    ☐ [1] Yes
    ☐ [0] No

APPENDIX C

VARIABLE NAME

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

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
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
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

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
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?	**(0)**Rarely or never; **(1)**Some or a little of the time; **(2)**Occasionally or a moderate amount of time; **(3)**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?	**(0)**Rarely or never; **(1)**Some or a little of the time; **(2)**Occasionally or a moderate amount of time; **(3)**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?	**(0)**Rarely or never; **(1)**Some or a little of the time; **(2)**Occasionally or a moderate amount of time; **(3)**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?	**(0)**Rarely or never; **(1)**Some or a little of the time; **(2)**Occasionally or a moderate amount of time; **(3)**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?	**(0)**Rarely or never; **(1)**Some or a little of the time; **(2)**Occasionally or a moderate amount of time; **(3)**Most or all of the time	P#PH_CES05	P#PH: CES-D Freq felt depressed - past wk

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
CES-D	How often during the past week have you felt that everything you did was an effort?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)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?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)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?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)Most or all of the time	P#PH_CES08	P#PH: CES-D Freq restless sleep – past wk
CES-D	How often during the past week have you felt you talked less than usual?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)Most or all of the time	P#PH_CES09	P#PH: CES-D Freq talked less – past wk
CES-D	How often during the past week have you felt lonely?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)Most or all of the time	P#PH_CES10	P#PH: CES-D Freq felt lonely – past wk
CES-D	How often during the past week have you felt sad?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)Most or all of the time	P#PH_CES11	P#PH: CES-D Freq felt sad – past wk
CES-D	How often during the past week have you felt you could not get "going"?	(0)Rarely or never; (1)Some or a little of the time; (2)Occasionally or a moderate amount of time; (3)Most or all of the time	P#PH_CES12	P#PH: CES-D Freq couldnt get going – past wk
CES-D	CES-D Total score (sum of items 1–12)	0- 36	P#PH_CEStot	P#PH: CES-D total score

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
CES-D	CES-D Category	**(0)**Not depressed; **(1)**Mildly depressed; **(2)**Moderately depressed; **(3)**Severely depressed	P#PH_CEScat	P#PH: CES-D category

Variable Names for Baseline Administration of CES-D

SITEID
F_MPRID
P0PH_CES_RPT
P0PH_CES01
P0PH_CES01
P0PH_CES02
P0PH_CES03
P0PH_CES04
P0PH_CES05
P0PH_CES06
P0PH_CES07
P0PH_CES08
P0PH_CES09
P0PH_CES10
P0PH_CES11
P0PH_CES12
P0PH_CEStot

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_CEStot

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_CEStot

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 Client ID Number (Unique)		Siteid F_MPRID	Siteid: Site Name 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
P0P_SP_RPT
P0P_SP_date
P0P_SP_YN
P0P_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 Client ID Number (Unique)		Siteid F_MPRID	Siteid: Site Name 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

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
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
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
P1CH_IM_DATE
P1CH_IM1
P1CH_IM2A
P1CH_IM2B
P1CH_IM2C
P1CH_IM2D
P1CH_IM2E
P1CH_IM2SP

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

SITEID
F_MPRID
P2CH_IM_RPT
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
P1CH_INJ_RPT
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
F_MPRID
P2CH_INJ_RPT
P2CH_INJ_DATE
P2CH_INJ_NUM
P2CH_INJ_LOC
P2CH_INJ_PAR
P2CH_INJ_HOS

DOMAIN: OVERALL CHILD DEVELOPMENT
CONSTRUCTS (MEASURE): COMMUNICATION, GROSS MOTOR, FINE MOTOR,
PROBLEM SOLVING, PERSONAL-SOCIAL DEVELOPMENT (ASQ-3)

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
Ages and Stages Questionaire 3rd edition (ASQ-3)	Initials of individual administering the ASQ-3 assessment	Initials	P#CD_ASQ_rpt	P#CD: ASQ-3: Initials of individual collecting data
ASQ-3	ASQ-3: Date administered	Date variable	P#CD_ASQ_date	P#CD: ASQ-3: Date administered
ASQ-3	ASQ-3: item 1– ASQ-3: item 21	(0) Not yet, (5) Sometimes, (10) Yes	P#CD_ASQ_001– P#CD_ASQ_021	P#CD: ASQ-3: item 1– P#CD: ASQ-3: item 21
ASQ-3	ASQ-3: Communication area score	0-60	P#CD_ASQcoma	P#CD: ASQ-3: Communication score
ASQ-3	ASQ-3: Gross motor area score	0-60	P#CD_ASQgroa	P#CD: ASQ-3: Gross motor score
ASQ-3	ASQ-3: Fine motor area score	0-60	P#CD_ASQ_fina	P#CD: ASQ-3: Fine motor score
ASQ-3	ASQ-3: Problem solving area score	0-60	P#CD_ASQ_proa	P#CD: ASQ-3: Prob solving score
ASQ-3	ASQ-3: Personal Social area score	0-60	P#CD_ASQ_soca	P#CD: ASQ-3: Personal social score
ASQ-3	ASQ-3: Total score	0-300	P#CD_ASQ_tot	P#CD: ASQ-3: Total score
ASQ-3	ASQ-3: Communication monitoring zone score	0-1	P#CD_ASQcomm	P#CD: ASQ-3: Communication monitoring score
ASQ-3	ASQ-3: Gross motor monitoring zone score	0-1	P#CD_ASQgrom	P#CD: ASQ-3: Gross motor monitoring score
ASQ-3	ASQ-3: Fine motor monitoring zone score	0-1	P#CD_ASQfinm	P#CD: ASQ-3: Fine motor monitoring score
ASQ-3	ASQ-3: Problem solving monitoring zone score	0-1	P#CD_ASQprom	P#CD: ASQ-3: Prob solving monitoring score
ASQ-3	ASQ-3: Personal Social monitoring zone score	0-1	P#CD_ASQsocm	P#CD: ASQ-3: Personal social monitoring score
ASQ-3	ASQ-3: Communication cut-off score	0-1	P#CD_ASQcomc	P#CD: ASQ-3: Communication cut-off score
ASQ-3	ASQ-3: Gross motor cut-off score	0-1	P#CD_ASQgroc	P#CD: ASQ-3: Gross motor cut-off score
ASQ-3	ASQ-3: Fine motor cut-off score	0-1	P#CD_ASQfintc	P#CD: ASQ-3: Fine motor cut-off score
ASQ-3	ASQ-3: Problem solving cut-off score	0-1	P#CD_ASProc	P#CD: ASQ-3: Prob solving cut-off score
ASQ-3	ASQ-3: Personal Social cut-off score	0-1	P#CD_ASQsocc	P#CD: ASQ-3: Personal social cut-off score

Variable Names for Baseline Administration of ASQ-3

Siteid
F_MPRID
P0CD_ASQ_rpt
P0CD_ASQ_date
P0CD_ASQ_001
P0CD_ASQ_002
P0CD_ASQ_003
P0CD_ASQ_004
P0CD_ASQ_005
P0CD_ASQ_006
P0CD_ASQ_007
P0CD_ASQ_008
P0CD_ASQ_009
P0CD_ASQ_010
P0CD_ASQ_011
P0CD_ASQ_012
P0CD_ASQ_013
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P0CD_ASQ_017
P0CD_ASQ_018
P0CD_ASQ_019
P0CD_ASQ_020
P0CD_ASQ_021
P0CD_ASQcoma
P0CD_ASQgroa
P0CD_ASQ_fina
P0CD_ASQ_proa
P0CD_ASQ_soca
P0CD_ASQ_tot
P0CD_ASQcomm
P0CD_ASQgrom
P0CD_ASQfinm
P0CD_ASQprom
P0CD_ASQsocm
P0CD_ASQcomc
P0CD_ASQgroc
P0CD_ASQfintc
P0CD_ASQproc
P0CD_ASQsocc

Variable Names for Second Administration (First Follow-Up) of ASQ-3

Siteid
F_MPRID
P1CD_ASQ_rpt
P1CD_ASQ_date
P1CD_ASQ_001
P1CD_ASQ_002
P1CD_ASQ_003

P1CD_ASQ_004
P1CD_ASQ_005
P1CD_ASQ_006
P1CD_ASQ_007
P1CD_ASQ_008
P1CD_ASQ_009
P1CD_ASQ_010
P1CD_ASQ_011
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P1CD_ASQ_020
P1CD_ASQ_021
P1CD_ASQcoma
P1CD_ASQgroa
P1CD_ASQ_fina
P1CD_ASQ_proa
P1CD_ASQ_soca
P1CD_ASQ_tot
P1CD_ASQcomm
P1CD_ASQgrom
P1CD_ASQfinm
P1CD_ASQprom
P1CD_ASQsocm
P1CD_ASQcomc
P1CD_ASQgroc
P1CD_ASQfintc
P1CD_ASQproc
P1CD_ASQsocc

Variable Names for Third Administration (Second Follow-Up) of ASQ-3

Siteid
F_MPRID
P2CD_ASQ_rpt
P2CD_ASQ_date
P2CD_ASQ_001
P2CD_ASQ_002
P2CD_ASQ_003
P2CD_ASQ_004
P2CD_ASQ_005
P2CD_ASQ_006
P2CD_ASQ_007
P2CD_ASQ_008
P2CD_ASQ_009
P2CD_ASQ_010
P2CD_ASQ_011
P2CD_ASQ_012
P2CD_ASQ_013

P2CD_ASQ_014
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P2CD_ASQ_020
P2CD_ASQ_021
P2CD_ASQcoma
P2CD_ASQgroa
P2CD_ASQ_fina
P2CD_ASQ_proa
P2CD_ASQ_soca
P2CD_ASQ_tot
P2CD_ASQcomm
P2CD_ASQgrom
P2CD_ASQfinm
P2CD_ASQprom
P2CD_ASQsocm
P2CD_ASQcomc
P2CD_ASQgroc
P2CD_ASQfintc
P2CD_ASQproc
P2CD_ASQsocc

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 Client ID Number (Unique)		Siteid F_MPRID	Siteid: Site Name 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#CE_CBP_rpt	P#CE: CBCL-PS: Initials of individual collecting data
CBCL-Preschool	CBCL Preschool: Date administered	Date variable	P#CE_CBP_date	P#CE: 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#CE_CBP001 – P#CE_CBP100	P#CE: CBCL-PS: item 1 – P#CE: CBCL-PS: item 100
CBCL-Preschool	CBCL Preschool: Emotionally reactive scale raw score	0-18	P#CE_CBPem_r	P#CE: CBCL-PS emot reactive raw score
CBCL-Preschool	CBCL Preschool: Anxious/depressed scale raw score	0-16	P#CE_CBPan_r	P#CE: CBCL-PS anxious/dep raw score
CBCL-Preschool	CBCL Preschool: Somatic complaints scale raw score	0-22	P#CE_CBPsm_r	P#CE: CBCL-PS somatic comp raw score
CBCL-Preschool	CBCL Preschool: Withdrawn scale raw score	0-16	P#CE_CBPwi_r	P#CE: CBCL-PS withdrawn raw score
CBCL-Preschool	CBCL Preschool: Sleep problems scale raw score	0-14	P#CE_CBPsl_r	P#CE: CBCL-PS sleep probs raw score
CBCL-Preschool	CBCL Preschool: Attention problems scale raw score	0-10	P#CE_CBPat_r	P#CE: CBCL-PS Attention probs raw score
CBCL-Preschool	CBCL Preschool: Aggressive behavior scale raw score	0-38	P#CE_CBPag_r	P#CE: CBCL-PS Aggressive beh raw score
CBCL-Preschool	CBCL Preschool: Internalizing problems raw score	0-72	P#CE_CBPin_r	P#CE: CBCL-PS Internalizing probs raw score
CBCL-Preschool	CBCL Preschool: Externalizing problems raw score	0-48	P#CE_CBPex_r	P#CE: CBCL-PS Externalizing probs raw score
CBCL-Preschool	CBCL Preschool: Total problems raw score	0-200	P#CE_CBPto_r	P#CE: CBCL-PS Total probs raw score
CBCL-Preschool	CBCL Preschool: Emotionally reactive scale T score	50-100	P#CE_CBPem_t	P#CE: CBCL-PS emot react T score
CBCL-Preschool	CBCL Preschool: Anxious/depressed scale T score	50-100	P#CE_CBPan_t	P#CE: CBCL-PS anxious/depressed T score
CBCL-Preschool	CBCL Preschool: Somatic complaints scale T score	50-100	P#CE_CBPsm_t	P#CE: CBCL-PS Somatic complaints T score

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
CBCL-Preschool	CBCL Preschool: Withdrawn scale T score	50-100	P#CE_CBPwi_t	P#CE: CBCL-PS Withdrawn T score
CBCL-Preschool	CBCL Preschool: Sleep problems scale T score	50-100	P#CE_CBPsl_t	P#CE: CBCL-PS Sleep probs T score
CBCL-Preschool	CBCL Preschool: Attention problems scale T score	50-100	P#CE_CBPat_t	P#CE: CBCL-PS Attention probs T score
CBCL-Preschool	CBCL Preschool: Aggressive behavior scale T score	50-100	P#CE_CBPag_t	P#CE: CBCL-PS Aggressive beh T score
CBCL-Preschool	CBCL Preschool: Internalizing problems T score	0-100	P#CE_CBPin_t	P#CE: CBCL-PS Internalizing probs T score
CBCL-Preschool	CBCL Preschool: Externalizing problems T score	0-100	P#CE_CBPex_t	P#CE: CBCL-PS Externalizing probs T score
CBCL-Preschool	CBCL Preschool: Total problems T score	0-100	P#CE_CBPto_t	P#CE: 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#CE_CBS_rpt	P#CE: CBCL-SA: Initials of individual collecting data
CBCL-School-age	CBCL School-age: Date administered	Date variable	P#CE_CBS_date	P#CE: CBCL-SA: Date administered
CBCL-School-age	CBCL School-age: item 1 - CBCL School-age: item 113	(0) Not true (as far as you know), (1) Somewhat or sometimes true, (2) Very true or often true	P#CE_CBS001 - P#CE_CBS113	P#CE: CBCL-SA: item 1 - P#CE: CBCL-SA: item 113
CBCL-School-age	CBCL School-age: Anxious/depressed scale raw score	0-26	P#CE_CBSan_r	P#CE: CBCL-SA anxious/depressed raw score
CBCL-School-age	CBCL School-age: Withdrawn/depressed scale raw score	0-16	P#CE_CBSwi_r	P#CE: CBCL-SA withdrawn/depressed raw score
CBCL-School-age	CBCL School-age: Somatic complaints scale raw score	0-22	P#CE_CBSsm_r	P#CE: CBCL-SA somatic complaints raw score
CBCL-School-age	CBCL School-age: Social problems scale raw score	0-22	P#CE_CBSsc_r	P#CE: CBCL-SA social probs raw score
CBCL-School-age	CBCL School-age: Thought problems scale raw score	0-30	P#CE_CBSth_r	P#CE: CBCL-SA thought probs raw score
CBCL-School-age	CBCL School-age: Attention problems scale raw score	0-20	P#CE_CBSat_r	P#CE: CBCL-SA attention probs raw score
CBCL-School-age	CBCL School-age: Rule-breaking behavior scale raw score	0-34	P#CE_CBSru_r	P#CE: CBCL-SA rule-breaking beh raw score
CBCL-School-age	CBCL School-age: Aggressive behavior scale raw score	0-36	P#CE_CBSag_r	P#CE: CBCL-SA aggressive beh raw score

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
CBCL-School-age	CBCL School-age: Internalizing problems raw score	0–64	P#CE_CBSin_r	P#CE: CBCL-SA Internalizing probs raw score
CBCL-School-age	CBCL School-age: Externalizing problems raw score	0–70	P#CE_CBSex_r	P#CE: CBCL-SA Externalizing probs raw score
CBCL-School-age	CBCL School-age: Total problems raw score	0–240	P#CE_CBSto_r	P#CE: CBCL-SA Total probs raw score
CBCL-School-age	CBCL School-age: Anxious/depressed scale T score	50–100	P#CE_CBSan_t	P#CE: CBCL-SA anxious/depressed T score
CBCL-School-age	CBCL School-age: Withdrawn/depressed scale T score	50–100	P#CE_CBSwi_t	P#CE: CBCL-SA withdrawn/depressed T score
CBCL-School-age	CBCL School-age: Somatic complaints scale T score	50–100	P#CE_CBSsm_t	P#CE: CBCL-SA somatic complaints T score
CBCL-School-age	CBCL School-age: Social problems scale T score	50–100	P#CE_CBSsc_t	P#CE: CBCL-SA social probs T score
CBCL-School-age	CBCL School-age: Thought problems scale T score	50–100	P#CE_CBSth_t	P#CE: CBCL-SA thought probs T score
CBCL-School-age	CBCL School-age: Attention problems scale T score	50–100	P#CE_CBSat_t	P#CE: CBCL-SA attention probs T score
CBCL-School-age	CBCL School-age: Rule-breaking behavior scale T score	50–100	P#CE_CBSru_t	P#CE: CBCL-SA rule-breaking beh T score
CBCL-School-age	CBCL School-age: Aggressive behavior scale T score	50–100	P#CE_CBSag_t	P#CE: CBCL-SA aggressive beh T score
CBCL-School-age	CBCL School-age: Internalizing problems T score	0–100	P#CE_CBSin_t	P#CE: CBCL-SA Internalizing probs T score
CBCL-School-age	CBCL School-age: Externalizing problems T score	0–100	P#CE_CBSex_t	P#CE: CBCL-SA Externalizing probs T score
CBCL-School-age	CBCL School-age: Total problems T score	0–100	P#CE_CBSto_t	P#CE: CBCL-SA Total probs T score
Brief Infant-Toddler Social Emotional Assessment (BITSEA)	Initials of individual administering the BITSEA assessment	Initials	P#CE_BIT_rpt	P#CE: BITSEA: Initials of individual collecting data
Brief Infant-Toddler Social Emotional Assessment (BITSEA)	BITSEA Date administered	Date variable	P#CE_BIT_date	P#CE: BITSEA Date administered
BITSEA	BITSEA Items 1-42	(0) Not true or rarely, **(1)** somewhat true or sometimes, **(2)** very true or often	P#CE_BIT01 – P#CE_BIT42	P#CE: BITSEA Item 1 – P#CE: BITSEA Item 42

Measure Name	Item Description	Response Categories/ Acceptable Values	Variable Name	Variable Label
BITSEA	BITSEA Problem total score	0-62	P#CE_BITprob	P#CE: BITSEA Problem total score
BITSEA	BITSEA Competence total score	0-22	P#CE_BITcomp	P#CE: BITSEA Competence total score

Variable Names for Baseline Administration of CBCL-Preschool

SITEID
F_MPRID
P0CE_CBP_RPT
P0CE_CBP_DATE
P0CE_CBP001
P0CE_CBP002
P0CE_CBP003
P0CE_CBP004
P0CE_CBP005
P0CE_CBP006
P0CE_CBP007
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P0CE_CBPsm_r
P0CE_CBPwi_r
P0CE_CBPsl_r
P0CE_CBPat_r
P0CE_CBPag_r
P0CE_CBPin_r
P0CE_CBPex_r
P0CE_CBPto_r
P0CE_CBPem_t
P0CE_CBPan_t
P0CE_CBPsm_t
P0CE_CBPwi_t
P0CE_CBPsl_t
P0CE_CBPat_t
P0CE_CBPag_t
P0CE_CBPin_t
P0CE_CBPex_t
P0CE_CBPto_t

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

SITEID
F_MPRID
P1CE_CBP_RPT
P1CE_CBP_DATE
P1CE_CBP001
P1CE_CBP002
P1CE_CBP003
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P1CE_CBPwi_r
P1CE_CBPsl_r
P1CE_CBPat_r
P1CE_CBPag_r
P1CE_CBPin_r
P1CE_CBPex_r
P1CE_CBPto_r
P1CE_CBPem_t
P1CE_CBPan_t
P1CE_CBPsm_t
P1CE_CBPwi_t
P1CE_CBPsl_t
P1CE_CBPat_t
P1CE_CBPag_t
P1CE_CBPin_t
P1CE_CBPex_t
P1CE_CBPto_t

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

SITEID
F_MPRID
P2CE_CBP_RPT
P2CE_CBP_DATE
P2CE_CBP001
P2CE_CBP002
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P2CE_CBPan_r

P2CE_CBPsm_r
P2CE_CBPwi_r
P2CE_CBPsl_r
P2CE_CBPat_r
P2CE_CBPag_r
P2CE_CBPin_r
P2CE_CBPex_r
P2CE_CBPto_r
P2CE_CBPem_t
P2CE_CBPan_t
P2CE_CBPsm_t
P2CE_CBPwi_t
P2CE_CBPsl_t
P2CE_CBPat_t
P2CE_CBPag_t
P2CE_CBPin_t
P2CE_CBPex_t
P2CE_CBPto_t

Variable Names for Baseline Administration of CBCL-School-Aged

SITEID
F_MPRID
P0CE_CBS_RPT
P0CE_CBS_DATE
P0CE_CBS001
P0CE_CBS002
P0CE_CBS003
P0CE_CBS004
P0CE_CBS005
P0CE_CBS006
P0CE_CBS007
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P0CE_CBSag_r
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P0CE_CBSex_r
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Variable Names for Second Administration (First Follow-Up) of CBCL-School-Aged

SITEID
F_MPRID
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P1CE_CBSat_r
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P1CE_CBSag_r
P1CE_CBSin_r
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P1CE_CBSag_t
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P1CE_CBSex_t
P1CE_CBSto_t

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

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P2CE_CBS004
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P2CE_CBSag_r

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P2CE_CBSto_r
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P2CE_CBSwi_t
P2CE_CBSsm_t
P2CE_CBSsc_t
P2CE_CBSth_t
P2CE_CBSat_t
P2CE_CBSru_t
P2CE_CBSag_t
P2CE_CBSin_t
P2CE_CBSex_t
P2CE_CBSto_t

Variable Names for Baseline Administration of BITSEA

SITEID
F_MPRID
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P0CE_BIT_DATE
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P0CE_BIT003
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P0CE_BIT038
P0CE_BIT039
P0CE_BIT040
P0CE_BIT041
P0CE_BIT042
P0CE_BITprob
P0CE_BITcomp

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

SITEID
F_MPRID
P1CE_BIT_RPT
P1CE_BIT_DATE
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P1CE_BIT002
P1CE_BIT003
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P1CE_BIT007
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P1CE_BIT040
P1CE_BIT041
P1CE_BIT042
P1CE_BITprob
P1CE_BITcomp

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

SITEID
F_MPRID
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P2CE_BIT_DATE
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P2CE_BIT007
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P2CE_BIT036

P2CE_BIT037
P2CE_BIT038
P2CE_BIT039
P2CE_BIT040
P2CE_BIT041
P2CE_BIT042
P2CE_BITprob
P2CE_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 REPORT

DELITY DATA QUALITY DATA QUALITY PROGRESS TABLE

INSTRUCTIONS AND DEFINITION OF TERMS

General 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.

Worksheet A. Study Sample and Design

Study Phase:	For the study, to include recruiting the sample and the evidence-based intervention
Key Dates:	Fill in target dates and replace with actual dates when phase is completed (MM/DD/YYYY format).
Unit:	The number of participants of a given type. Parent is the primary respondent. Child is the target child. Home visitor is the number of home visitors across all participants.
Column A options:	All grantees should complete "Full Sample" and then complete the rows that follow based on the applicable study design. If the study design is "intervention group only," enter n.a. (for not applicable) into the cells for the number in the control/comparison group.
Total Number Targeted for Recruiting:	The planned number of participants in the full study--both treatment group to be enrolled in the home visiting model and the control or comparison group. In particular, targeted refers to the potential number of participants you may enroll in the study or intervention during the planning stage. Recruited refers to the actual number of participants contacted to enroll in the study or intervention.
Total Number Recruited But No MOU/Consent Yet:	Of those who are recruited (contacted to enroll in the study or intervention), the number who did not agree to participate in the study.
Total Number Recruited With MOU/Consent:	Of those who are recruited (contacted to enroll in the study or intervention), the number who did agree to participate in the study.
Percent of Those Recruited with MOU/Consent:	This worksheet is programmed to calculate the percentage based on the number of participants recruited with MOU/Consent divided by the total number recruited.
Total Number Assigned:	Of those recruited **and** with MOU/consent on file, the number of people who were assigned to participate in the study and to a treatment or control/comparison group. For grantees with only treatment groups, the full sample row and treatment row will be equal.

INSTRUCTIONS AND DEFINITION OF TERMS

Current Number in Study: Of those assigned to a treatment/intervention or control/comparison group, the number of people who are currently participating in the study. Those who are not currently participating would be those entering the study/beginning the intervention in the future and not yet assigned to a study group OR those who withdrew from the study.

INSTRUCTIONS AND DEFINITION OF TERMS

Worksheet B. Family-Child Data Information

Instrument: Blocks of rows are set aside for each family-child outcome instrument, separated by gray header rows naming the domain and construct. Spell out the full name of the instrument used in the local evaluation. If you did not complete a given measure but it is in your outcome evaluation plan, still name the instrument and enter "0" for the number cells that are green. If you are not collecting the construct in the evaluation, state "Not collecting" in the instrument name cell. For the CIS, instrument completion would refer to the individual forms and measures (like the ASQ) that are administered to participants.

Study Phase: For the outcome evaluation, the recommended data collection includes baseline, mid-point, and exit (or end of intervention) waves. A set of columns are included for "post-intervention" to accommodate some study designs. Additional waves may be added by individual grantee as needed.

Key Dates: Fill in target dates and replace with actual dates when phase is completed (MM/DD/YYYY format).

Column A options: All grantees should complete "Full Sample" and then complete the rows that follow based on the applicable study design. If the study design is "intervention group only," enter n.a. (for not applicable) into the cells for the number in the control/comparison group.

Age of child: Note age of the youngest and oldest child at the time of data collection covered in the Number Completed. Report in years, months (for example, 0, 6 for a 6-month-old; 5, 4 for a child who is 5 years and 4 months of age).

Total Number Assigned: This is programmed to copy the numbers that you entered in Worksheet A.

Total Number Attempted: The number of parents/children who have been contacted in this wave to complete this instrument as of this date. If not equal to the total number assigned to either a treatment/intervention group or a control/comparison group, footnote reason.

Number Completed: The number of parents/children who have completed this instrument as of the current date.

Percentage of Attempted Completed: This is programmed to calculate the number complete divided by the total number attempted for the instrument response rate.

Percentage of Assigned Completed: This is programmed to calculate the number complete divided by the total number assigned for study response rate.

INSTRUCTIONS AND DEFINITION OF TERMS

Proportion of number completed with greater than 25 percent of items missing: For a given instrument, calculate the number of study participants (treatment, comparison/control) who have 25% or more of the instrument items missing. Divide by "Number Completed." For example, for parent depression using the CES-D short form with 13 items, one would determine if a study participant was missing (blank, don't know, or refuse) 4 or more items, then sum for the total number of study participants with 25% or more missing, and divide by the total number of study participants who completed the CES-D.

Mean Record here the mean for each instrument overall, and by treatment and control groups at each wave of data collection

Standard deviation Record here the standard deviation for each instrument, overall and by treatment and control groups at each wave of data collection

Internal consistency reliability (Cronbach's alpha): To be completed at the end of a study phase for the outcome evaluation data collection. Your team (programmer, evaluator) will need to calculate this with a statistical package or appropriate software and then type in the alpha into the spreadsheet. Calculate separate alphas for English and Spanish language versions of each instrument.

INSTRUCTIONS AND DEFINITION OF TERMS

Worksheet C. Home Visit Relationship Data

Instrument:	Two blocks for the relationship questionnaire completed by treatment groups--one for the participant version and one for the home visitor version.
Study Phase:	For the fidelity cross-site evaluation, to be completed every 6 months after enrollment. Additional waves may be added by individual grantee as needed.
Key Dates:	Fill in target dates and replace with actual dates with phase is completed (MM/DD/YYYY format).
Column A options:	All grantees should complete "Full Sample" and then complete the rows that follow based on the applicable study design. If the study design is "intervention group only," enter n.a. (for not applicable) into the cells for the number in the control/comparison group.
Total Number Assigned:	This is programmed to copy the numbers that you entered in Worksheet A.
Total Number Attempted:	The number of parents/children who have been contacted in this wave to complete this instrument as of this date. If
Number Completed:	The number of parents/children who have completed this instrument as of the current date.
Percentage of Attempted Completed:	This is programmed to calculate the number complete divided by the total number attempted for the instrument response rate.
Percentage of Assigned Completed:	This is programmed to calculate the number complete divided by the total number assigned for study response rate.
Mean	Record here the mean for each instrument at each wave of data collection
Standard deviation	Record here the standard deviation for each instrument at each wave of data collection
Proportion of number completed with greater than 25 percent of items missing:	For a given instrument, calculate the number of study participants (treatment, comparison/control) who have 25% or more of the instrument items missing (4 or more items). One would determine if a study participant was missing (blank, don't know, or refuse) 4 or more items, then sum for the total number of study participants with 25% or more missing, and divide by the total number of study participants who completed the relationship questionnaire.
Internal consistency reliability (Cronbach's alpha):	To be completed at the end of a study phase for the outcome evaluation data collection. Your team (programmer, evaluator) will need to calculate this with a statistical package or appropriate software and then type in the alpha into the spreadsheet. Calculate separate alphas for English and Spanish language versions of each instrument.

EBHV GRANTEE DATA QUALITY PROGRESS TABLE
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
Unit=Child							
Full sample					#DIV/0!		
Treatment group					#DIV/0!		
Control/comparison group					#DIV/0!		
Unit=Parent							
Full sample					#DIV/0!		
Treatment group					#DIV/0!		
Control/comparison group					#DIV/0!		
Unit=Home Visitor							
Full sample					#DIV/0!		
Treatment group					#DIV/0!		
Control/comparison group							

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)
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!					

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)
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!					

Parent mental health-depression (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!				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!					

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:	