

The Incredible Years

Demographic Form

Time
Mom/Other Dad/Other

Please use a black felt-tip pen and fill in bubbles completely.

Today's Date

/ /

Interviewer's Name _____

1. Mother/Primary Caregiver:

Primary caregiver's birth date

/ /

Primary Caregiver's Social Security Number

- -

2. Primary caregiver's relationship to child

- Biological Mother Stepparent
 Biological Father Parent's Partner (living in household)
 Adoptive Mother Other Adult Relative
 Adoptive Father Foster Parent Other

3. Spouse/Partner:

Spouse/partner's birth date

/ /

4. Spouse/partner's relationship to child

- Biological Mother Stepparent
 Biological Father Parent's Partner (living in household)
 Adoptive Mother Other Adult Relative
 Adoptive Father Foster Parent Other

5. Child Participating in Study:

Child's birth date

/ /

6. How many months IN THE LAST YEAR have you lived with your child?

- 0-2 mos. 3-4 mos. 5-6 mos. 7-8 mos. 9-10 mos. 11-12 mos.

7. Sex of Child

- Male
 Female

8. How many children live at home with you?

9. What is your gross (before taxes) annual household income (include child support and financial aid)?

- Less than \$4,999 \$20,000-\$24,999 \$40,000-\$44,999
 \$5,000-\$9,999 \$25,000-\$29,999 \$50,000-\$54,999
 \$10,000-\$14,999 \$30,000-\$34,999 \$55,000-\$59,000
 \$15,000-\$19,999 \$35,000-\$39,999 \$60,000 and over

10. How old were you when your first child was born?

11. Does your child (in the project) take any medications on a regular basis. Please list them:

_____ For what? _____

_____ For what? _____

_____ For what? _____

12. Does your child (in the study) have any of the following?

- a. Language delay
b. Cognitive delay
c. Physical handicap (mobility)
d. Attention Deficit Hyperactivity Disorder
e. Vision or hearing impairment
f. Learning problem
g. Emotional or behavioral problem

13. What is your marital status?

- Single, never married
 Separated
 Divorced
 Married
 Living together as if married
 Widowed

14. Please Mark the highest level of education you have completed.

- Grades 0-8
 Grades 9-11
 High School or GED
 Some college
 College Graduate
 Post-college degree



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Time	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	Mom/Other	Dad/Other				
	<input type="checkbox"/>	<input type="checkbox"/>				

15. Are you working right now?

- Yes, full time
- Yes, part time
- Working at home (child care, sewing, etc.)
- Not working, but looking for a job
- Not working by choice (homemaker, retired)

16. What is (or was) your specific job or occupation? (If retired, give occupation before retirement). Please be as specific as possible. If there is a job title, please include it.

17. Do you receive any of the following kinds of financial aid?

- No financial aid
- Food stamps/WIC
- Aid to Families with Dependent Children
- Other welfare (not AFDC)
- Medical only
- Student financial aid
- Other (specify): _____
- Two of the above
- Three of the above

18. What is your ethnic group or race?

- Mexican, Mexican-American
- American Indian
- Other Latino or Hispanic
- Asian
- African American
- Pacific Islander
- Caucasian
- Other _____

19. What is the primary language spoken in your home?

- English
- Korean
- Bosnian
- Spanish
- Russian
- Amharic
- Vietnamese
- Oromo
- Other _____
- Chinese
- Tigrinea

20. What is your child's (in study) ethnic group or race?

- Mexican, Mexican-American
- American Indian
- Other Latino or Hispanic
- Asian
- African American
- Pacific Islander
- Caucasian
- Other _____

21. How many times have you moved in the past year?

- 1
- 2
- 3
- 4
- 5
- 6

If you do not have a partner, fill in bubble and skip to question 26 (next page). No Spouse/Partner

22. What's the HIGHEST level of school your spouse/partner has completed?

- Grades 0-8
- Some college
- Grades 9-11
- College Graduate
- High School or GED
- Post-college degree

23. Is your spouse/partner working right now?

- Yes, full time
- Yes, part time
- Working at home (child care, sewing, etc.)
- Not working, but looking for a job
- Not working by choice (homemaker, retired)

24. What is (or was) your spouse/partner's job or occupation? (If retired, give occupation before retirement). Please be as specific as possible. If there is a job title, please include it.

25. What your spouse/partner's ethnic group or race?

- Mexican, Mexican-American
- American Indian
- Other Latino or Hispanic
- Asian
- African American/ African
- Pacific Islander
- Caucasian
- Other



Time	<input checked="" type="checkbox"/>	CID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mom/Other		Dad/Other			
	<input type="radio"/>		<input type="radio"/>			

26. What is your current address?

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone: (area code) _____

e-mail _____

27. In case you should move before the project is completed, we would like to have the name, address, and telephone number of three relatives or friends who would always know your whereabouts.

a. First Contact Person:

First Name _____ Middle _____ Last Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone: (area code) _____

Relationship to you _____

Notes: _____

b. Second Contact Person:

First Name _____ Middle _____ Last Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone: (area code) _____

Relationship to you _____

Notes: _____

c. Third Contact Person:

First Name _____ Middle _____ Last Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Phone: (area code) _____

Relationship to you _____

Notes: _____