When you were 5 YEARS OLD (kindergarten)

Please answer the following questions about when you were 5 YEARS OLD by placing a check (✓) at the appropriate answer. If you cannot remember exactly, make your best guess by picking an answer from when you were between 3 and 7 years of age (pre-school-2nd grade)

1. How often did your parents argue?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ My Parents Lived Apart and Never Spoke

2. How often did you get along with your mother?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ I Lived Apart from My Mother and We Never Spoke

3. How often did you get along with your father?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ I Lived Apart from My Father and We Never Spoke

4. How often did you get along with brothers and sisters?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ I Lived Apart from My Brothers and Sisters and We Never Spoke

5. How often did your parents leave you unsupervised?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never ____ Not Sure

6. How often did your family eat dinner together?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never ____ Not Sure
7. How often did your parents show you affection?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

8. How often did your parents hug you?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

9. How often did you laugh together?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

10. How often did your parents praise you?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

11. How often did your parents show concern about your school work?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

12. How much of your free time did you spend engaged in activities (games, watching TV, going to movies, sports, etc.) with your family?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

13. How often did you do things on your own?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

14. How often were you liked by other children?

___ All the time ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

15. Did you take any "out of town" vacations with your family?

______ NO _______ YES _______ Not sure

16. Did you have a dental check-up that year?

______ NO _______ YES _______ Not sure
17. Did you have a regular physician when you were 5 years old?
_____ Yes  _____ No  _____ Not Sure

18. How often did you see your mother reading a book?
_____ Never  _____ She read often  _____ She read sometimes, but seldom

19. How often did you see your father reading a book?
_____ Never  _____ He read often  _____ He read sometimes, but seldom

20. Did you have a newspaper delivered to your home?
_____ Yes  _____ No  _____ Not Sure

21. Was there a gun in your family’s home?
_____ Yes  _____ No  _____ Not Sure

22. How often did your family have contact with the police?
_____ All the time  _____ Most of the time  _____ Some of the time  _____ Never  _____ Not Sure

23. When you were 5 years old, compared to others your age, would you say your health was?
_____ Excellent  _____ Very Good  _____ Good  _____ Fair  _____ Poor

24. How often did you eat fruits and vegetables?
_____ All the time  _____ Most of the time  _____ Some of the time  _____ Never  _____ Not Sure

25. How often did your MOTHER smoke or chew tobacco?
_____ 10 or more cigarettes (bowls of tobacco etc.) a day
_____ 1-10 cigarettes a day
_____ At least once a week but not everyday
_____ Never
26. How often did your **FATHER** smoke or chew tobacco?
   _____ 10 or more cigarettes (bowls of tobacco etc.) a day
   _____ 1-10 cigarettes a day
   _____ At least once a week but not everyday
   _____ Never

27. How often did your **MOTHER** drink alcohol?
   _____ More than 4 drinks a day
   _____ 2-4 drinks a day
   _____ 1-2 drinks a day
   _____ Less than 1 drink a day
   _____ Never

28. How often did your **FATHER** drink alcohol?
   _____ More than 4 drinks a day
   _____ 2-4 drinks a day
   _____ 1-2 drinks a day
   _____ Less than 1 drink a day
   _____ Never

29. How often did your **MOTHER** watch television?
   _____ More than 4 hours a day
   _____ 2-4 hours a day
   _____ Less than 2 hours but at least once per day
   _____ At least once a week
   _____ Less than a weekly basis
   _____ Never

30. How often did your **FATHER** watch television?
   _____ More than 4 hours a day
   _____ 2-4 hours a day
   _____ Less than 2 hours but at least once per day
   _____ At least once a week
   _____ Less than a weekly basis
   _____ Never
31. Which of the following best describes the highest level of educational your **mother** had completed when you were 5 years old?

- Didn’t Finish High School
- Didn’t Finish High School, but completed a technical/vocational program
- High School Graduate or GED (General Education Diploma)
- Completed High School and a technical/vocational program
- Less than 2 Years of College
- 2 Years of College or more/ including associate degree or equivalent
- College graduate (4 or 5 year program)
- Master’s degree (or other post-graduate training)
- Doctoral degree (PhD., MD, EdD, DVM, DDS, JD, etc)

32. Which of the following best describes the highest level of educational your **father** had completed when you were 5 years old?

- Didn’t Finish High School
- Didn’t Finish High School, but completed a technical/vocational program
- High School Graduate or GED (General Education Diploma)
- Completed High School and a technical/vocational program
- Less than 2 Years of College
- 2 Years of College or more/ including associate degree or equivalent
- College graduate (4 or 5 year program)
- Master’s degree (or other post-graduate training)
- Doctoral degree (PhD., MD, EdD, DVM, DDS, JD, etc)
When you were 10 YEARS OLD (4th – 5th Grade)

Please answer the following questions about when you were 10 YEARS OLD by placing a check ( √ ) at the appropriate answer. If you cannot remember exactly, make your best guess by picking an answer from when you were between 8 and 12 years of age (3rd-7th grade).

When you were 10 YEARS OLD:

1. How often did your parents argue?
   ____ All the time ____ Most of the time___ Some of the time _____ Never
   ____ Not Sure
   ____ My Parents Lived Apart and Never Spoke

2. How often did you get along with your mother?
   ____ All the time ____ Most of the time___ Some of the time _____ Never
   ____ Not Sure
   ____ I Lived Apart from My Mother and We Never Spoke

3. How often did you get along with your father?
   ____ All the time ____ Most of the time___ Some of the time _____ Never
   ____ Not Sure
   ____ I Lived Apart from My Father and We Never Spoke

4. How often did you get along with brothers and sisters?
   ____ All the time ____ Most of the time___ Some of the time _____ Never
   ____ Not Sure
   ____ I Lived Apart from My Brothers and Sisters and We Never Spoke

5. How often did your parents leave you unsupervised?
   ____ All the time   ____ Most of the time ___Some of the time ___Never ___Not Sure

6. How often did your family eat dinner together?
   ____ All the time   ____ Most of the time ___Some of the time ___Never ___Not Sure
7. How often did your parents show you affection?
   ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

8. How often did your parents hug you?
   ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

9. How often did you laugh together?
   ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

10. How often did your parents praise you?
    ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

11. How often did your parents show concern about your school work?
    ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

12. How much of your free time did you spend engaged in activities (games, watching TV, going to movies, sports, etc.) with your family?
    ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

13. How often did you do things on your own?
    ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

14. How often were you liked by other children?
    ___ All the time   ___ Most of the time   ___ Some of the time   ___ Never   ___ Not Sure

15. Did you take any “out of town” vacations with your family?
    ______ NO     ________YES     _______ Not sure

16. Did you have a dental check-up that year?
    ______ NO     ________YES     _______ Not sure
17. Did you have a regular physician when you were 10 years old?
   ____ Yes      ____ No    ____ Not Sure

18. How often did you see your mother reading a book?
   ____ Never    ___ She read often    ___ She read sometimes, but seldom

19. How often did you see your father reading a book?
   ____ Never    ___ He read often    ___ He read sometimes, but seldom

20. Did you have a newspaper delivered to your home?
   ____ Yes      ____ No    ____ Not Sure

21. Was there a gun in your family’s home?
   ____ Yes      ____ No    ____ Not Sure

22. How often did your family have contact with the police?
   ___ All the time   ___ Most of the time ___ Some of the time   ___ Never ___ Not Sure

23. When you were 10 years old, compared to others your age, would you say your health was?
   ___ Excellent   ___ Very Good ___ Good   ___ Fair ___ Poor

24. How often did you eat fruits and vegetables?
   ___ All the time   ___ Most of the time ___ Some of the time   ___ Never ___ Not Sure

25. How often did your MOTHER smoke or chew tobacco?
   ______ 10 or more cigarettes (bowls of tobacco etc.) a day
   ______ 1-10 cigarettes a day
   ______ At least once a week but not everyday
   ______ Never
26. How often did your FATHER smoke or chew tobacco?
   _____ 10 or more cigarettes (bowls of tobacco etc.) a day
   _____ 1-10 cigarettes a day
   _____ At least once a week but not everyday
   _____ Never

27. How often did your MOTHER drink alcohol?
   _____ More than 4 drinks a day
   _____ 2-4 drinks a day
   _____ 1-2 drinks a day
   _____ Less than 1 drink a day
   _____ Never

28. How often did your FATHER drink alcohol?
   _____ More than 4 drinks a day
   _____ 2-4 drinks a day
   _____ 1-2 drinks a day
   _____ Less than 1 drink a day
   _____ Never

29. How often did your MOTHER watch television?
   _____ More than 4 hours a day
   _____ 2-4 hours a day
   _____ Less than 2 hours but at least once per day
   _____ At least once a week
   _____ Less than a weekly basis
   _____ Never

30. How often did your FATHER watch television?
   _____ More than 4 hours a day
   _____ 2-4 hours a day
   _____ Less than 2 hours but at least once per day
   _____ At least once a week
   _____ Less than a weekly basis
   _____ Never
31. Which of the following best describes the highest level of educational your **mother** had completed when you were 10 years old?

- Didn’t Finish High School
- Didn’t Finish High School, but completed a technical/vocational program
- High School Graduate or GED (General Education Diploma)
- Completed High School and a technical/vocational program
- Less than 2 Years of College
- 2 Years of College or more/ including associate degree or equivalent
- College graduate (4 or 5 year program)
- Master’s degree (or other post-graduate training)
- Doctoral degree (PhD., MD, EdD, DVM, DDS, JD, etc)

32. Which of the following best describes the highest level of educational your **father** had completed when you were 10 years old?

- Didn’t Finish High School
- Didn’t Finish High School, but completed a technical/vocational program
- High School Graduate or GED (General Education Diploma)
- Completed High School and a technical/vocational program
- Less than 2 Years of College
- 2 Years of College or more/ including associate degree or equivalent
- College graduate (4 or 5 year program)
- Master’s degree (or other post-graduate training)
- Doctoral degree (PhD., MD, EdD, DVM, DDS, JD, etc)
When you were 15 YEARS OLD (9th -10th Grade)

Please answer the following questions about when you were 15 YEARS OLD by placing a check (✓) at the appropriate answer. If you cannot remember exactly, make your best guess by picking an answer from when you were between 13 and 17 years of age (8th-11th grade).

When you were 15 YEARS OLD:

1. How often did your parents argue?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ My Parents Lived Apart and Never Spoke

2. How often did you get along with your mother?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ I Lived Apart from My Mother and We Never Spoke

3. How often did you get along with your father?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ I Lived Apart from My Father and We Never Spoke

4. How often did you get along with brothers and sisters?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
   ____ I Lived Apart from My Brothers and Sisters and We Never Spoke

5. How often did your parents leave you unsupervised?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure

6. How often did your family eat dinner together?
   ____ All the time ____ Most of the time ____ Some of the time ____ Never
   ____ Not Sure
7. How often did your parents show you affection?
   ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

8. How often did your parents hug you?
   ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

9. How often did you laugh together?
   ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

10. How often did your parents praise you?
    ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

11. How often did you parents show concern about your school work?
    ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

12. How much of your free time did you spend engaged in activities (games, watching TV, going to movies, sports, etc.) with your family?
    ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

13. How often did you do things on your own?
    ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

14. How often were you liked by other children?
    ___ All the time  ___ Most of the time ___ Some of the time ___ Never ___ Not Sure

15. Did you take any "out of town" vacations with your family?
    ______ NO     ________YES     _______ Not sure

16. Did you have a dental check-up that year?
    ______ NO     ________YES     _______ Not sure
17. Did you have a regular physician when you were 15 years old?
   ____Yes    ____No    ____Not Sure

18. How often did you see your mother reading a book?
   ____Never    ____She read often    ____She read sometimes, but seldom

19. How often did you see your father reading a book?
   ____Never    ____He read often    ____He read sometimes, but seldom

20. Did you have a newspaper delivered to your home?
   ____Yes    ____No    ____Not Sure

21. Was there a gun in your family's home?
   ____Yes    ____No    ____Not Sure

22. How often did your family have contact with the police?
   ____All the time    ____Most of the time    ____Some of the time    ____Never    ____Not Sure

23. When you were 15 years old, compared to others your age, would you say your health was?
   ____Excellent    ____Very Good    ____Good    ____Fair    ____Poor

24. How often did you eat fruits and vegetables?
   ____All the time    ____Most of the time    ____Some of the time    ____Never    ____Not Sure

25. How often did your MOTHER smoke or chew tobacco?
   ______ 10 or more cigarettes (bowls of tobacco etc.) a day
   ______ 1-10 cigarettes a day
   ______ At least once a week but not everyday
   ______ Never
26. How often did your FATHER smoke or chew tobacco?
   _____ 10 or more cigarettes (bowls of tobacco etc.) a day
   _____ 1-10 cigarettes a day
   _____ At least once a week but not everyday
   _____ Never

27. How often did your MOTHER drink alcohol?
   _____ More than 4 drinks a day
   _____ 2-4 drinks a day
   _____ 1-2 drinks a day
   _____ Less than 1 drink a day
   _____ Never

28. How often did your FATHER drink alcohol?
   _____ More than 4 drinks a day
   _____ 2-4 drinks a day
   _____ 1-2 drinks a day
   _____ Less than 1 drink a day
   _____ Never

29. How often did your MOTHER watch television?
   _____ More than 4 hours a day
   _____ 2-4 hours a day
   _____ Less than 2 hours but at least once per day
   _____ At least once a week
   _____ Less than a weekly basis
   _____ Never

30. How often did your FATHER watch television?
   _____ More than 4 hours a day
   _____ 2-4 hours a day
   _____ Less than 2 hours but at least once per day
   _____ At least once a week
   _____ Less than a weekly basis
   _____ Never
31. Which of the following best describes the highest level of educational your mother had completed when you were 15 years old?

- Didn’t Finish High School
- Didn’t Finish High School, but completed a technical/vocational program
- High School Graduate or GED (General Education Diploma)
- Completed High School and a technical/vocational program
- Less than 2 Years of College
- 2 Years of College or more/ including associate degree or equivalent
- College graduate (4 or 5 year program)
- Master’s degree (or other post-graduate training)
- Doctoral degree (PhD., MD, EdD, DVM, DDS, JD, etc)

32. Which of the following best describes the highest level of educational your father had completed when you were 15 years old?

- Didn’t Finish High School
- Didn’t Finish High School, but completed a technical/vocational program
- High School Graduate or GED (General Education Diploma)
- Completed High School and a technical/vocational program
- Less than 2 Years of College
- 2 Years of College or more/ including associate degree or equivalent
- College graduate (4 or 5 year program)
- Master’s degree (or other post-graduate training)
- Doctoral degree (PhD., MD, EdD, DVM, DDS, JD, etc)