

# CHILD FOLLOW-UP INTERVIEW

## (TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

CODE A-G WITHOUT QUESTIONING RESPONDENT:

[FORM 339; CARD 01]

A. SITE: .....	_	[6]
B. CHILD ID NUMBER: .....	_ _ _ _ _	[7-10]
C. MOTHER ID NUMBER: .....	_ _ _ _ _	[11-14]
D. DATE OF THIS INTERVIEW: .....	_ _      _ _      _ _	[15-20]
	MO          DAY          YR	
E. NAME OF INTERVIEWER: _____	_ _ _ _ _	[21-23]
	ID#	
F. DATE DISCHARGE FROM FIRST CHOICE: .....	_ _      _ _      _ _	[24-29]
	MO          DAY          YR	
G. CHILD GENDER: .....	0=Female    1=Male	[30]
H. If follow-up data cannot be collected for the child, indicate the reason --.....	_	[31]
<ol style="list-style-type: none"> <li>1. Child not accessible (e.g., living in another city/state/country)</li> <li>2. Mother refused to provide information about child</li> <li>*3. Child died</li> <li>4. Other (specify) _____</li> </ol>		
*If reason is death --		
a. Date of death: .....	_ _      _ _      _ _	[32-37]
	MO          DAY          YR	
b. Cause of death (ICD-9 code, if possible):	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div>	[38-39]
_____	CODE	

**I want to ask you some specific questions about your children.**

INSTRUCT CLIENT TO NAME ONE CHILD AND ANSWER ALL QUESTIONS WITH THAT CHILD IN MIND.  
USE A SINGLE FORM FOR EACH CHILD.

**ONLY COMPLETE FORMS FOR CHILDREN WHO WERE IN TREATMENT WITH THE MOTHER.**

1. How many days did your child receive services from First Choice  
during the past 6 months? .....|\_|\_|\_|\_|\_| [40-42]  
# DAYS

2. What is the child's current age and birthdate?

Age: |\_\_| |\_\_| [43-44]

Date of Birth: |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| [45-50]  
MO DAY YR

3. Who has legal custody of this child?..... |\_\_| [51]

- 1. *Mother (respondent)*
- 2. *Father*
- 3. *Grandparent*
- 4. *Other relative*
- 5. *State*
- 6. *Other*  
(specify): \_\_\_\_\_
- 7. *Both mother and Father*

4. Who is the child currently living with?..... |\_\_| [52]

- 1. *Mother (respondent)*
- 2. *Foster care*
- 3. *Father*
- 4. *Grandparents*
- 5. *Other relative(s)*
- 6. *Hospital extended care*
- 7. *Other arrangements*  
(specify): \_\_\_\_\_
- 8. *Both mother and father*

5. During the past 6 months, with whom was your child living and for what length of time?

How long did your child live with --	Length of Time (TOTAL # WEEKS)
a. Mother (respondent) .....	__   __  [53-54]
b. Both mother and father.....	__   __  [55-56]
*c. Father .....	__   __  [57-58]
*d. Grandparents .....	__   __  [59-60]
*e. Other relatives .....	__   __  [61-62]
*f. Foster care.....	__   __  [63-64]
*g. Hospital extended care .....	__   __  [65-66]
*h. Other arrangements (specify) _____ .....	__   __  [67-68]

\*IF OTHER THAN MOTHER (c-h) ASK:

a. How often have you been in contact with your child during the past 6 months?..... |\_\_| [69]

0. Never	4. Several times a week
1. Once or twice	5. Daily
2. Once or twice a month	7. Unknown
3. Once a week	

6. During the past 6 months, has your child been homeless (living on streets, in homeless shelter, sleeping in empty buildings, etc.)? ..... 0=No 1=Yes\* 7=Unknown [11] [339;02;ID]

\*IF "YES", ASK:

a. For how many months was your child homeless?.....	__ __	[12-13]
	# MONTHS	

7. Has your child been removed from your care by Child Protective Services during the past 6 months? ..... 0=No 1=Yes\* 7=Unknown [14]

\*IF "YES", ASK:

a. How many times has your child been removed from your care during that time?.....	__ __	[15-16]
	# TIMES	
b. For how many months has your child been removed from your care?.....	__ __	[17-18]
	# MONTHS	

8. Were you living with this child's father at any time during the last 6 months?.....0=No 1=Yes [19]

9. How often has the father been in contact with this child in the last 6 months? ..... |\_\_| [20]

- |                                 |                                |
|---------------------------------|--------------------------------|
| 1. <i>Never</i>                 | 4. <i>Once a week</i>          |
| 2. <i>Once or twice</i>         | 5. <i>Several times a week</i> |
| 3. <i>Once or twice a month</i> | 6. <i>Daily</i>                |

10. How would you describe this child's relationship with his or her father? ..... |\_\_| [21]

- |                           |                    |
|---------------------------|--------------------|
| 1. <i>No relationship</i> | 4. <i>Adequate</i> |
| 2. <i>Distant</i>         | 5. <i>Friendly</i> |
| 3. <i>Poor</i>            | 6. <i>Close</i>    |

11. Did the father use drugs (other than alcohol) during the past 6 months? ..... 0=No 1=Yes 7=Unknown [22]

12. Do you receive child support from the father? .....0=No 1=Yes 8=NA [23]

13. Which is the major source of support for your child?..... |\_\_| [24]
1. Financial assistance from spouse/domestic partner
  2. Child support from former spouse/father of child(ren)
  3. Financial assistance from family
  4. Financial assistance from friends
  5. Public assistance (SSI, WIC, AFC, ECI)
  6. Your (respondent's) earned income
  7. Other (specify) \_\_\_\_\_

**HEALTH STATUS**

1. Are this child's immunizations current?.....0=No 1=Yes 7=Don't know [25]

2. How many months has it been since the last time this child received medical attention (saw a doctor)? ..... |\_\_| |\_\_| |\_\_| [26-28]  
# MONTHS

3. Is the child within the normal range on standardized measures of --  
 a. height .....0=No 1=Yes 7=Unknown [29]  
 b. weight.....0=No 1=Yes 7=Unknown [30]

4. How many times in the last 6 months has this child spent a day or more in the hospital for health or medical problems, like a serious illness or injury? ..... |\_\_| |\_\_| [31-32]  
# TIMES

Specify reasons for hospitalization.

\_\_\_\_\_ 

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 [33-36]  
 \_\_\_\_\_ 

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 \_\_\_\_\_ 

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**Now I'm going to ask you some questions about your child's current health and behavior.**

FOR EACH SEPARATE HEALTH PROBLEM, ASK:

<p>a. Which of the following affected your child's health <u>during the last 6 months</u>?</p> <p style="text-align: center;">[FOR EACH HEALTH PROBLEM IDENTIFIED, ASK:]</p> <p>*b. Has the problem been diagnosed by a physician?</p> <p>*c. Has the child received treatment?</p>
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Physical Health Disorders	A. HEALTH PROBLEM			*B. DOCTOR DIAGNOSED			*C. TREATMENT		
	NO	YES*	?	NO	YES	?	NO	YES	?
5. Asthma .....	0	1	7 [37]	0	1	7 [48]	0	1	7 [59]
6. Other respiratory condition .....	0	1	7 [38]	0	1	7 [49]	0	1	7 [60]
7. Fetal Alcohol Syndrome .....	0	1	7 [39]	0	1	7 [50]	0	1	7 [61]
8. Fetal Alcohol Effects .....	0	1	7 [40]	0	1	7 [51]	0	1	7 [62]
9. Hearing impairment.....	0	1	7 [41]	0	1	7 [52]	0	1	7 [63]
10. Vision impairment.....	0	1	7 [42]	0	1	7 [53]	0	1	7 [64]
11. Physical disability (specify): .....	0	1	7 [43]	0	1	7 [54]	0	1	7 [65]
12. Physical trauma (specify): .....	0	1	7 [44]	0	1	7 [55]	0	1	7 [66]
13. Tuberculosis .....	0	1	7 [45]	0	1	7 [56]	0	1	7 [67]
14. Childhood infectious diseases (mumps, measles) ...	0	1	7 [46]	0	1	7 [57]	0	1	7 [68]
15. Other (including AIDS) specify): .....	0	1	7 [47]	0	1	7 [58]	0	1	7 [69]

Mental Health Disorders	A. HEALTH PROBLEM			*B. DOCTOR DIAGNOSED			*C. TREATMENT		
	NO	YES*	?	NO	YES	?	NO	YES	?
16. Mental retardation.....	0	1	7 [11]	0	1	7 [28]	0	1	7 [45]
17. Learning disorder.....	0	1	7 [12]	0	1	7 [29]	0	1	7 [46]
18. Motor skills disorder .....	0	1	7 [13]	0	1	7 [30]	0	1	7 [47]
19. Cognitive delay .....	0	1	7 [14]	0	1	7 [31]	0	1	7 [48]
20. Communication disorder.....	0	1	7 [15]	0	1	7 [32]	0	1	7 [49]
21. Pervasive developmental disorder.....	0	1	7 [16]	0	1	7 [33]	0	1	7 [50]
22. Attention Deficit Disorder ....	0	1	7 [17]	0	1	7 [34]	0	1	7 [51]
23. Disruptive behavior disorder.....	0	1	7 [18]	0	1	7 [35]	0	1	7 [52]
24. Feeding and eating disorders of infancy/ early childhood .....	0	1	7 [19]	0	1	7 [36]	0	1	7 [53]
25. Antisocial Personality.....	0	1	7 [20]	0	1	7 [37]	0	1	7 [54]
26. Anxiety.....	0	1	7 [21]	0	1	7 [38]	0	1	7 [55]
27. Depression.....	0	1	7 [22]	0	1	7 [39]	0	1	7 [56]
28. Eating disorder.....	0	1	7 [23]	0	1	7 [40]	0	1	7 [57]
29. Psychological trauma .....	0	1	7 [24]	0	1	7 [41]	0	1	7 [58]
30. Suicidal thoughts.....	0	1	7 [25]	0	1	7 [42]	0	1	7 [59]
31. Post-traumatic stress disorder.....	0	1	7 [26]	0	1	7 [43]	0	1	7 [60]
32. Other DSM-IV findings specify): .....	0	1	7 [27]	0	1	7 [44]	0	1	7 [61]



**EDUCATIONAL STATUS**

[339;04;ID]

1. Is this child between 0 and 5 years of age?.....0=No 1=Yes\* [11]

**IF "NO", SKIP TO Q.2**

**\*IF "YES" AND CHILD IS NOT IN KINDERGARTEN, ASK:**

a. What type of day care arrangements do you currently have for your child? .....	<input type="text"/>	[12]								
<table border="0"> <tr> <td>1. Mother (interviewee)</td> <td>5. Non-relative family day home</td> </tr> <tr> <td>2. Spouse/partner</td> <td>6. Child care center</td> </tr> <tr> <td>3. Adult relative</td> <td>7. No. Child old enough to care for self</td> </tr> <tr> <td>4. Sibling/child relative under 18</td> <td></td> </tr> </table>	1. Mother (interviewee)	5. Non-relative family day home	2. Spouse/partner	6. Child care center	3. Adult relative	7. No. Child old enough to care for self	4. Sibling/child relative under 18			
1. Mother (interviewee)	5. Non-relative family day home									
2. Spouse/partner	6. Child care center									
3. Adult relative	7. No. Child old enough to care for self									
4. Sibling/child relative under 18										
b. Approximately how many hours per week does your child spend in this setting?.....	<input type="text"/> <input type="text"/>	[13-14]								
	# HOURS									
c. How long has your child gone to this place? .....	<input type="text"/> <input type="text"/>	[15-16]								
	# MONTHS									
d. How satisfied are you with the quality of care your child receives there?.....	<input type="text"/>	[17]								
<table border="0"> <tr> <td>1. very dissatisfied</td> <td>4. satisfied</td> </tr> <tr> <td>2. dissatisfied</td> <td>5. very satisfied</td> </tr> <tr> <td>3. neither dissatisfied nor satisfied</td> <td></td> </tr> </table>	1. very dissatisfied	4. satisfied	2. dissatisfied	5. very satisfied	3. neither dissatisfied nor satisfied					
1. very dissatisfied	4. satisfied									
2. dissatisfied	5. very satisfied									
3. neither dissatisfied nor satisfied										
e. In the last 6 months, how many times have you changed your child care arrangements for this child? .....	<input type="text"/> <input type="text"/>	[18-19]								
	# TIMES									
f. Is your child enrolled in a pre-school program (not including Kindergarten)? .....	0=No 1=Yes* 7=Unknown	[20]								
a. Is the pre-school program --										
1. Head Start?.....	0=No 1=Yes	[21]								
2. Non-profit, community based?.....	0=No 1=Yes	[22]								
3. Operated by the treatment facility or its umbrella/parent agency?.....	0=No 1=Yes	[23]								
4. Other? (specify) _____	0=No 1=Yes	[24]								



2. Is the child of school age (5 years or older)?.....0=No 1=Yes\* [25]

**IF "NO", SKIP TO NEXT SECTION**

**\*IF "YES" ASK:**

a. Is this child enrolled in school? ..... 0=No\* 1=Yes [26]

\*IF NOT ENROLLED, SPECIFY REASON \_\_\_\_\_

b. In what grade is the child?..... |\_\_| |\_\_| [27-28]  
GRADE

0. Kindergarten	4. 4th Grade	8. 8th Grade
1. 1st Grade	5. 5th Grade	9. 9th Grade
2. 2nd Grade	6. 6th Grade	19. Not enrolled
3. 3rd Grade	7. 7th Grade	20. Dropped out

c. Does she/he score at grade level or higher on standardized tests? ..... 0=No\* 1=Yes\* 7=Don't know [29]

\*SPECIFY TEST, IF KNOWN \_\_\_\_\_

d. Did she/he successfully complete the most recent academic year? ..... 0=No 1=Yes 7=Don't know [30]

e. Did your child receive any special school services (e.g., remedial instruction, early intervention services for high-risk youth)?.....0=No 1=Yes 7=Unknown [31]

f. How often have you been contacted by the school because of your child's bad behavior?..... |\_\_| [32]

0. Never	4. Several times a week
1. Once or twice	5. Daily
2. Once or twice a month	7. Unknown
3. Once a week	8. Not applicable

g. Has child had a serious argument or fight with a teacher or other school staff?..... |\_\_| [33]

0. Never	4. Several times a week
1. Once or twice	5. Daily
2. Once or twice a month	7. Unknown
3. Once a week	8. Not applicable

h. Who cares for this child after school?..... |\_\_| [34]

1. Mother (respondent)	5. Non-relative family day home
2. Spouse/partner	6. Child care center
3. Adult relative	7. No. Child old enough to care for self
4. Sibling/child relative under 18	

i. Approximately how many hours per week does the child spend in this setting? ..... |\_\_| |\_\_| |\_\_| [35-37]  
# HOURS



**PARENTAL DISCIPLINE**

1. In the last 6 months, how often have you used each of the following methods to discipline your child?

[HAND "CHILD ANSWER CARD" TO RESPONDENT]

	NEVER	ONCE OR TWICE A YEAR	ONCE A MONTH	ONCE A WEEK	SEVERAL TIMES A WEEK	ONCE A DAY	SEVERAL TIMES A DAY	
1. Explain, provide a reason for, or teach what is expected.....	0	1	2	3	4	5	6	[38]
2. Verbally prohibit child from misbehaving.....	0	1	2	3	4	5	6	[39]
3. Use physical punishment.....	0	1	2	3	4	5	6	[40]
4. Use physical restraint.....	0	1	2	3	4	5	6	[41]
5. Isolate child.....	0	1	2	3	4	5	6	[42]
6. Remove privileges ....	0	1	2	3	4	5	6	[43]
7. Threaten punishment.....	0	1	2	3	4	5	6	[44]
8. Ignore child's behavior.....	0	1	2	3	4	5	6	[45]

2. Which of the above methods is most effective for your child? .....  [46]

**End of This Interview--Thanks!**

**CHILD ANSWER CARD**

**[0]. NEVER**

**[1]. ONCE OR TWICE A YEAR**

**[2]. ONCE A MONTH**

**[3]. ONCE A WEEK**

**[4]. SEVERAL TIMES A WEEK**

**[5]. ONCE A DAY**

**[6]. SEVERAL TIMES A DAY**