

## 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-2<sup>nd</sup> 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 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 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 (4<sup>th</sup> – 5<sup>th</sup> 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 (3<sup>rd</sup>-7<sup>th</sup> 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 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 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 (9<sup>th</sup> -10<sup>th</sup> 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** (8<sup>th</sup>-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)**