

Parent-on-Child Module: Item-by-Item Justification

Question Number	Question	Source	Justification
SECTION 1: EDUCATION			
1	Did [CHILD] ever participate in any early intervention program, such as Head Start, Even Start, or Fair Start?	PSID-CDS	<p>Q1-3 These questions determine the child’s educational attainment to date and whether he/she is currently enrolled in school. Combined with information on the child’s age and school history (see below), the questions permit analysis of educational progress, an important outcome for child.</p> <p>Q4-9 This sequence obtains the school history for the child. These data are needed in order to learn how school changes may have followed residential location changes brought about by the MTO intervention. While it is hypothesized that schools in low-poverty neighborhoods will be important in changing the educational attainment and economic prospects of MTO child, it is unclear whether child have attended those schools or whether (for a variety of reasons) they may have been schooled elsewhere. Identification of schools will allow linking to data on school performance and the socioeconomic characteristics of the student body. These factors would shape how schools mediate MTO impacts.</p> <p>Q10-11a Grade retention is a major aspect of educational progress. It may reflect not only the child’s educational efforts but also the policies of different schools or</p>
2	Is this child in school now?	MTO-Baseline	
3	Why not?	Original	
4	When was [CHILD] last enrolled in school?	Original	
5	What is the name of the school [CHILD] is attending (last attended)?	Original	
5a	Now I am going to ask you about what other schools [CHILD] may have attended, even for a short time, going back to [RAYER].		
6	Is/was this a...[TYPE OF SCHOOL]	LAFANS	
7	Where is this school located?	LAFANS	
8	For which grade(s) did [CHILD] attend this school?	Original	
9	Reasons for leaving this school.	PSID-CDS	
10	Has [CHILD] ever repeated a grade?	LAFANS	
11	Which grade(s) did [CHILD] repeat?	LAFANS	

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11a	IF YES: Did [CHILD] repeat [GRADE] in same school?	LAFANS	the different standards between a child's prior school and one in a low-poverty neighborhood.
12	Has [CHILD] ever been suspended or expelled?	PSID	Q12-14 These questions measure disciplinary sanctions. Behavior in school may be affected by the MTO treatment through peer behavior and school norms. But these sanctions may also reflect difficulty in adjusting to a different school.
12a	IF YES: Did this happen in the last 12 months?	PSID	
13	REPEAT Q's 5-9 FOR EACH ADDITIONAL SCHOOL	PSID	
14	During the past two years, has anyone from [CHILD]'s school asked someone to come in and talk about problems this child was having with schoolwork or behavior?	MTO-Baseline	
15	During the past two years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects?	MTO Baseline	Q15 The child's academic track (opportunities for and involvement in advanced schoolwork) may be affected by moves to low-poverty neighborhoods. Better schools in more affluent neighborhoods are more likely to offer advanced classes and provide more rigorous preparation.
16 16a 16b	During the past two years, has [CHILD] gone to a special class or school or gotten special help in school for... Learning problems? Behavioral or emotional problems?	MTO-Baseline MTO-Baseline	Q16-16b These questions measure whether the child has been involved in formal special education programming in school. Moving to a low-poverty community's school may require adjustments and remedial intervention to effect the transition. But recent research also indicates that minority children in predominantly white schools tend to be over-assigned to special education.

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SECTION 2: HEALTH			
1	Would you say [CHILD]'s health in general is excellent, very good, good, fair, or poor?	NHIS97	Q1 This question measures the child's general health. Findings from the MTO Boston study suggest that general health status improve with moves into lower-poverty neighborhoods.
2	What kind of health insurance or health care coverage does [CHILD] have?	NHIS99	Q2 This question measures health insurance coverage for the child. Family transitions off public assistance may lead to loss of Medicaid coverage, while parents' new employment may not provide health insurance they can afford. Loss of health care access could thus offset other health benefits of an MTO move.
3	During the past 12 months, did [CHILD] receive a physical examination or well-child check-up?	NHIS99	Q3 This question measures preventive health care behavior, which is an important mediator of child health and which is likely to change with MTO moves.
4	In the past 12 months, has [CHILD] had any accidents or injuries that required medical attention?	NLSY79	Q4-6 Accidents and injuries are an important component of overall health for children and child. These questions measure their incidence. Low-poverty neighborhoods may be safer in some respects (e.g., better housing, less exposure to violence) but may encourage more exercise and outdoor play, which can increase accidents and injuries.
5	How many such accidents or injuries requiring medical attention has [CHILD] had in the past 12 months?	NLSY79	
6	What was the cause of (that/the first/the second/etc.) accident or injury?	NLSY79	
7	Have you ever been told by a doctor or other health professional that [CHILD] had asthma?	NHIS99	Q 7-16 These questions measure the incidence of asthma in the child study population. Asthma incidence is known to be higher in high-poverty communities and communities with decayed housing stock, possibly due to crowding, poor air quality, stress, and exposure to allergens from cockroaches, mites, cats, mice, and cigarette smoke. Children and child in these settings are even more susceptible than adults to asthma. Unlike many other chronic health problems, asthma is highly sensitive to current environmental conditions; the MTO Boston research suggests reductions due to moves out of public housing.
8	During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?	NHIS99	

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9	During the past 12 months, did [CHILD] have to visit an emergency room or urgent care center because of asthma?	NHIS99	
10	During the past 12 months, has [CHILD] had a wheezing or whistling sound in (his/her) chest?	NHIS99	
11	How many attacks of wheezing or whistling has [CHILD] had in (his/her) chest during the past 12 months?	NHIS99	
12	During the past 12 months, has [CHILD]'s sleep been disturbed due to wheezing or whistling?	NHIS99	
13	During the past 12 months, how often on average has [CHILD]'s sleep been disturbed due to wheezing or whistling?	NHIS99	
14	During past 12 months, has [CHILD]'s chest sounded wheezy during or after exercise or physical activity?	NHIS99	
15	During the past 12 months, has [CHILD]'s wheezing ever been severe enough to limit (his/her) speech to only 1 or 2 words at a time between breaths?	NHIS99	
16	During the past 12 months, how many times has [CHILD] gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?	NHIS99	

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13	Demands a lot of attention.		
14	Is too dependent on others.		
15	Hangs around with kids who get into trouble.		
16	Worries too much. Is disobedient at school. Has trouble getting along with teachers.		
SECTION 4: TIME USE			
1	<p><i>Now I'd like to talk about activities [CHILD] does after school and who was doing them with him/her.</i></p> <p>What did your child do the <i>hour after school</i> on ____? Please just tell us about [CHILD]'s <i>main</i> activity.</p> <p>1a Where was [CHILD] while he/she was doing this activity?</p> <p>1b Were you present during this activity?</p> <p>1c Were there any other adults present during this activity?</p> <p>1d Were there any other children present during this activity?</p>	Original	<p>Q1-2d</p> <p>This section collects information on daily activities and contact with adults. A randomly selected day (Monday-Friday) will be used. This section focuses on a narrow window of time, the hour after school and the hour after dinner, and it asks about the main activity in order to reduce administration time. It is designed to capture after-school supervision and adult contact and to supplement other information gathered in this regard elsewhere. It is hypothesized that the nature of children's activities will change as they move from high- to low-poverty neighborhoods. In MTO experimental group families, we expect to see children devote more time to studying, extra-curricular activities, recreational activities, and exercise. We also expect to see greater community monitoring of children by adults other than those in the child's immediate family. At the same time, we expect to see changed parenting practices. With moves into safer neighborhoods where the community is more involved in bringing up the child, parental practices may become less restrictive and authoritative.</p>
2	What did your [CHILD] do during the hour after dinner on _____ (please use the same day as Q1 above)? Please just tell us		

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2a	about [CHILD]'s <i>main</i> activity in that hour.		
2a	Where was child while he/she was doing this activity?		
2b	Were you present during this activity?		
2c	Were there any other adults present during this activity?		
2d	Were there any other children present during this activity?		