

ICPSR 31622

**Fragile Families and Child
Wellbeing Study [Public Use Data]**

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Father's Core Five-Year Follow-Up Survey --
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FRAGILE FAMILIES

SCALES DOCUMENTATION AND QUESTION SOURCES FOR FIVE-YEAR QUESTIONNAIRES

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I. INTRODUCTION

This document provides the sources of questions in the Fragile Families Five-year Survey instrument that were derived from other surveys. We describe any established scales that were used, any modifications to them, and suggested scoring. We also describe measures we gathered from different sources that are not established scales, but measure similar concepts.

II. ABBREVIATIONS

The following is a list of abbreviations used throughout this documentation:

Abbreviation	
ASP	Antisocial Personality Disorder
AAD	Alcohol Abuse/Dependence
CDS[-P]	Child Development Supplement [- Parent Survey]
CIDI[-SF]	Composite International Diagnostic Interview [- Short Form]
DAD	Drug Abuse/Dependence
DI	Dysfunctional Impulsivity
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders, 3 rd Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4 th Edition
EAS	Emotionality, Activity, and Sociability Inventory
EHS[-P]	Early Head Start [Parent Interview]
EMLN	Arthur Emlen's Work Flexibility Scale
FF/FFS	Fragile Families (Survey)
FFin	Family Finances
FI	Functional Impulsivity
GAD	Generalized Anxiety Disorder
HOME	Home Observation for Measurement of the Environment
IOWA	Study of Work, Welfare, & Family Well-Being of Iowa families on FIP
JOBS	Job Opportunities and Basic Skills Training Program
LLOYD	Susan Lloyd's Effects of Violence on Work and Family project
MD	Major Depression
MDE	Major Depressive Episode
MDSS	Multidimensional support scale [MDSS] ¹
MFIP	Minnesota Family Investment Program Child Outcome Study
NCS	National Comorbidity Survey
NCCS	National Child Care Survey 1990
NEWWS	National Evaluation of Welfare-to-Work Strategies
NHI	National Health Interview

¹ Winefield, H.R., Winefield, A.H., & Tiggemann, M. IN: Corcoran K & Fischer J (2000). *Measures for clinical practice: A sourcebook*. 3rd Ed. (2 vols.) New York: Free Pr. v.2, pp. 507-511.

NHIS-CS	National Health Interview Survey – Child Supplement
NLSY	National Longitudinal Survey of Youth
NSFH	National Survey of Families and Households
NYLS	New York Longitudinal Study
PSID	Panel Study of Income Dynamics
SIPP	Survey on Income and Program Participation
SIS	New York City Social Indicators Survey
WHO	World Health Organization

III. DESCRIPTION OF SCALES/CONCEPTS

CONCEPT

MENTAL HEALTH SCALE FOR DEPRESSION

WAVE – FIVE-YEAR

Mother questions: J5, J6, J7, J8, J9, J10, J11, J12, J13, J13A, J14, J14A, J15, J16, J17 (15 items)

Father questions: J5, J6, J7, J8, J9, J10, J11, J12, J13, J13A, J14, J14A, J15, J16, J17 (15 items)

NOTE: The scoring procedures described below rely primarily on memos issued by Kessler and Mroczek in 1994 and 1997. In 2002, Walters et al. issued “Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form” which recommends scoring procedures that differ in two respects. In the following, we note where the procedures used to identify major depression in the Fragile Families respondents deviate from the 2002 version. When procedures are consistent, language is taken directly from the 2002 scoring guide.

The Major Depressive Episode (MDE) five-year questions are derived from the Composite International Diagnostic Interview - Short Form (CIDI-SF), Section A (Kessler et al. 1998). The short form of the CIDI interview takes a portion of the full set of CIDI questions and generates from the responses the probability that the respondent would be a “case,” (i.e., a positively diagnosed respondent), if given a full CIDI interview.

The CIDI questions are consistent with the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV; APA, 1994). The CIDI is a standardized instrument for assessment of mental disorders intended for use in epidemiological, cross-cultural, and other research studies.

Respondents are asked whether they have had feelings of dysphoria (depression) or anhedonia (inability to enjoy what is usually pleasurable) in the past year that lasted for two weeks or more, and if so, whether the symptoms lasted most of the day and occurred every day of the two week period. If so, they were asked more specific questions about: 1) losing interest, 2) feeling tired, 3) change in weight, 4) trouble sleeping, 5) trouble concentrating, 6) feeling worthless, and 7) thinking about death.

² Personal communications from Ron Kessler and Dan Mroczek, “Scoring the UM-CIDI Short Forms,” revised 2/22/94, and “UM-CIDI Short Form 03.20/97, Kessler and Mroczek – DSM-IV Version.”

MODIFICATIONS

All of the essential CIDI-SF questions to score a MDE are included in the five-year survey. A few questions are omitted. These omitted questions deal with persistence, recency, and impairments associated with major depression and the subject's contact with a health care provider or other professional. The omitted questions play no part in generating predicted probabilities for the presence of disorders.³

SCORING INFORMATION

Section A of the CIDI-SF is used to classify respondents according to the criteria for a DSM-IV major depressive episode. No distinction is made between respondents with major depressive disorder, major depressive episodes that occur as part of a bipolar disorder, or major depressive episodes that occur in the course of psychotic disorders.

There are two ways to meet the diagnostic stem requirement for MD:

- either to endorse all questions about having two weeks of dysphoric mood (J5-J6-J7); or
- to endorse all questions about having two weeks of anhedonia (J9-J10-J11).

Consistent with the procedures described by Kessler and Mroczek in 1994 and 1997, each series requires the respondent to report two weeks of symptoms lasting at least about half of the day (J6, J10) and almost every day (J7, J11).

Either denying the existence of the symptom or denying persistence leads to a skip-out, and the respondent receives a probability of caseness equal to zero. If respondents endorsed the dysphoric stem, they were not asked the anhedonia stem questions. Note that the scoring instructions issued by Walters et al. (2002) creates more stringent conditions for endorsing the stem; respondents must report the two weeks of symptoms last at least “most of the day” in questions J6 and J10. As a consequence, the approach used here results in more respondents endorsing the stem than would endorse if the 2002 revisions were employed.

If the respondent endorses the diagnostic stem series, an additional seven symptom questions are asked: losing interest (J8=1, only if the stem involves dysphoria; the anhedonia stem question J9=1 should be counted when the anhedonia stem is endorsed), feeling tired (J12=1), change in weight greater than or equal to 10 pounds (J13=1, 2, or 3 and J13A>=10), trouble with sleep (J14=1 and J14A=1 or 2), trouble concentrating (J15=1), feeling down (J16=1), and thoughts about death (J17=1). The respondent's MD score (range 0-8) is then calculated as the sum of positive responses to each of these seven symptom questions and the first dysphoric stem question (J5). Note that the scoring scheme proposed by Walters et al. (2002) excludes J5 from the symptom count, leading to an MD score range of 0-7.

³ See Walters et al. (2002).

Table 1 shows the cross-classification of MD short-form scores with the probability of being a CIDI case.⁴ This cross-classification reflects the probability that a respondent with a particular response profile will meet full diagnostic criteria when given the complete CIDI interview.⁵ As shown in the table, the probability of being a CIDI case is related to the MD score with the probability of being a case being greater than 0.5 among respondents who endorsed three or more symptoms.

There are two scoring alternatives for the CIDI-SF MD section. The first is to create a dichotomous score, classifying respondents as either probable cases or probable non-cases based on whether or not they have a MD score of three or more. The second is to assign respondents the probability of caseness score. Note that respondents who denied the MD stem questions or otherwise skipped out of the section prior to assessing the symptoms in the MD score receive a probability of caseness equal to zero.

A Memo Edit issued by Kessler in December 2002 indicates that subjects who volunteer they are taking medication for depression (J5 or J9=-14) should be counted as depressed. Note that while they receive a positive score for caseness, they are not asked any of the seven symptom questions.

TABLES

Five-Year Results for Fragile Families Data

Table 1: Major Depression

Short form MD Score	Probability of CIDI Caseness	Five-Year FF Mothers	Five-Year FF Fathers
0	0.0001	3,405	2,755
1	0.0568	9	12
2	0.2351	19	18
3	0.5542	38	31
4	0.8125	81	52
5	0.8895	149	78
6	0.8895	187	83
7	0.9083	1809	78
8	0.9083	61	39
Totals		4,129	3,146

⁴ For the distribution in Tables 1 and 2, respondents who did not know or refused to answer the initial dysphoria or anhedonia screening question (J5 and J9= -1 or -2) are considered missing. Respondents who answered the initial screening question but did not report how much or how often they experienced the state are scored as not meeting the stem.

⁵ Please note: Kessler urges caution when interpreting the probability of caseness. The probabilities are derived from a single sample and have not been validated.

Table 2: Major Depression Caseness

MD Caseness	Five-Year FF Mothers	Five-Year FF Fathers
Yes (1)	702	364
No (0)	3,427	2,782
Totals	4,129	3,146

REFERENCES

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders, Fourth Edition*. Washington, DC: American Psychiatric Association.
- Kendler, K.S., Davis, C.G., Kessler, R.C. (1997). The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: A family history study. *British Journal of Psychiatry*, 170, 541-548.
- Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.
- Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

ALCOHOL USE

WAVE – FIVE-YEAR

Mother questions: J20, J20A, J21

Father questions: J20, J20A, J21

The Five-year survey does not contain the full CIDI-SF Alcohol and Drug Dependence Scales and only includes a subset of three questions indicating alcohol use.

MODIFICATIONS

The Fragile Families Five-year Surveys is not comparable to the One-year and Three-year Surveys in its measurements of alcohol and drug dependence. Though the Five-year survey draws on the same interview form as the Three-year survey (the Composite International Diagnostic Interview - Short Form (CIDI-SF)), it only asks a subset of three questions about alcohol dependence. The Five-year survey only includes questions regarding the frequency of alcohol use in the last twelve months and one of the seven symptoms (role interference as a result of use). Consequently, alcohol dependence caseness cannot be determined from the Five-year survey.

TABLE

The table below reports how many mothers and fathers report having at least four drinks in one day in the last twelve months at the Five-year Survey. We refer to these parents as “Alcohol Users.”

Table 3: Alcohol Use in the Five-Year Survey

Alcohol User	Five-Year FF Mothers	Five-Year FF Fathers
Yes (1)	878	878
No (0)	2258	2258
Totals	4126	3136

REFERENCES

- Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.
- Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

DRUG USE

WAVE – FIVE-YEAR

Mother questions: J22A, J22B, J22C, J22D, J22E, J22F, J22G, J22H, J22I, J22J, J22K, J23

Father questions: J22A, J22B, J22C, J22D, J22E, J22F, J22G, J22H, J22I, J22J, J22K, J23

NOTE: The information below is taken directly from the “Scoring the World Health Organization’s Composite International Diagnostic Interview Short Form.”⁶

The Five-year survey does not contain the full CIDI-SF Alcohol and Drug Dependence Scales and only includes a subset of eleven questions indicating drug use.

MODIFICATIONS

The Fragile Families Five-year Survey only includes questions regarding the use of the nine drugs and one of the seven symptoms (role interference as a result of use). Consequently, drug dependence caseness cannot be determined. The survey includes an additional question regarding how often each parent used any of the drugs in the past 12 months.

The first table below reports how many mothers and fathers report using any drugs in the last twelve months at the Year-five Survey. We refer to these parents as “drug users.” The second table reports the average number of drugs used by drug users.

TABLE

Five-Year Results for Fragile Families Data

Table 4: Drug Use among Fragile Families Mothers and Fathers at Year 5

Drug User	Five-Year FF Mothers	Five-Year FF Fathers
Yes (1)	224	369
No(0)	3906	2771
Totals	4130	3140

Table 5. Average Number of Drugs Used Among Drug Users

Five-Year FF Mothers Five-Year FF Fathers

⁶Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*.

Average Number of Drugs Used (standard deviation)	1.37 (.85)	1.38 (.85)
Total Users	224	369

REFERENCES

Kessler, R.C., Andrews, G., Mroczek, D., Ustun, T.B., & Wittchen, H.U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.

Walters, E.E., Kessler, R.C., Nelson, R.C., & Mroczek, D. (2002). *Scoring the World Health Organization's Composite International Diagnostic Interview Short Form (CIDI-SF; Dec 2002)*. For a copy of this memo please contact ffdata@princeton.edu.

CONCEPT

IMPULSIVITY

WAVE – FIVE-YEAR

*Mother questions*⁷ – **J25A1, J25A2** (asked of mother about mother)
C40A, C40B (asked of mother about father)
Father questions- **J25A1, J25A2** (asked of father about father)
C40A, C40B (asked of father about mother)

The impulsivity questions included in the Fragile Families Five-year survey were derived from Dickman's (1990) impulsivity scale. Only two of the 23 items in Dickman's full impulsivity scale are included.

MODIFICATIONS

Scott J. Dickman designed a scale to identify two types of impulsivity: functional and dysfunctional. The Fragile Families Survey includes questions pertaining only to dysfunctional impulsivity, which is associated with the tendency to deliberate less than most people of equal ability before taking action when this is not optimal. The measure of dysfunctional impulsivity provides a useful summary measure of the capacity for self-control. The full impulsivity scale developed by Dickman consists of 23 items.⁸ The Fragile Families Five-year survey includes two of these items. The items are coded on a 4-point Likert scale (1=strongly agree and 4-strongly disagree).

TABLES

Table 6: Dickman's Impulsivity Scale Items Included in the Five-year Survey⁹

Items in FF	Source Items
M and F: J25A2, C40B	I often get into trouble because I don't think before I act.
M and F: J25A1, C40A	I often say and do things without considering the consequences.

REFERENCES

Dickman, S.J. (1990) Functional and Dysfunctional Impulsivity: Personality and Cognitive Correlates. *Journal of Personality and Social Psychology*, 58, 95-102.

Farrington, D.P. (1998). Predictors, Causes, and Correlates of Male Youth Violence. *Crime and Justice*, 24, 421-475.

⁷ A more detailed measure of father's impulsivity is obtained at the one-year follow-up.

⁸ *ibid*

⁹ *ibid*

Gottfredson, M.R., & Hirschi, T. (1990). *A General Theory of Crime*. Stanford, CA: Stanford University Press.

CONCEPT

FAMILY MENTAL HEALTH HISTORY

WAVE – FIVE-YEAR

Mother questions: **J26, J26A, J26B, J27, J27A, J27B, J28, J28A, J28B, J29, J29A, J29B, J30, J30A** (about mother's biological father)

J31, J31A, J31B, J32, J32A, J32B, J33, J33A, J33B, J34, J34A, J34B, J35, J35A (about mother's biological mother)

Father questions: **J26, J26A, J26B, J27, J27A, J27B, J28, J28A, J28B, J29, J29A, J29B, J30, J30A** (about father's biological father)

J31, J31A, J31B, J32, J32A, J32B, J33, J33A, J33B, J34, J34A, J34B, J35, J35A (about father's biological mother)

The questions on family mental health history (addressing the mental health of the Fragile Families respondents' mothers and fathers) are derived from the National Comorbidity Survey (NCS).

The NCS is a collaborative epidemiological investigation designed to study the prevalence and correlates of DSM III-R disorders and patterns and correlates of service utilization for these disorders. The NCS was the first survey to administer a structured psychiatric interview to a nationally representative sample.

A two-phase sample design was used in the NCS. The questions in the Fragile Families Survey derive from Part II of the NCS survey.¹⁰ The Part II interview contained a section evaluating the history of five psychiatric disorders in respondents' natural mothers and fathers. The five disorders are: major depression (MD), generalized anxiety disorder (GAD), antisocial personality disorder (ASP), alcohol abuse/dependence (AAD), and drug abuse/dependence (DAD).¹¹ The Fragile Families survey does not incorporate the questions on ASP. Like the NCS, Fragile Families also addresses attempted suicide.

Aspects of the Family History questions that are part of the NCS have been altered in the Fragile Families Survey. Specifically, the Fragile Families survey asks the preliminary questions regarding the respondent's family history but does not include subsequent questions which evaluate the symptoms and social problems associated with the disorders (X3, X6, X8, X11, X16, X19, X20-25, X29, X32, X34, X37, X42, X45 and X46-51). Those questions which were omitted are critical to the scoring of the NCS, and therefore exclude the possibility of a comparable scoring procedure for the Fragile Families study.¹² One potential approach is to

¹⁰ The NCS survey instrument is available at http://www.hcp.med.harvard.edu/ncs/Baseline_NCS.php. Section X contains family history questions used in Fragile Families.

¹¹ Kendler, K.S., Davis, C.G., Kessler, R.C. (1997). The familial aggregation of common psychiatric and substance use disorders in the National Comorbidity Survey: a family history study. *British Journal of Psychiatry* 170:541-548.

¹² For a description of procedures used to score MD, AAD, ASP and DAD in the NCS, see Endicott J., Andreasen, N. and Spitzer, R. L. (1978) *Family History Research Diagnostic Criteria*. New York: Biometrics Research Department, New York State Psychiatric Institute. For a description of procedures used to score GAD, see Kendler, K.S., Neale, M. C. Kessler, R. C., et. Al. (1992) Generalized anxiety disorder in women: a population based twin study. *Archives of General Psychiatry*, 49, 267-272.

treat responses as symptom counts and simply sum them, however we make no official recommendations on how to score these items.

At the five-year interview, these questions were only asked of respondents who had not been interviewed in the three-year wave and provided this information at that time.

CONCEPT

AGGRAVATION IN PARENTING

These items are taken from the JOBS¹³ (Job Opportunities and Basic Skills Training Program) Child Outcomes Study, and also are found in the Child Development Supplement of the Panel Study of Income Dynamics (*Primary Caregiver of Target Child Household Questionnaire for the Child Development Supplement to the Family Economics Study*, 1997).

WAVE – FIVE-YEAR

Mother questions: **B6A-B6D, B31A-B31D** (8 items)

Father questions: **B6A-B6D, B31A-B31D** (8 items)

The aggravation in parenting questions are derived from the Child Development Supplement of the Panel Study of Income Dynamics (PSID). The scale measures the amount of parenting stress brought on by changes in employment, income or other factors in the parent's life. It was developed for the JOBS child outcome survey by Child Trends, Inc. and several items come from the Parent Stress Inventory (Abidin 1995). Items Q1B1 1a-e are from the primary caregiver/child questionnaire in the PSID-CDS, and Q2A29a-d are from the primary caregiver/household questionnaire. The items used in the JOBS study are marked with an asterisk in the table below. Their 5-question scale had an alpha of 0.69. Research has shown that high levels of aggravation in parenting are related to mothers' employment status and to child behavior problems.¹⁴

MODIFICATIONS

The Fragile Families study does not use all 9 of the items mentioned above. Instead, the four questions from Q2A29a-d are used (see table below for complete listings). The FF questions are also scored on a 4-point scale, where 1 = "strongly agree," 2 = "somewhat agree," 3 = "somewhat disagree," and 4 = "strongly disagree," whereas the original questions used a 5-point Likert scale that ranged from "not at all true" to "completely true."

SCORING INFORMATION

Given that Fragile Families did not implement the full scale, we suggest summing the items and dividing by the top value of the Likert-scale.

¹³ Now known as the National Evaluation of Welfare-to-Work Strategies (NEWWS).

¹⁴ Hofferth, S., Davis-Kean, P.E., Davis, J., & Finkelstein, J. *The Child Development Supplement to the Panel Study of Income Dynamics: 1997 User Guide*. Survey Research Center, The University of Michigan Institute for Social Research. Retrieved March 27, 2003, from <http://www.isr.umich.edu/src/child-development/usergd.html>

TABLES

Table 7: Aggravation in Parenting FF Items

PSID-CDS	Items in FF?	Source Items
Q2A29a*	M: B6A, B31A F: B6A, B31A	Being a parent is harder than I thought it would be
Q2A29b*	M: B6B, B31B F: B6B, B31B	I feel trapped by my responsibilities as a parent
Q2A29c	M: B6C, B31C F: B6C, B31C	I find that taking care of my child(ren) is much more work than pleasure
Q2A29d	M: B6D, B31D F: B6D, B31D	I often feel tired, worn out, or exhausted from raising a family

REFERENCES

Abidin, R. (1995). *Parent Stress Inventory, 3rd Edition*. Odessa, FL: Psychological Assessment Resources.

Hofferth, S., Davis-Kean, P.E., J. J., & Finkelstein, J. *The Child Development Supplement to the Panel Study of Income Dynamics: 1997 User Guide*. Survey Research Center, The University of Michigan Institute for Social Research. Retrieved March 27, 2003, from <http://www.isr.umich.edu/src/child-development/usergd.html>

Primary Caregiver of Target Child Household Questionnaire for the Child Development Supplement to the Family Economics Study, 1997. (1997). Retrieved March 27, 2003, from <ftp://ftp.isr.umich.edu/pub/src/psid/questionnaires/97child/PCGhhld.pdf>

CONCEPT

ECONOMIC HARDSHIP

These items are taken from the “Basic Needs – Ability to Meet Expenses” section of the Survey on Income and Program Participation (SIPP) 1996 Panel Wave 8 Adult Well-Being Topical Module Questionnaire (*Survey on Income and Program Participation*, 1998), the 1997 & 1999 New York City Social Indicators Survey (SIS) (Social Indicators Survey Center, 1997 & 1999), and the 1999 Study of Work, Welfare, and Family Well-Being of Iowa families on FIP (Iowa’s assistance program) (Mathematica Policy Research).

WAVE – FIVE-YEAR

Mother questions: I23A-I23J

Father questions: I23A-I23J

The Fragile Families Five-year Survey includes several material hardship measures that are taken from the Survey of Income and Program Participation (SIPP, 1991 and 1992).¹⁵ These questions are also similar to Mayer and Jencks (1989) Chicago study of hardship and poverty.¹⁶

Some of the hardship questions are also derived from the 1997 and 1999 Social Indicators Survey (SIS). This study looks at families and individuals in New York City and monitors changes over time. Some of the material hardship questions found in the SIS are similar to those found in the SIPP, such as items referring to not paying bills on time and loss of utilities. Other questions concern the respondent or his/her child going hungry, access to free food, and places he/she has lived, all within the past 12 months and all due to financial difficulties.¹⁷

Two additional questions are derived from the Study of Work, Welfare, and Family Well-Being of Iowa families on FIP (IOWA) and ask whether the respondent has cut back on buying clothes, and whether the respondent has worked overtime or taken a second job. The IOWA study looks at the well-being and financial status of families who were on FIP assistance in 1999 (and who had at least one parent unemployed for the previous three months and received unsubsidized employment within the following three months).

MODIFICATIONS

These “YES/NO” questions are similar to the original questions taken from other surveys, with a few exceptions. In the SIPP, respondents are asked whether “you/anyone in your household” had encountered the specified hardship. In the SIS, questions refer to “you [or your partner].” In W164 of the 1997 SIS, the question is asked of “you [or your spouse/partner] [or your

¹⁵ Bauman, K. (1998). Direct measures of poverty as indicators of economic need: Evidence from the survey income and program participation. *U.S. Census Bureau Poverty Measurement Papers*. Retrieved March 27, 2003, from <http://www.census.gov/population/www/documentation/twps0030/twps0030.html>

¹⁶ Bauman, K. J. 1999. "Shifting family definitions: The effect of cohabitation and other nonfamily household relationships on measures of poverty." *Demography* 36(3):315-325.

¹⁷ Social Indicators Survey Center, Columbia University School of Social Work. (1999). *1999 New York City Social Indicators Survey: Documentation and Codebook, Revised Version*. Retrieved March 27, 2003, from <http://www.siscenter.org/>

child] [or your children].” The corresponding Fragile Families Survey questions refer only to the respondent and not to his/her partner or children.

Note: The Fragile Families Five-year Survey includes only a subset of the hardship questions used in the SIPP, SIS and IOWA studies.

SCORING

The economic hardship questions do not exactly constitute a “scale”. There is no established consensus on the validity of a constructed measure.

TABLES

Table 8: Economic Hardships Source and FF Item Numbers

SIPP	SIS 1997	SIS 1999	IOWA	Item in FF?	Items
AW35_NEED 1				M: I23D F: I23D	Was there any time in the past 12 months when you did not pay the full amount of the rent or mortgage?
AW38_NEED 2				M: I23E F: I23E	In the past 12 months were you evicted from your home or apartment for not paying the rent or mortgage?
AW41_NEED 3				M: I23F F: I23F	In the past 12 months, did you not pay the full amount of the gas, oil, or electricity bill?
AW50_NEED 6				M: I23K F: I23K	In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?
	W164			M: I23A F: I23A	In the past 12 months, did you receive free food or meals?
		HAR10		M: I23I F: I23I	In the past 12 months, did you move in with other people even for a little while because of financial problems?
		HAR12		M: I23J F: I23J	In the past 12 months, did you ever stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing even for one night?
				M: I23H F: I23H	In the past 12 months, did you borrow money from friends or family to help pay bills?
			IOWA	M: I23L F: I23L	In the past 12 months, have you cut back on buying clothes for yourself?
			IOWA	M: I23M F: I23M	In the past 12 months have you worked overtime or taken a second job?
				M: I23B F: I23B	In the past 12 months, was (CHILD/were the children) ever hungry, but you just couldn't afford more food?
				M: I23C F: I23C	In the past 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

				M: I23G F: I23G	Was your gas or electric service ever turned off or the heating oil company did not deliver oil because there wasn't enough money to pay the bills?
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CONCEPT

COUPLE RELATIONSHIP QUALITY

These items assess the couple's relationship with respect to their commitment, satisfaction with the sexual relationship, and trust. It also questions parents on whether their relationship is in trouble and the frequency with which they discuss breaking up.

WAVE – FIVE-YEAR

Mother questions: **D6A-D6I**

Father questions: **D6A-D6I**

Questions D6a-d are slightly modified versions of four questions from the Stanley and Markman Commitment Inventory (Stanley and Markman 1992), three of which were included in the Oklahoma Marriage Initiative Statewide Baseline Survey (Johnson and Stanley 2001).

Question D6e is a modification of a question from the National Survey of Families and Households (NSFH) that asked individuals if they were 1 'very unhappy' to 7 'very happy' with their sexual relationship (Sweet and Bumpass 1996).

Question D6f is a new question about trust related to infidelity and was not derived from another scale or survey.

Three questions about whether the relationship might be in trouble and consideration of breaking up (D6g-i) are modifications of NSFH questions (Sweet and Bumpass 1996), which were originally developed by Booth, Johnson and Edwards as part of the Marital Instability Index (Booth, Johnson and Edwards 1983).

Items D6a through D6f are coded on a 5-point scale (1=strongly disagree and 5=strongly agree). Items D6g through D6i are coded on a 3-point scale (1=often, 2=sometimes, 3=never).

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