LONGITUDINAL STUDIES OF CHILD ABUSE AND NEGLECT (LONGSCAN)

ASSESSMENTS 0-18

Data Collected by

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PREFACE

The data for *Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Assessments 0-12*, have been given to the National Data Archive on Child Abuse and Neglect for public distribution by Desmond K. Runyan, Howard Dubowitz, Diana J. English, Jonathan Kotch, Alan Litrownik, Richard Thompson and Terri Lewis, and The LONGSCAN Investigator Group. Funding for the project was provided by the Office on Child Abuse and Neglect (OCAN), Children's Bureau, Administration for Children and Families, Dept. of Health and Human Services (The National Center on Child Abuse and Neglect (NCCAN), under the Office of Human Services funded this consortium of studies during the early years of data collection from 04/01/1991 until NCCAN became part of OCAN in 1998.) (Award Numbers: 90CA1467, 90CA1481, 90CA1466, 90CA1458, 90CA1572, 90CA1569, 90CA1568, 90CA1566, 90CA1678, 90CA1681, 90CA1680, 90CA1676, 90CA1677, 90CA1679, 90CA1744, 90CA1745, 90CA1746, 90CA1747, 90CA1748, 90CA1749).

ACKNOWLEDGEMENT OF SOURCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect and the original collector of the data when they publish manuscripts that use data provided by the Archive. Users of these data are urged to follow some adaptation of the statement below.

The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Assessments 0-12 were originally collected by Desmond K. Runyan, Howard Dubowitz, Diana J. English, Jonathan Kotch, Alan Litrownik, Richard Thompson and Terri Lewis & The LONGSCAN Investigator Group. Funding for the project was provided by the Office on Child Abuse and Neglect (OCAN), Children's Bureau, Administration for Children and Families, Dept. of Health and Human Services (The National Center on Child Abuse and Neglect (NCCAN), under the Office of Human Services funded this consortium of studies during the early years of data collection from 04/01/1991 until NCCAN became part of OCAN in 1998.) (Award Number: 90CA1467, 90CA1481, 90CA1466, 90CA1458, 90CA1572, 90CA1569, 90CA1568, 90CA1566, 90CA1678, 90CA1681, 90CA1680, 90CA1676, 90CA1677, 90CA1679, 90CA1744, 90CA1745, 90CA1746, 90CA1747, 90CA1748, 90CA1749). The collector of the original data, the funder, NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

The bibliographic citation for this data collection is:

PUBLICATION SUBMISSION REQUIREMENT

In accordance with the terms of the Data License for this dataset, users of these data are required to deposit a copy of any published work or report based wholly or in part on these data with the Archive. A copy of any completed manuscript, thesis abstract, or reprint should be sent to the National Data Archive on Child Abuse and Neglect, Cornell University, Bronfenbrenner Center for Translational Research, Beebe Hall, Ithaca, New York 14853. Such copies will be used to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.
ABSTRACT

LONGSCAN is a consortium of research studies operating under common by-laws and procedures. It was initiated in 1991 with grants from the National Center on Child Abuse and Neglect to a coordinating center at the University of North Carolina at Chapel Hill and five data collection sites. Each site is conducting a separate and unique research project on the etiology and impact of child maltreatment. While each project can stand on its own merits, through the use of common assessment measures, similar data collection methods and schedules, and pooled analyses, LONGSCAN is a collaborative effort that is truly greater than the sum of its parts.

The goal of LONGSCAN is to follow the 1300+ children and their families until the children themselves become young adults. Maltreatment data are collected from multiple sources, including review of Child Protective Service records every two years. Yearly telephone interviews allow the sites to track families and assess yearly service utilization and important life events.

In addition to the specific focus of the individual studies, the coordinated LONGSCAN design permits a comprehensive exploration of many critical issues in child abuse and neglect on a combined sample of sufficient size for unprecedented statistical power and flexibility. Built into the LONGSCAN design is also the ability to replicate and extend findings across a variety of ethnic, social and economic subgroups.

The findings of LONGSCAN will provide a scientific basis for policy-making, program planning, and targeting service delivery by increasing our understanding of the following:

• the child, family, and community factors which increase the risk for maltreatment in its different forms;

• the differential consequences of maltreatment, depending upon its timing, duration, severity, and nature, and upon the child's age and cultural environment;

• the child, family, and community factors (e.g., chronic exposure to violence, parental substance abuse) that increase the harm caused by different forms of maltreatment;

• the factors that increase the probability of positive child outcomes despite maltreatment and other adverse life circumstances;

• the strengths and weaknesses of various societal interventions such as child welfare programs, foster care, mental health services, parenting classes, etc. Some of the sites are involved in intervention research and evaluation of services, expediting the integration of research findings into policy and practice.
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STUDY OVERVIEW

Study Identification

Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Assessments 0-18

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Funding Agencies:

Office on Child Abuse and Neglect (OCAN), Children's Bureau, Administration for Children and Families, Dept. of Health and Human Services (The National Center on Child Abuse and Neglect (NCCAN), under the Office of Human Services funded this consortium of studies during the early years of data collection from 04/01/1991 until NCCAN became part of OCAN in 1998.)

Award Numbers: 90CA1467, 90CA1481, 90CA1466, 90CA1458, 90CA1572, 90CA1569, 90CA1568, 90CA1566, 90CA1678, 90CA1681, 90CA1680, 90CA1676, 90CA1677, 90CA1679, 90CA1744, 90CA1745, 90CA1746, 90CA1747, 90CA1748, 90CA1749

Purpose of the Study

The goal of LONGSCAN is to follow the 1300+ children and their families until the children themselves become young adults. Comprehensive assessments of children, their parents, and their teachers have been completed at child ages 4, 6, 8, 12, 14, 16, & 18. Maltreatment data are collected from multiple sources, including review of Child Protective Service records on regular cycles. Telephone interviews conducted every two years (between comprehensive interviews) allow the sites to track families and assess service utilization and important life events.

Study Design

To achieve adequate statistical power and ensure that findings were not specific to a unique sample or intervening agency, longitudinal studies were initiated at five different sites. The three sites in the East
(EA), Midwest (MW), and Northwest (NW) are primarily urban and the Southwest (SW) is primarily suburban. The one statewide site, which is in the South (SO), includes urban, suburban, and rural communities. The study sites are linked through a governance agreement and a coordinating center at The University of North Carolina at Chapel Hill. All five studies share measures, definitions, training, data collection strategies, data entry, and data management. Sites have supplemented the common battery of measures with additional measures that relate to the specific study site’s objectives.

The studies’ samples vary systematically in level of risk for, or actual, maltreatment histories. This strategy permits the examination of the risk and protective factors shared by both maltreated children and children at risk of being maltreated. Collectively, the samples also permit the examination of the impact of a range of interventions, including the degree of social service involvement.

Each study’s cohort of children was enrolled when the children were 4 years old or younger. Participants at each site will be followed through the age of 18. Extensive evaluations have been conducted or are planned for ages 4, 6, 8, 12, 14, 16, and 18. At these points, face-to-face interviews with the primary caregiver and the child will be conducted. Beginning at age 6, information about the child’s academic performance and social adjustment will be collected from the child’s teacher. Periodically, Child Protective Services case narratives and Central Registry records will be reviewed. Brief, yearly telephone contacts are initiated with the caregivers, to enhance subject retention and collect data about service utilization, life events, and child behavior problems.

Data were collected from multiple informants to measure both outcomes and intervening factors that may influence the link between risk status and outcomes.

**Date(s) of Data Collection**

The dates of data collection covered by the current version of the dataset are as follows:

- Age 18 Administration: January 2004 – January 2012

**Geographic Area**

The data were collected from the following sites: Midwest, Southwest, Northwest, South, & East.

**Unit of Observation**

Visit-child pair: There is a separate record for each visit per child.

**Sample**

The LONGSCAN samples includes five pooled cohort samples, each with different selection criteria, representing varying levels of risk or exposure to maltreatment. Three samples are drawn from urban areas (Eastern, Midwest, and Northwest), the Southwest sample is from a suburban area, and the Southern sample is statewide and includes subjects from urban, suburban, and rural communities.

The number of eligible children in the combined samples is 1,354. Selected characteristics of the children
and caregivers who participated are presented in Table 1 through Table 6.

**Table 1: LONGSCAN Child’s Gender by Site**

<table>
<thead>
<tr>
<th>Total and by Site Counts</th>
<th>Baseline (1,354)</th>
<th>EA (237)</th>
<th>MW (245)</th>
<th>NW (254)</th>
<th>SO (243)</th>
<th>SW (330)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>N=657</td>
<td>52.1%</td>
<td>46.9%</td>
<td>50.8%</td>
<td>45.3%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Female</td>
<td>N=697</td>
<td>47.9%</td>
<td>53.1%</td>
<td>49.2%</td>
<td>54.7%</td>
<td>52.7%</td>
</tr>
</tbody>
</table>

**Table 2: LONGSCAN Race by Site**

<table>
<thead>
<tr>
<th>Total and by Site Counts</th>
<th>Baseline (1,354)</th>
<th>EA (237)</th>
<th>MW (245)</th>
<th>NW (254)</th>
<th>SO (243)</th>
<th>SW (330)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>N=354</td>
<td>5.0%</td>
<td>13.1%</td>
<td>50.0%</td>
<td>35.8%</td>
<td>28.5%</td>
</tr>
<tr>
<td>African American</td>
<td>N=721</td>
<td>92.1%</td>
<td>53.5%</td>
<td>20.5%</td>
<td>63.0%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>N=97</td>
<td>0.4%</td>
<td>13.9%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Mixed</td>
<td>N=161</td>
<td>1.1%</td>
<td>17.1%</td>
<td>24.0%</td>
<td>1.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Other**</td>
<td>N=20</td>
<td>0.7%</td>
<td>2.4%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Other race includes Native American, Asian, and Pacific Islander.**

**Table 3. LONGSCAN Caregiver Education by Site**

<table>
<thead>
<tr>
<th>Total and by Site Counts</th>
<th>Baseline (1,354)</th>
<th>EA (237)</th>
<th>MW (245)</th>
<th>NW (254)</th>
<th>SO (243)</th>
<th>SW (330)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 years or less</td>
<td>N=590</td>
<td>45.2%</td>
<td>59.6%</td>
<td>44.9%</td>
<td>44.2%</td>
<td>29.3%</td>
</tr>
<tr>
<td>12 years</td>
<td>N=441</td>
<td>39.9%</td>
<td>24.5%</td>
<td>29.9%</td>
<td>38.0%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Greater than 12 years</td>
<td>N=319</td>
<td>14.9%</td>
<td>15.9%</td>
<td>25.2%</td>
<td>17.8%</td>
<td>39.9%</td>
</tr>
</tbody>
</table>
Table 4. LONGSCAN Caregiver Marital Status by Site

<table>
<thead>
<tr>
<th>Total and by Site Counts</th>
<th>Baseline (1,354)</th>
<th>EA (237)</th>
<th>MW (245)</th>
<th>NW (254)</th>
<th>SO (243)</th>
<th>SW (330)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>N=435</td>
<td>16.4%</td>
<td>21.2%</td>
<td>30.7%</td>
<td>38.7%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Single</td>
<td>N=633</td>
<td>68.2%</td>
<td>67.3%</td>
<td>42.1%</td>
<td>44.0%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Separated</td>
<td>N=103</td>
<td>7.5%</td>
<td>2.4%</td>
<td>9.1%</td>
<td>8.6%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Divorced</td>
<td>N=155</td>
<td>5.7%</td>
<td>8.2%</td>
<td>17.7%</td>
<td>7.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Widowed</td>
<td>N=24</td>
<td>2.1%</td>
<td>0.8%</td>
<td>0.4%</td>
<td>0.8%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Table 5. LONGSCAN Caregiver Income by Site

<table>
<thead>
<tr>
<th>Total and by Site Counts</th>
<th>Baseline (1,354)</th>
<th>EA (237)</th>
<th>MW (245)</th>
<th>NW (254)</th>
<th>SO (243)</th>
<th>SW (330)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14,999 or less</td>
<td>N=796</td>
<td>71.0%</td>
<td>77.5%</td>
<td>61.0%</td>
<td>62.0%</td>
<td>35.4%</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>N=260</td>
<td>17.8%</td>
<td>13.1%</td>
<td>19.9%</td>
<td>24.1%</td>
<td>22.9%</td>
</tr>
<tr>
<td>$25,000 to $39,999</td>
<td>N=153</td>
<td>7.2%</td>
<td>7.0%</td>
<td>12.0%</td>
<td>10.1%</td>
<td>19.7%</td>
</tr>
<tr>
<td>$40,000 to $49,999</td>
<td>N=44</td>
<td>2.5%</td>
<td>1.2%</td>
<td>2.0%</td>
<td>1.7%</td>
<td>8.0%</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>N=69</td>
<td>1.4%</td>
<td>1.2%</td>
<td>5.2%</td>
<td>2.1%</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

Table 6. LONGSCAN AFDC Recipient by Site

<table>
<thead>
<tr>
<th>Total and by Site Counts</th>
<th>Baseline (1,354)</th>
<th>EA (237)</th>
<th>MW (245)</th>
<th>NW (254)</th>
<th>SO (243)</th>
<th>SW (330)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>N=502</td>
<td>25.3%</td>
<td>21.6%</td>
<td>32.7%</td>
<td>52.3%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>N=844</td>
<td>74.7%</td>
<td>78.4%</td>
<td>67.3%</td>
<td>47.7%</td>
<td>48.0%</td>
</tr>
</tbody>
</table>

* Cases with missing data are not included in percentages.

Although varied across sites, tracking and participant retention methods have been developed and implemented to assure the least possible attrition throughout the years of the study. All sites annually gather complete contact information for the family’s home and caregiver’s place of employment and similar information on three additional people who will “always know where [subjects] are.” Other shared tracking
strategies include birthday and holiday cards which include an invitation to update address information; small “thank-you” gifts (such as gift certificates) sent to subjects who return self-addressed, stamped change of address cards; project newsletters; pens and refrigerator magnets printed with project telephone numbers given to participants at the time of the interview; and review of State Eligibility System data and other public databases. All but the SO site are associated with the agencies that provide services to some if not all of the sample families, and there the Division of Social Services allows access to its computerized information system to help locate Food Stamp, Medicaid and AFDC recipients.

A participant is not considered permanently lost to follow-up unless the child dies or a child’s caregiver asks to permanently withdraw from the study. Participants who have moved from one LONGSCAN site to an area near another site are contacted and interviewed by site staff in their new location and retained in their original sample. Participants who have moved to an area that is not near a LONGSCAN site continue to receive annual telephone interviews and some portion of the face-to-face interviews by telephone. Site staff may travel out of state to conduct major face-to-face follow-up interviews at the established data collection points.

As noted, the samples were selected to represent varying levels of exposure to maltreatment.

The 282 children in the EA cohort were selected from the clients of three pediatric clinics serving low-income, inner city children. Participants met the clinics’ criteria for risk in the first year. There are two risk groups: one defined by a child factor (inadequate growth in the first two years of life) and one defined by a parent factor (HIV infection or drug use). The comparison group has no identified risk factors beyond their low-income status.

The MW sample consists of a cohort of 245 children. About two-thirds of the sample was recruited from families reported to CPS, with half of these receiving comprehensive services and half receiving CPS intervention only. The other third of the sample consists of neighborhood controls.

The NW cohort of 254 children was selected from a pool of children, aged 0 to 4, who were judged to be at moderate risk following a report to Child Protective Services for suspected child maltreatment. Approximately 60% of the referrals were later substantiated.

The 243 children in the SO cohort were drawn from a population of children identified as high risk at birth by a state public health tracking effort. Participants were 4 to 5 years old at entry into the LONGSCAN project. Non-reported children were matched to reported children in a 2:1 ratio.

The SW study sample consists of a cohort of 330 maltreated children, who have entered a county dependency system due to confirmed maltreatment. All the children have been put in out-of-home placement with a relative or foster family. The sample was recruited into project when the children were approximately 4 years old.

Three of the sites (EA, SO, SW) recruited their samples from pre-existing samples of high-risk children who had been followed since between birth and 18 months of age. The MW sample consists of three groups of newly recruited 3- to 18-month-old infants who met selection criteria. The NW sample, also newly recruited for LONGSCAN, was drawn from a group of reported children ranging in age from less than a year to 4 years of age.

At age 14, gender was approximately equally distributed (49% male, 51% female). The majority of
participants were African American (55.6%), followed by Caucasian (25.1%), Mixed Race (11.0%), Latino/a (6.8%), and those of other race/ethnicities (1.3%). The sample by site distribution was also similar to baseline with 20.5% from the Eastern site, 19.4% from the Midwestern site, 18.3% from the Southern site, 22.5% from the Southwestern site, and 19.3% from the Northwestern site. Considering baseline recruitment status, of those at age 14, 58% had 1 or more referrals/substantiations for maltreatment, 23.02% were high-risk not reported, and 17.92% were study control participants. By age 14, approximately 68.5% of the age 14 sample had 1 or more referrals to CPS agencies.

Table 2 summarizes the risk and comparison groups at each site.

Table 2. Brief Description of LONGSCAN Samples- Risk and Comparison groups*

<table>
<thead>
<tr>
<th>SITE</th>
<th>BIRTH YEARS</th>
<th>RISK GROUP(S)</th>
<th>COMPARISON GROUP(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EA (282)</td>
<td>1988-91</td>
<td>Failure to thrive (103) or prenatal drug use of HIV infected mother (68)</td>
<td>Same pediatric clinic, no extra risk factors (111)</td>
</tr>
<tr>
<td>MW (245)</td>
<td>1991-94**</td>
<td>Family reported to CPS and 6 mo. family treatment (65) or usual CPS care (84)</td>
<td>Neighborhood controls (96)</td>
</tr>
<tr>
<td>NW (254)</td>
<td>1988-94**</td>
<td>CPS report/moderate risk and substantiated (144)</td>
<td>CPS report/moderate risk NOT substantiated (110)</td>
</tr>
<tr>
<td>SO (243)</td>
<td>1986-87</td>
<td>High risk at birth – Reported to CPS by age 4 years (76) or Low Risk- Reported (7)</td>
<td>High risk at birth – NOT reported to CPS (138), Low Risk- Not reported (22)</td>
</tr>
<tr>
<td>SW (330)***</td>
<td>1989-91</td>
<td>Still in foster care at age 4 with kin (58) or non-kin (78)</td>
<td>112 of foster children have returned home by age 4 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In foster care, adopted at age 4 by kin (20) or non-kin (51)</td>
<td></td>
</tr>
</tbody>
</table>

* Sample sizes are given in parentheses.

** These cohorts were identified and recruited following the 1990 onset of LONGSCAN. The other three sites brought existing samples into the study.

***Counts in the descriptions of the risk and comparison groups for the SW site will not add to 330. There were 11 children who’s status was unknown at the time of enrollment in the study and are not included in the counts represented in table 2.

Data Collection Procedures

Children and their primary caregivers are interviewed separately at ages 4, 6, 8, 12, 14, 16, and 18. The earliest interviews (4, 6, & 8) were interviewer-administered. Annual contact interviews (visits 7, 9, 10, 11, 13, 15, and 17) were conducted by phone. At age 8, LONGSCAN utilized computer-assisted face-to-
face interviews. And at age 12 and onward, LONGSCAN utilized the (A-CASI) system. The A-CASI methodology was chosen because it offered participants the greatest privacy in responding to highly sensitive items, and to assure the greatest uniformity of data collection across the five sites and over time. Alternative form sets, which do not include the more sensitive measures, are available for the few participants who are unable or unwilling to utilize the ACASI. Teachers responded to mailed paper forms beginning at age 6. Finally, maltreatment data were abstracted and coded from county official Child Protective Services Agency narratives.

**Response Rates**

Attrition rate varies by site and between interviews.

The attrition rate from baseline to age 14 is approximately 25%.

The attrition rate from baseline to age 16 is approximately 33.9%.

The attrition rate from baseline to age 18 is approximately 31.2%

**Sources of Information**

The data were collected from survey instruments (see measures section) and administrative records.

**Type of Data Collected**

Survey and administrative data were collected.

**Measures**

***The following descriptions are excerpts from the online LONGSCAN Measures Manual, which is available from the LONGSCAN web site (www.unc.edu/depts/sph/longscan/). Please visit the site for more detailed information, including measure psychometrics and descriptions of LONGSCAN modifications that were made to the measures. An electronic copy of the Measures Manual is included in the dataset documentation. *To view the Measure Administration Schedule by Site and Age, see Appendix A. For copyright information, please see Appendix B and also the Measures Manuals.

Achenbach Child Behavior Checklist/ 2-3 (CBCL 2-3)


Achenbach Teacher Report Form (TRF)


Achenbach Youth Self-Report (YSR)


Adolescent Coping Orientation for Problem Experiences: ACOPE


Adult-Adolescent Parenting Inventory (AAPI)


Ansell Casey Life Skills Assessment, Ages 11-18, Short Form


Autonomy and Relatedness Inventory (ARI)


**Battelle Developmental Inventory Screening Test (BDI)**


**Behavioral Intent Scale**


**Brief Symptom Inventory**


**CAGE Questionnaire**


**Center for Epidemiologic Studies Depression Scale (CES-D)**


**Child Exposure to Violence: Optional Questions**


**Child Sexual Behavior Inventory**


**Conflict Tactics Scales (CTS)**


**Conflict Tactics Scale (CTS) Partner to Partner**


http://www.jstor.org/stable/351733


**Conflict Tactics Scales Parent to Child (CTSPC)**


**Revised Conflict Tactics Scale: Partner to Partner (CTS2)**


**Duke-UNC Functional Social Support Questionnaire**


**Everyday Stressors Index (ESI)**


**Family APGAR**


**Health Opinion Survey**


**Infant Characteristics Questionnaire (ICQ-6)**

Inventory of Supportive Figures


Loneliness and Social Dissatisfaction


LONGSCAN About My Parents [Adapted from the Revised Neglectful Behavioral Scale]

This measure assesses four dimensions of neglect, including neglect of basic needs, lack of supervision, emotional, and educational neglect. Neglect is defined as “behavior by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide (Straus Kaufman, & Kantor, 2005). This definition permits a broader definition of neglect than do legal or Child Protective Services definitions. Specific parent behaviors are assessed, while attitudes, risk factors, intentions, and outcomes are not. LONGSCAN revised the phrasing of the items, the timeframe, and the response set from the original measure. The phrasing was revised to ask the respondent how often parents typically met some of their needs (e.g., “did things with you just for fun,” “helped you with your homework”). In the original version, several items were asked in the negative, or how often these behaviors were not performed (e.g., “did not make sure I did my homework.”). These items were reworded positively (e.g., made sure I did my homework). A few items were more extensively rephrased, and new items on being left home alone (items 24a-25b) added. LONGSCAN’s modification focuses on parent behaviors during elementary school and in the last year, while the original measure asks about life in general with specific parent figures identified by the adolescent. LONGSCAN revised the response set from "Strongly agree" to "Strongly disagree", to a four-point scale ranging from "0 = Never" to "3 = A lot".
LONGSCAN Adolescent Delinquency Survey (ADS) [Adapted from the CHAMPS Study]

Designed to ask adolescents for self-report of their participation in a variety of delinquent behaviors. The Adolescent Delinquency Survey is a 10-item measure adapted from the CHAMPS Study (Black, Laliberte, & Santelli, 1999) that asks young adolescents to self-report their participation in a variety of delinquent behaviors, including fighting, gang violence participation, and weapon use. These items assess a continuum of aggressive, violent and delinquent behaviors that are of interest as potential outcomes of maltreatment and other adverse experiences.


LONGSCAN Adolescent Sexual Abuse Self-Report

This measure is designed to assess a young adolescent’s history of sexual abuse and assault. It is comprised of 11 stem items asking about increasingly severe sexual experiences, which, if endorsed, trigger follow-up questions that ask age at occurrence, frequency of occurrence and perpetrator. Additional information related to experiences with specific perpetrators, including current emotional impact, attribution, and disclosure history and experience may be found in a follow-up form entitled Sexual Abuse Supplement. Endorsement of any of the 11 stem items
leads to a brief series of follow-up questions organized around the epoch in the child’s life in which the abusive event occurred (i.e., before beginning elementary school, since the start of elementary school, in the last year, and ever occurred). Specific follow up questions assess the frequency of occurrence and the perpetrator during each epoch. Items were project-developed to assess a broad range of abusive experiences common to children and adolescents who are sexually victimized.


LONGSCAN Adolescent Sexual Experience

Designed to ask young adolescents for self-report of sexual experiences including: age at first intercourse; number of sexual partners; use of protection; pregnancy, childbearing and paternity history; self efficacy regarding sex; perceptions of friends’ attitudes towards sexual behavior, use of protection and pregnancy. The development of this measure was informed by Protection Motivation Theory, in which environmental and personal risk and protective factors inform two appraisal pathways (coping appraisal and threat appraisal) leading to intention regarding risk behavior (Stanton et al, 1995). The majority of the items were project developed based upon a review of existing measures on adolescent sexual behavior and piloting with twelve-year olds. Items on friends’ attitudes and behaviors, and the theoretical underpinning of the measure, were informed by the Culturally Based Survey Instrument (Stanton et al., 1995).


LONGSCAN Adolescent Substance Involvement

Designed to assess adolescent’s use of licit and illicit substances. Substances assessed include tobacco and alcohol, and illicit drugs such as marijuana, cocaine, LSD and other hallucinogens, heroin, stimulants, and tranquilizers. Items focused on the number of days in the last year each
substance was used. Adolescents were asked additional questions pertaining to the act of carrying, delivering and selling illegal drugs. Items were project-developed following review of the substance use items found in the Youth Risk Behavior Survey, Monitoring the Future Study and the CHAMPS Study. Pilot testing across sites helped refine the street names for drugs surveyed in the measure.


LONGSCAN Adult Violence in the Home

It is designed to assess the level of violence between any adults in the home. Items were developed to roughly parallel youth self-report measures of witnessed violence and caregiver report measures of conflict tactics used earlier in LONGSCAN.


LONGSCAN Adolescent Witnessed Violence

It is designed to assess an adolescent’s self-reported history of witnessed violence in past year. The authors sought to capture a broad range of violence exposures and information on relationship of perpetrators and victims to respondent. These measures are revisions of the History of Witnessed Violence (HWVA) utilized at Ages 12 and 14. Stem items in the Age 16 measures have been condensed into fewer items relative to the HWVA, and the Age 16 timeframe assesses witnessing in past year rather than lifetime witnessing as assessed earlier.


**LONGSCAN After-School Activity and Supervision-Carerger Report**

The instrument is designed to obtain the caregiver’s report of what the child does after school and the type of supervision involved. This was project-developed to complement the parental monitoring measures. This single-item form is administered immediately after item IV of the CBCL. Interviewer probes as necessary to determine which of 7 types of after-school situations to code.


**LONGSCAN After-School Activity and Supervision-Child Report**

A single open-ended item, “What do you do most days after school,” is coded according to level of supervision typically provided and most typical location of activities. Interviewers are instructed to follow up with items until it is clear what the adolescent typically does and what level of supervision is provided. If the interviewer is unable to determine supervision, the item is coded as unsupervised.


LONGSCAN Annual Contact Cover Sheet

This instrument collects basic information, such as the respondent's relationship to the child.


LONGSCAN Caregiver Cover Sheet

This instrument collects basic information, such as the subject id, relationship to child and site.


LONGSCAN Caregiver Demographics

Designed to gather demographic information from caregivers. The form begins with a series of items to gather information on the respondent's educational background, followed by the current employment status and occupations of both maternal caregivers and husbands or partners who are living in the home. Respondents are then asked to report their total family income, collapsed into a number of ranges, and to indicate each source of that income. The number of persons dependent upon this income is also gathered so that per capita household income may be calculated. The last section gathers basic demographic information including age, race, marital status, and religious affiliation and involvement.


LONGSCAN Caregiver Health

Designed to obtain a brief global self-report of a caregiver’s recent health status. The measure consists of three questions: a global question about current health status (the respondent rates his/her health as Excellent, Good, Fair, or Poor); a question about major illnesses in the past year; and a follow-up question asking if any illness or injury reported during the past year affected the caregiver’s ability to care for the LONGSCAN participant youth.


LONGSCAN Caregiver History of Loss and Victimization

Designed to assess the primary caregiver's history of childhood loss or separation from significant others, history of physical and sexual abuse, and history of physical and sexual assault in adulthood. The items are grouped into the following categories: Loss and Separation (8 items), Child and Adolescent Physical Maltreatment (2 items), Childhood Sexual Abuse (3 items), Adolescent Sexual Abuse (3 items), Adult Physical Assault (2 items), and Adult Sexual Assault (2 items). The Loss and Separation items cover eight relationship categories: mother, father, sibling grandparent, aunt or uncle, friend, child, or other. For each relationship category the respondent is asked to indicate whether the loss of such a person prior to age 18 did not occur, occurred through permanent separation, or occurred through death. For the victimization items, the respondent is asked if an abusive event occurred (e.g., were you ever physically hurt by a parent or someone else?). When maltreatment of any type is endorsed, follow-up questions ascertain the relationship of victim to perpetrator, and the degree to which the victim was upset by the reported events, with the respondent ranking it on a 4-point scale ranging from 1 (not at all upsetting) to 4 (very upsetting).


LONGSCAN Caregiver Life Experiences Survey [Adapted from Sarason, Johnson, & Siegel, 1978]

Designed to obtain a self-report of positive and negative events experienced over the previous year, and the perceived stress associated with those events. The original instrument includes 60 items divided into two sections. Section 1 contains 50 life changes that are common to individuals in a wide variety of situations (e.g., In the last year, did you get married?). Section 2 contains 10 items that are for students only.


LONGSCAN Caregiver Phone Interview - Age 18

To assess significant young adult Age 18 outcomes using caregiver report. Areas of interest include residential status, marital and educational status, work history, health information, parenting and health status, and criminal justice involvement.


LONGSCAN Caregiver Physical Health Assessment

Designed to obtain a brief global self-report of a caregiver’s recent health status. The assessment consists of three questions: one global question about current health status (Excellent, Good, Fair, or Poor), one about major illnesses in the past year, and one about the extent to which poor health affected the caregiver’s ability to care for the child. The CAGE Questionnaire, an alcoholism screening tool, is included in the health assessment.


LONGSCAN Caregiver Substance Abuse

Designed to assess caregiver’s use of licit and illicit substances. Substance use was conceptualized broadly to include commonly used drugs such as tobacco and alcohol, and illicit drugs such as marijuana, cocaine, hallucinogens, heroin, stimulants, and tranquilizers. Questions related to these substances include current use, age at first use, age at last use, current frequency, and most frequent use ever.


LONGSCAN Child Aggressive Behavior [Adapted from the Child Behavior Checklist]

Designed to obtain caregiver’s report of aggressive and other negative behavior exhibited by the subject child. The measure consists of an initial open-ended question about behavior problems occurring in the past six months, and 13 other questions derived primarily from the Child Behavior Checklist (Achenbach et al., 1991) inquiring about specific problem behaviors. Nine of the items (items 2-8, 10, 13 and 14) are very similar to, or derived from, the CBCL Aggressive Behavior subscale; one item (item 9) is from the CBCL "Other Problems" subscale. The other three items (6, 11, and 12), developed by LONGSCAN, were designed to capture sexual perpetration and defiant behavior.


**LONGSCAN Child Behavior and Development**

Designed to assess the caregiver’s perception of how well the child is developing compared to other children. This measure consists of five items asking caregivers about the child’s health status, how well the child plays with others, how quickly the child learns new things, how well the child expresses themselves in words, and how happy the child has been in the past year compared to other children the same age.


**LONGSCAN Child Demographics**

Designed to gather demographic data on the subject child. The instrument asks caregivers to provide information about the study child's age, sex, race, first language, and birth order.


**LONGSCAN Child Health & Development [Adapted from the UNOCCAP Study and the Pubertal Development Scale]**

This measure assesses global health, pubertal timing, and overall body build using youth self report. Single items assess the respondent’s perception of global health and body build, while several items assess gender-specific pubertal development status using widely recognized markers. The global rating item was reported to be one of the most reliable and widely used indicators of physical health (Krause & Jay, 1994). The pubertal development items were adapted from those developed for the UNOCCAP study (UNOCCAP Oversight Board, 1998) and from the Pubertal Development Scale (Peterson et al., 1983 & 1988; Robertson et al., 1992), and include widely recognized markers of pubertal development status in items that are clearly and simply worded and lend themselves to an A-CASI administration. While there are recognized limitations to self-report of pubertal timing, obtaining other (potentially more invasive) measures of pubertal timing, such as physical examination, was not feasible for the LONGSCAN study.


**LONGSCAN Child Health Assessment**

Designed to briefly assess the child’s current health status. LONGSCAN uses global health status and a checklist of chronic illnesses or conditions (Age 4, Age 6) as a broad indicator of child health and well-being.

LONGSCAN Child Injury Questionnaire

Designed to assess, by caregiver report, the number, type, and seriousness of injuries sustained by children within the past year. The instrument is comprised of five primary items designed to elicit information on the occurrence of four specific types of injury: poisonings, burns, breathing problems, and head injuries; as well as any other injury that resulted in a medical visit. For each injury that is endorsed, three follow-up questions are asked to determine where the injury occurred and if medical advice, treatment, and/or hospitalization took place as a result of the injury.

LONGSCAN Child Interview Cover Sheet

This instrument collects basic information, such as the subject id, child’s gender, language of interview, site, and location of interview (home or office).
LONGSCAN Child Interview Ratings

Designed to assess the interviewer’s impression of the interview, the respondent, the respondent’s home, and the neighborhood environment in which the interview took place. At the Pre-Age 4 and Age 4 interviews the instrument addresses the appearance of the respondent (2 items), the quality of the respondent’s responses (4 items), the condition of the respondent’s residence (3 items), and the impression of the respondent’s neighborhood (5 items). The last five items relate to items or interactions observed in the home environment that are thought to be related to cognitive stimulation for the young child and were administered only at the Pre-Age 4, Age 4 and Age 6 interviews. At Age 6, items assess neighborhood safety and privacy of the interview.


LONGSCAN Child’s Life Events [Adapted from the Coddington Child Life Events Scales]

Designed to document significant events in a child’s life in the past year. The instrument contains 31 items covering events including changes in family composition, upheavals in living arrangements, sickness or death of people close to the child, sickness or injury experienced by the child, school changes, legal problems in the child’s family, the child’s exposure to violence, and family accomplishments. The respondent answers yes/no to whether each event occurred. For most events, a “yes” response leads to a few follow-up questions about the event. LONGSCAN added items representing events more common in low-income samples (e.g., homelessness, eviction) and items capturing the child’s exposure to violent events. In addition, care was taken to include only items that represent events that occurred independent of the child’s functioning (e.g., we did not include items describing school failure, relationship problems, etc.). To address the concern that the questionnaire was heavily weighted toward negative events, the form concludes with some positive or neutral items. It was observed that caregivers may perceive being able to answer “no” to negative items as a more positive experience than answering “yes” to positive items.


**LONGSCAN Child Services Utilization**

Designed to assess the type and extent of services needed and utilized by the child for emotional, behavioral, school, and medical problems. These instruments are designed to assess the reason(s) for seeking service, the type of service provider seen, number of visits, and the degree of satisfaction with services for the child. At the Pre-Age 4/Age 4 interview a single form was developed to assess both child and adult services. For children, the instrument asks about services that have ever been sought. Child service information includes help needed and help sought for children’s behavioral, emotional, or school problems, and medications the child is taking for these problems. At Age 6 the instrument is divided into three forms. The first is caregiver focused and replicates the information gathered at the previous interview. The form asks for information concerning services sought and received, hospitalization for personal and emotional problems, and stays in residential programs for substance abuse in the past year. The second form is child focused and asks about help needed and sought for the child in the past year (rather than ever). Questions regarding well-child visits, medical problems, medications for any kind of problem, and hospitalizations for any kind of problem are also included. (The form used at Age 4 does not gather information on children’s medical problems.) The third form is a Supplemental Service form (See Supplemental Services) designed to assess the use of other types of social and educational services. At Age 8 the three forms used at Age 6 are combined and streamlined to create one instrument assessing the household’s use of a variety of social and mental health services.


**LONGSCAN Child's Separations from Caregiver**

Designed to obtain information about the child's separation(s) from the primary maternal caregiver during the first years of life. The instrument includes eight items. The first four elicit information about separations of one week or more during the child’s first year of life. Werner and Smith (1982) define extended separation between primary maternal caregiver and child as those lasting one week or longer. If such separations did occur, the respondent is asked to supply information regarding how many separations, the total length of separation (in weeks), and the reason for separation. The second four questions ask for the same information about separations of one week or more after the first year of life.


**LONGSCAN Child's Social Network Chart**

Designed to gather from the child the names and relationships of all the people in the child’s household(s), as well as the names and relationships to the child of others in the child’s social network such as friends, teachers, or relatives. The measure is organized into three sections. The first section asks the child to name and describe the relationship of all people living in the same primary household as child. If the child also lives elsewhere at times, the child is also asked about the people and relationships from that household. The third section gathers information about other potentially important people in the child’s social network, namely: other relatives, a best friend, the child’s teacher, and any other supportive adults.
LONGSCAN Community Connectedness

This measure is designed to assess an adolescent’s level of pro-social community involvement, honors and leadership, community involvement. The measure assesses different types of community involvement, including religiosity/spirituality and religious institution involvement; pro-social extracurricular activities; and history of leadership and honors.

LONGSCAN Day Care History Form

Designed to assess the out-of-home day care experiences of the study child. The instrument consists of three items asking whether the child has received out-of-home care and, if so, what kind and for how long. The items were selected to document all types of possible out-of-home care children received based on typologies used in the published literature (Hill-Scott, 1987; Kisker & Silverberg, 1991; Scarr, Lande, & McCartney, 1989).

LONGSCAN Delinquent and Violent Behavior [adapted from Denver Youth Study by Huizinga, Esbensen, & Weiher]

This self-report measure was originally created for use in the Denver Youth Study to assess a child’s or adolescent’s involvement in delinquent and violent behavior. LONGSCAN simplified the original measure by truncating follow-up items (in order to accommodate the A-CASI
delivery system) and by slightly revising the wording of some items. LONGSCAN also modified scoring procedures.


**LONGSCAN Discipline Methods**

Designed to assess the methods that the caregiver(s) use to respond to the child’s problem behavior. The instrument is divided into two sections. Discipline practices are first assessed according to the primary caregiver's reported typical primary and secondary responses to each of 5 specific behavior problems: disobedience, disrespect, hitting a smaller/younger child, lying, and stealing. This approach allows the researcher to determine whether different strategies are used for different behaviors and allows examination of secondary strategies that are used if the first is not successful. If respondents claim never to have had the problem, or never needing to use a secondary strategy, she is then asked the hypothetical question, “what would you do if this occurred?” The second section includes the LONGSCAN adaptation of the Psychological Aggression, Minor Assault and Severe Assault scales of the Conflict Tactics Scales (CTS), developed based on the CTS1 (Straus, M. 1979) and the CTSPC (Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. K. 1998). (See description of the Conflict Tactics Scale: Parent-Child in the Measures Manual). At ages 4 and 6, the items are worded to ask about the caregiver’s use of specific tactics with the child; at age 8, the items ask about caregiver and other’s use of specific tactics.


LONGSCAN Father Involvement With Child

Designed to obtain the primary caregiver’s perception of the extent and quality of a father-figure’s involvement with the subject child. The first two items identify the exact relationship of the father-figure to the subject child. The next four items ask caregivers to rate the nature and extent of father’s involvement in terms of companionship, emotional support, physical care, and financial support.


LONGSCAN Future Events Questionnaire

In this 12-item measure, three a priori conceptual subscales are intended to assess an adolescent"s future expectations in the realm of education, employment and family. Factor analysis confirmed these three factors, but also found that select items loaded on scales somewhat differently than expected. Adolescents are asked to respond with how likely it is that a specified outcome will occur in their future using a five point scale (1=very unlikely, 5=very likely). Items were project developed following a review of existing measures and relevant literature. Items were informed by those used in the Add Health study and Michigan Study of Adolescent and Life Transitions.


LONGSCAN Gun Accessibility

Designed to assess the accessibility of guns, presence of handguns and gun storage practices in the home, and an adolescent’s history of handling firearms in the home without supervision. Six items assess the accessibility of guns, the presence of handguns, and gun storage practices in the home, as well as the adolescent’s history of handling guns at home without supervision. Items were project developed following a literature review and consultation with researchers in the field of firearm safety and firearm violence.


LONGSCAN History of Witnessed Violence

Designed to assess an early adolescent’s self-reported history of witnessed violence. Stem questions assess whether or not a respondent has ever witnessed each of 8 increasingly serious acts of witnessed violence, ranging from having seen someone arrested to witnessing murder or rape. Follow-up questions for most items include frequency of ever witnessing, frequency of witnessing in the last year, and perpetrator-victim combinations witnessed for each stem behavior. The authors sought to capture a broad range of violence exposures and information on the relationship of perpetrators and victims to respondent.


LONGSCAN Household Composition & Family Chart: Early Adolescence

Designed to determine the number of people living in the adolescent participant’s household and the relationship of each household member to the adolescent. Data on household composition are recorded using the Family Chart. The chart includes every member of the current household, along with each household member’s age, gender, and relationship to the adolescent participant.


**LONGSCAN Household Composition: Household Information Form and Family Chart**

Designed to gather information about the number of people living in the subject child’s household and their relationship to the child. Data on household composition are recorded using the Family Chart. The chart allows the interviewer to list, with the respondent’s help, every member of the current household, as well as each member’s age, gender, and relationship to both the respondent and to the subject child. At the LONGSCAN Pre-Age 4, Age 4 and Age 6 interviews, the key data items were recorded on a separate form, the Household Information Form (HOMA). The instrument asks for the number of children and adults living in the home, categorized by relationship to the subject child. Other items include whether the subject child is the oldest child in the home, the total number of people in the household, and whether the respondent is currently living with a partner.


**LONGSCAN Interviewer Ratings of Age 18 DISC**

This rating form captures the interviewer’s observations of the respondent during the DISC interview, the validity of the administration, and respondent characteristics.

LONGSCAN Interviewer Ratings of Caregiver

This rating form captures the interviewer’s observations of the caregiver during the interview, as well as the interviewer’s perceptions of the condition of the residence and the safety of the neighborhood if the interview was administered in the participant’s home. Also assessed are the level of privacy maintained during the interview, and the caregiver’s response to, and ability to use, the Audio-Computer Assisted Self Interview (A-CASI) system. The instrument addresses assessment of caregiver (4 items), condition of residence (3 items), safety of neighborhood (1 item), privacy of interview setting (1 item), and caregiver’s response to A-CASI system (2 items). Items were written by project investigators to capture the post-interview observations and perceptions from the interviewer about the caregiver, the caregiver’s ability to utilize the A-CASI system, and the interview setting.


LONGSCAN Interviewer Ratings of Caregiver Respondent and Home Environment [Partially adapted from Bradley & Caldwell, 1979 and Bradley, Caldwell, & Rock, 1988]

Designed to assess the interviewer’s impression of the interview, the respondent, the respondent’s home, and the neighborhood environment in which the interview took place. At the Pre-Age 4 and Age 4 interviews the instrument addresses the appearance of the respondent (2 items), the quality of the respondent’s responses (4 items), the condition of the respondent’s residence (3 items), and the impression of the respondent’s neighborhood (5 items). The last five items relate to items or interactions observed in the home environment that are thought to be related to cognitive stimulation for the young child and were administered only at the Pre-Age 4, Age 4 and Age 6 interviews. At Age 6, items assess neighborhood safety and privacy of the interview.


**LONGSCAN Interviewer Ratings of Child**

This rating form captures information about the method of interview administration and the interviewer’s observations of the child during the interview, including how well the child seemed to be reading. Also assessed are the privacy of the interview environment, the child’s comfort level and ability to use the Audio-Computer Assisted Self-Interview (A-CASI) system. The last section of the form is designed to capture validity concerns on the part of the interviewer. At Age 14, items were added to assess whether the interview was completed in one session, how many breaks were taken, how much time the interview took to complete, and to provide a place for the interviewer to record any additional comments the interviewer has about the interview or the child.


LONGSCAN Interviewer Ratings of the Child: Early Adolescence

This rating form captures information about the method of interview administration and the interviewer’s observations of the child during the interview, including how well the child seemed to be reading. Also assessed are the privacy of the interview environment, the child’s comfort level and ability to use the Audio-Computer Assisted Self-Interview (A-CASI) system. The last section of the form is designed to capture validity concerns on the part of the interviewer. At Age 14, items were added to assess whether the interview was completed in one session, how many breaks were taken, how much time the interview took to complete, and to provide a place for the interviewer to record any additional comments the interviewer has about the interview or the child. The instrument addresses method of interview administration (2 items), assessment of child (3 items), assessment of interview environment (2 items), and validity concerns (2 items). At Age 14 only the instrument assessed other interview circumstances (3 items), and interviewer comments (1 item). Items were written by project investigators to capture post-interview observations, perceptions and validity concerns as described above in the Purpose section.

LONGSCAN Neighborhood Risk Assessment

Designed to assess potential neighborhood risk factors for family stress or child maltreatment. The instrument includes 32 items. The first 5 questions gather information about the neighborhood such as length of residence, location, and type of neighborhood. The next 25 items assess the respondent’s attitude toward the neighborhood and were selected to measure four constructs: tangible support, child-friendliness, safety, and attachment. For these items, the respondent is asked to rate each statement (e.g., I could get help from a neighbor if I needed it) on a 5-point scale from 1 (never true) to 5 (always true). The final two questions are open-ended questions about the respondent’s feelings toward the neighborhood.

**LONGSCAN Neighborhood Short Form**

Designed to measure primary caregivers’ perception of neighborhood quality. The instrument includes nine items reflecting social support, safety, and neighborhood pride/morale.


**LONGSCAN Network of Relationships Inventory [Adapted from Fuman & Burhmester, 1985]**

The Networks of Relationship Inventory (NRI) was originally developed to “examine a broad array of relationship characteristics across a number of different types of personal relationships,” (Furman & Buhrmester, 1985 & Questionnaire Manual). There are three versions of the NRI: The NRI-Social Provisions Version (SPV), the NRI-Behavioral Systems Version, (BSV), and the NRI-Relationship Qualities Version (RQV). LONGSCAN utilized slightly revised scales adapted from both the NRI-Social Provisions Version and the NRI-Relationship Qualities Version. LONGSCAN revised 1) the wording of the original introduction to focus it exclusively on peer relationships, 2) introductory items, including adding structured items to obtain peer ages and an item asking the sex of boy/girlfriend (primarily so that the computer could deliver sex-appropriate wording in subsequent items), and 3) some response sets. LONGSCAN focused exclusively on the following relationships: best friend of same sex; best friend of opposite sex (other than sibling or boy/girlfriend); and boy or girlfriend.


LONGSCAN Parent Attitudes Toward Delinquency [Adapted from Huizinga, D., Esbensen, Finn-Aage, & Weiber, A.W., 1991]

It is designed to assess parental attitudes toward adolescent deviance and delinquent behavior. This measure was used in the Denver Youth Study, one of the Causes and Correlates of Delinquency Studies, which examined pathways to and through delinquent and violent behavior. Twelve items assess a parent’s attitude toward adolescent deviance and delinquent behaviors. Items range from “How wrong do you think it is for someone your child’s age to: lie, disobey or talk back to adults” to ‘attacking someone with a weapon’. Response options range from ‘1 = very wrong’ to ‘4 = not wrong at all’. The original measure also includes items on parental attitudes towards substance use and involvement, which are not included in the measure utilized by LONGSCAN.


LONGSCAN Parent Global Report

Caregivers are asked to rate the attractiveness of their child compared to other children the same age. Also included is whether the child has a best friend.


LONGSCAN Parent’s Future Expectations

This measure is intended to assess a caregiver’s educational expectations for their adolescent. Two additional items ask about the best thing that has recently happened for the caregiver, and the caregiver’s goals for the upcoming year. One item assesses the importance the caregiver attaches to educational achievement, and a second asks about the highest level the caregiver expects the child to go in school, with response options ranging from "Leave as soon as possible" to “Graduate or Professional School.”


LONGSCAN Parental Monitoring: Caregiver Report [Adapted from Patterson & Stouthamer-Loeber, 1982 & 1984]

These parallel measures are designed to assess a caregiver’s level of monitoring of his/her adolescent and the adolescent’s perceived level of monitoring by his/her caregiver. A lower level of parental monitoring has been associated with higher levels of delinquency among adolescent boys (Patterson & Stouthamer-Loeber, 1984) and with antisocial behavior in preadolescent boys (Patterson, 1982). Monitoring of three broad domains, including youth’s use of money, whereabouts and activities, and friends are assessed. Caregivers who know more about each of these domains are considered to have higher levels of monitoring. The literature on parental monitoring was reviewed and the five items comprising this measure have been used to assess parental monitoring in multiple studies, including the Child Development Project (Laird, Pettit & Dodge) and the Oregon Youth Study.
LONGSCAN Parental Monitoring: Child Report [Adapted from Patterson & Stouthamer-Loeber, 1984]

These parallel measures are designed to assess a caregiver’s level of monitoring of his/her adolescent and the adolescent’s perceived level of monitoring by his/her caregiver. A lower level of parental monitoring has been associated with higher levels of delinquency among adolescent boys (Patterson & Stouthamer-Loeber, 1984) and with antisocial behavior in preadolescent boys (Patterson, 1982). Monitoring of three broad domains, including youth’s use of money, whereabouts and activities, and friends are assessed. Caregivers who know more about each of these domains are considered to have higher levels of monitoring. The literature on parental monitoring was reviewed and the five items comprising this measure have been used to assess parental monitoring in multiple studies, including the Child Development Project (Laird, Pettit & Dodge) and the Oregon Youth Study.


LONGSCAN Peer Relationships
This measure secures adolescent self-report of own peer relationships. This project-developed measure includes seven adolescent self-report items on peer relationships. Three items assess the adolescent participant’s perception of how “other kids” at school treat them, and single items ask whether or not s/he has a best friend, a friendship group, and level of satisfaction with these friendships.


LONGSCAN Perinatal Information

Designed to collect data on receipt of prenatal care, neonatal health problems, and receipt of parenting education. Mothers are asked to recall the period surrounding the participant child’s birth. The instrument is comprised of 11 items. The first four assess prenatal care received and birth weight. The next four questions ask about prematurity, hospitalization in the neonatal period, and whether the child was administered breathing assistance at birth. The last three questions ask about the respondent’s participation in parenting education in the perinatal period.


LONGSCAN Physical Abuse Self-Report

This self-report measure assesses an adolescent’s history of physical abuse since age 12. These items were adapted and refined from the LONGSCAN Self-Report of Physical Abuse and Assault (LONGSCAN, 1998) that was used in the Age 12 LONGSCAN interview. Both measures draw heavily on the physical abuse definitions developed by Barnett, Manly & Cicchetti (1995).


LONGSCAN Poverty & Hunger [Partially Adapted from the Scaled Hunger Measure of the Community Childhood Hunger Identification Project]

This measure is intended to assess poverty status, receipt of public assistance, and food insecurity and hunger. Household receipt of child support, recent loss of basic services (i.e., heat), current level of financial worry and anticipated financial stability are also assessed. This 24-item measure assesses poverty status using four broad domains: 1) receipt of public assistance services including TANF, food stamps and WIC, SSI, subsidized/public/section 8 housing, Medicaid, and free school lunch; 2) recent food insecurity and hunger; 3) lack or loss of basic needs and services (including, among others, medical care, clothing, heat, electricity) and 4) financial worry and anticipation of change in financial status. The eight items assessing food insecurity and hunger (items 9-16) are from the Scaled Hunger Measure of the Community Childhood Hunger Identification Project (Wehler, Scott & Anderson, 1994, 1991), a well-regarded measure of food insecurity and hunger. The timeframe for these items was modified from ‘the last year’ to ‘the past 30 days.’ The remaining items were project developed.


LONGSCAN Pretend Play and Imaginary Friends: Kinder Gentler

This is a project developed form for caregiver respondents to report on their child’s pretend play and whether or not s/he has or has had an imaginary friend.


LONGSCAN Psychological Maltreatment (since age 12)

This self-report measure assesses an adolescent’s history of psychological maltreatment since age 12. These items were adapted and refined from the LONGSCAN Age 12 measure of psychological maltreatment (LONGSCAN, 1998); both measures draw heavily on the emotional maltreatment definitions developed by Barnett, Manley & Cicchetti (1995). This measure is shorter than the Age 12 measure. While the Age 12 measure assessed attribution and impact for any psychological maltreatment overall with two items, this measure assesses impact and attribution for each perpetrator endorsed.


LONGSCAN Quality of Neighborhood, Residential Stability & Organizational and Religious Affiliation [Adapted from Coulton, Korbin, & Su, 1996 and Sampson, Raudenbush, & Earls, 1997]

Designed to assess the caregiver’s perception of the quality of his or her neighborhood, the length of time the caregiver and the adolescent respondent have lived in the neighborhood, and how often the adolescent participant has moved in the last five years. The civic, community and religious/spiritual engagement of the caregiver are also assessed. Three single items assess residential stability (how long the caregiver has lived in the neighborhood, how long the adolescent participant has lived in the neighborhood, and how often the adolescent has moved in the last five years). 30 items include three subscales intended to assess the neighborhood’s collective efficacy, chaos and stability. The caregiver’s recent community engagement/activities are measured with nine yes/no items on participation in civic, volunteer, athletic, and arts activities, and voting frequency. Religious or spiritual engagement is measured with three items
on importance of beliefs in child rearing, religious or spiritual affiliation, and service attendance. A fourth item on recent participation in church activities is included in the community engagement section. The items on neighborhood quality (items 3-32) are adapted from the work of Coulton, Korbin & Su (1996), and Sampson, Raudenbush & Earls (1997). Other items are project developed. The community activities items were intended to parallel, in an age-appropriate way, the activities items found in the Age 12 adolescent self-report of resilience factors.


**LONGSCAN Quality of Parent-Child Relationship: Adolescent Report [Adapted from the Add Health Study]**

This measure is intended to assess the adolescent’s perception of the quality of the relationship with his or her maternal and paternal caregivers and the level of their recent involvement, as well as the adolescent’s impressions of the caregivers’ educational aspirations for the adolescent. Parallel measures exist for primary caregiver report on the relationship with his or her
adolescent.


LONGSCAN Quality of Parent-Child Relationship: Parent Report [Adapted from the ADD Health Study]

This measure is intended to assess a primary caregiver’s perception of the quality of the relationship with his or her adolescent child and the level of their recent involvement, as well as the caregiver’s educational aspirations for the adolescent. Parallel measures exist for adolescent report on the relationship with his or her mother and father figures.

Two broad domains of relationship quality are assessed: the caregiver’s perception of the overall quality of the relationship with his or her adolescent, and the nature and extent of recent shared activities. Dimensions of quality of relationship assessed include level of closeness, understanding, trust, shared decision making, caring and getting along. Two items assess the caregiver’s educational aspirations for the child by asking how disappointed s/he would be if the adolescent did not graduate from high school and college. The items were adapted from those used in the Add Health Study (Resnick et al., 1997). Designed to assess the caregiver’s perception of the quality of his or her neighborhood, the length of time the caregiver and the adolescent respondent have lived in the neighborhood, and how often the adolescent participant has moved in the last five years. The civic, community and religious/spiritual engagement of the caregiver are also assessed.

LONGSCAN Quality of Relationship with Father [Adapted from the ADD Health Study]

This measure is intended to assess an adolescent’s perception of the quality of the relationship with his or her father or father-figure and the level of his recent involvement in the adolescent’s life; as well as the adolescent’s perception of the father’s educational aspirations for him or her. There is a parallel caregiver report on the quality of the relationship and an adolescent report measure on the quality of the relationship with his/her mother. Introductory items ask the adolescent if there is a father-figure residing in the home and if there is, then follow-up items assess the nature of their relationship (i.e., birth or foster father, grandfather, etc.). If there is no father-figure residing in the home, the adolescent is asked to identify the man who is most like a father, and to specify the nature of that relationship. Two broad domains of relationship quality are assessed: the adolescent’s perception of the overall quality of the relationship with his or her father, and the nature and extent of recent shared activities. Dimensions of quality of relationship assessed include level of closeness, understanding, trust, shared decision-making, caring and getting along. Two additional items assess adolescent’s perception of how disappointed the father would be if the adolescent did not graduate from high school and college. Adolescents who do not consider their biological father to be their primary father figure, and who do not live with the biological father but do see him at least once per month, are asked identical items about the relationship with him. The items were adapted from the Add Health Study (Resnick et al., 1997).


LONGSCAN Quality of Relationship with Mother [Adapted from the ADD Health Study]

This measure is intended to assess an adolescent’s perception of the quality of the relationship with his or her mother or mother figure and the level of their recent involvement, as well as the adolescent’s perception of the mother’s educational aspirations for the adolescent. There is a parallel caregiver report and an adolescent report measure on the quality of relationship with his/her father. Introductory items ask the adolescent if there is a mother figure residing in the home and if there is, then follow-up items assess the nature of their relationship (i.e., birth or foster mother, grandmother, etc.). If there is no mother figure residing in the home, the adolescent is asked to identify the woman who is most like a mother, and to specify the nature of that relationship. Two broad domains of relationship quality are assessed: the adolescent’s perception of the overall quality of the relationship with his or her mother, and the nature and extent of recent shared activities. Dimensions of quality of relationship assessed include level of closeness, understanding, trust, shared decision making, caring and getting along. Two additional items assess adolescent’s perception of how disappointed the mother would be if the adolescent did not graduate from high school and college. The items were adapted from those used in the Add Health Study (Resnick et al., 1997).


LONGSCAN Resilience Factors

The measure assesses four broad domains, including existence of familial and extrafamilial supportive adults; religiosity/ spirituality and religious institution involvement; prosocial extracurricular activities; and history of leadership and honors. Items were project developed after a review of existing measures of adolescent resilience and related literature. The measure is not intended as a comprehensive measure of resilience factors, as other factors related to
resilience are measured elsewhere in LONGSCAN interviews.

*Measures for Assessment of Functioning and Outcomes in Longitudinal Research on Child Abuse- Volume 4: Middle Adolescence (Age 16).* Retrieved from: 
http://www.unc.edu/depts/sph/longscan/

Measures for Assessment of Functioning and Outcomes in Longitudinal Research on Child Abuse-Volume 3: Early Adolescence (Ages 12-14). Retrieved from: 
http://www.unc.edu/depts/sph/longscan/

LONGSCAN Investigators (1998). LONGSCAN resilience factors [Instrument]. Chapel Hill, 
NC: University of North Carolina at Chapel Hill, Injury Prevention Research Center. 
Retrieved from: http://www.unc.edu/depts/sph/longscan/

**LONGSCAN Risk Behaviors of Family & Friends**

Designed to assess youth’s perceptions of the substance use/abuse of family and friends, as well as the extent to which friends engage in pro-social or risky behaviors. 9 items assess the youth’s perception of the substance use and the frequency with which a household member is either drunk or high. Substances of interest include tobacco, alcohol and a range of illegal drugs. Three items assess how many of youth’s close friends (none, some, most) participate in select pro-social activities, including sports, school clubs, and church; and two items assess the child’s perception of the school behavior and performance of close friends. 13 items assess the youth’s perception of how many close friends use tobacco, alcohol and drugs, and engage in risky behaviors, including drug carrying or sales, fighting, weapon carrying, and others. The substance use and risk behavior items were modified from self report items found in the Youth Risk Behavior and Monitoring the Future surveys. The pro-social activities of close friends items were project developed.

*Measures for Assessment of Functioning and Outcomes in Longitudinal Research on Child Abuse- Volume 4: Middle Adolescence (Age 16).* Retrieved from: 
http://www.unc.edu/depts/sph/longscan/

Measures for Assessment of Functioning and Outcomes in Longitudinal Research on Child Abuse-Volume 3: Early Adolescence (Ages 12-14). Retrieved from: 
http://www.unc.edu/depts/sph/longscan/

LONGSCAN Investigators (1998). LONGSCAN risk behaviors of family and friends 
[Instrument]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Injury 

**LONGSCAN School Information Form**

Designed to collect demographic data on the target child’s teacher and school, teacher’s
perception of child’s parents’ involvement with education, and child’s attendance record. The School Information Form (SIF) is organized into three sections: information about the student, information about the school population, and information about the teacher. Student questions focus on parental involvement and support for the child’s education, student absences, and student tardiness. School information questions relate to the racial/ethnic background of the school population and the proportion of students eligible for reduced or free lunch. Information about the teacher includes sex, race, age, and number of years in the classroom.


LONGSCAN School Orientation and Behavior Problems

School orientation and behavior problems secures adolescent self-report of several school related variables. Six items assess frequency of homework completion, importance attached to doing well in school by adolescent, frequency of class cutting and suspensions, thought given to dropping out of school, and highest level in school the adolescent expects to reach. Items were project developed. The measure is a brief self report of behavior problems and attitudes related to school.


LONGSCAN School Safety Questionnaire

Designed to assess the teacher’s perception of the amount of violence and antisocial behavior
present in the subject child’s school environment. The instrument includes 10 items. The first eight items are statements related to the safety of the school environment (e.g., This school is in a safe neighborhood). The other two items ask about the number of times students and teachers were victimized while on school property during the current school year.


LONGSCAN Self Report of Physical Abuse - Age 18

This self-report measure assesses a young adult’s self-reported history of lifetime physical abuse and harsh parenting. These items were originally adapted and refined from the LONGSCAN Self-Report of Physical Abuse and Assault (LONGSCAN, 1998) used in the Age 12 LONGSCAN interview, for use in the age 16 interview. At age 18, the measure was modified to assess lifetime abuse history. All measures draw heavily on the physical abuse definitions developed by Barnett, Manly & Cicchetti (1995).


LONGSCAN Self-Report of Physical Abuse and Assault

This measure is designed to assess a young adolescent’s self reported lifetime history of physical abuse and assault. It was developed for administration to 12-year old respondents using an A-CASI (Audio-Computer Assisted Self Interview) delivery. It is comprised of stem questions asking about specific perpetrator behaviors and injury experiences, which, if endorsed, trigger follow-up questions on age at occurrence and perpetrator. Three main constructs are assessed: physical abuse by caregivers, physical assault by non-caregiver household members, and community assault.

Physical abuse. Comprehensive definitions of physical abuse, rather than legal definitions of
abuse, were utilized in order to capture a child’s actual experience, regardless of perpetrator intent to harm or child’s injury outcome. The definitions developed by Barnett, Manly & Cicchetti (1993), and the definitions endorsed by the American Professional Society on the Abuse of Children (Hart, Brassard, & Karlson, 1996) were utilized in item development. The measure was designed to capture both experienced harm and threat of harm by abuse by asking about the specific caregiver behaviors and injuries using a yes/no stem question format. Follow-ups to endorsed stem items include age at occurrence, injury outcome, perpetrator, medical follow-up, child’s perception of perpetrator’s sobriety status, and child’s attribution of fault for the abuse. Household member/sibling assault. This was assessed with a single global stem item, “Has another kid in your family, or who has lived with you in hour house, ever physically hurt you badly or put you in danger of being hurt?” Positive endorsements trigger follow-up items assessing age at occurrence, frequency, injury outcomes, medical follow-up, child’s perception of perpetrator’s sobriety status, and child’s attribution of responsibility for the assault.

Community assault. This was defined as physical assault by someone outside the household who was not in a caregiving role, and is assessed with a global item, “Has someone not in your family, or who doesn’t live with you, ever physically hurt you badly or put you in danger of being hurt?” Positive endorsements trigger follow-up items assessing age at occurrence, frequency, injury outcomes, medical follow-up, child’s perception of perpetrator sobriety, and attribution for the assault. The definitions of physical abuse developed by Barnett, Manly & Cicchetti (1993), and the definitions endorsed by the American Professional Society on the Abuse of Children (Hart, Brassard, & Karlson, 1996) were utilized in item development.


LONGSCAN Self-Report of Psychological Maltreatment

The measure is designed to capture a young adolescent’s (up to age 12) self report of lifetime history of psychological maltreatment from any adult the respondent sees as a parent figure. Items assess a young adolescent’s experience with a range of parental behaviors and aspects of the parent-child relationship that may be considered psychologically neglectful or abusive. For each stem item endorsed, three epochs are assessed, including before elementary school, since started elementary school, and in the last year. An ordinal scale with three answer choices, including never, sometimes and often, assesses the frequency of the experienced behavior within each epoch. A global item assesses the child’s overall feelings of personal responsibility for all
experienced psychological maltreatment. Specific perpetrators and severity are not assessed. The authors sought to be inclusive of existing definitions of psychological maltreatment to permit the most global assessment. However behaviors which could not reasonably be defined as maltreating in an existing definition of psychological maltreatment and by the authors, were excluded for conceptual clarity. Parent behaviors, rather than harm experienced, were assessed due in part to the validity and reliability difficulties associated with asking for self report of harm due to psychological maltreatment at age 12. Five a priori, overlapping scales include assessments of psychological safety and security; acceptance and self-esteem, age appropriate autonomy, exploiting and corrupting, and mental health, medical and educational neglect. Two classification systems were utilized in item selection. These include the definitions developed by the American Professional Society on the Abuse of Children (Hart, Brassard & Karlson, 1996), and those developed by Douglas Barnett, Jody Manly and Dante Cicchetti (1993).


LONGSCAN Self Report of Psychological Maltreatment: Age 18

This self-report measure assesses an adolescent’s lifetime history of psychological maltreatment. These items were adapted and refined from the LONGSCAN Age 12 measure of psychological maltreatment (LONGSCAN, 1998); both measures draw heavily on the emotional maltreatment definitions developed by Barnett, Manley & Cicchetti (1995).


**LONGSCAN Self Report of Sexual Abuse: Age 18**

This self-report measure assesses young adult’s self-reported lifetime history of sexual abuse. These items were originally adapted and refined from the LONGSCAN measure of sexual abuse and assault (LONGSCAN, 1998) for use at age 16, and modified at age 18 to permit lifetime reporting; all measures drew heavily on the definitions developed by Barnett, Manly & Cicchetti (1995).


**LONGSCAN Service Utilization**

The instrument is designed to assess the reason(s) for seeking service, the type of service provider seen, number of visits, and the degree of satisfaction with services for the child’s mother or primary caregiver. At the Pre-Age 4/Age 4 interview a single form was developed to assess both child and adult services. For caregivers, only services sought and received in the last year are assessed. Caregiver services include help needed and sought for a personal or emotional problem, and medications taken in the past year. The instrument also asks about hospitalization for personal or emotional problems, and treatment programs for substance abuse. At Age 6 the instrument is divided into three forms. The first is caregiver focused and replicates the information gathered at the previous interview: The form asks for information concerning services sought and received, hospitalization for personal and emotional problems, and stays in residential programs for substance abuse in the past year. The second form is child focused and asks about help needed and sought for the child in the past year (rather than ever). At Age 8 the three forms used at Age 6 are combined and streamlined to create one instrument assessing the household’s use of a variety of social and mental health services.

LONGSCAN Service Utilization Age 6

The purpose is to assess the type and extent of services needed and utilized by the child for emotional, behavioral, school, and medical problems and by the child’s primary caregiver for emotional and psychological problems. These instruments are designed to assess the reason(s) for seeking service, the type of service provider seen, number of visits, and the degree of satisfaction with services for both a child and the child’s mother or primary caregiver. At Age 6 the instrument is divided into three forms. The first is caregiver focused and replicates the information gathered at the previous interview: The form asks for information concerning services sought and received, hospitalization for personal and emotional problems, and stays in residential programs for substance abuse in the past year. The second form is child focused and asks about help needed and sought for the child in the past year (rather than ever). Questions regarding well-child visits, medical problems, medications for any kind of problem, and hospitalizations for any kind of problem are also included. (The form used at Age 4 does not gather information on children’s medical problems.) The third form is a Supplemental Service form designed to assess the use of other types of social and educational services.


LONGSCAN Service Utilization Age 8

The purpose is to assess the type and extent of services needed and utilized by the child for emotional, behavioral, school, and medical problems and by the child’s primary caregiver for emotional and psychological problems. These instruments are designed to assess the reason(s) for seeking service, the type of service provider seen, number of visits, and the degree of satisfaction with services for both a child and the child’s mother or primary caregiver. At Age 8 the three forms used at Age 6 are combined and streamlined to create one instrument assessing the household’s use of a variety of social and mental health services.

LONGSCAN Service Utilization Ages 12 to 14

To assess services needed and received in the past year by the adolescent participant, the primary caregiver, and other family members. The degree of helpfulness of received services is also assessed. A wide range of services are queried, including use of income supports, shelters, child welfare, mental health including psychiatric hospitalizations, health (including treatment related to injuries, hospitalizations, alcohol or drug treatment, preventive health services and dental care), self help groups, parenting classes, legal aid, transportation services and respite care.

Note on Ages 12-14 LONGSCAN administration: a programmed computer skip resulted in items on receipt of service and helpfulness of service being skipped if the respondent did not endorse needing that service. In other words, respondents who endorsed not needing any specific service were never read the follow up items asking if s/he had received that service and how helpful it was if received. This skip was corrected in the subsequent Age 15 interview.


LONGSCAN Service Utilization Ages 12 to 17

To assess services needed and received in the past year by the adolescent participant, the primary caregiver, and other family members. The degree of helpfulness of received services is also assessed. A wide range of services are queried, including use of income supports, shelters, child welfare, mental health including psychiatric hospitalizations, health (including treatment related to injuries, hospitalizations, alcohol or drug treatment, preventive health services and dental care), self help groups, parenting classes, legal aid, transportation services and respite care. Note on Ages 12-14 LONGSCAN administration: a programmed computer skip resulted in items on receipt of service and helpfulness of service being skipped if the respondent did not endorse needing that service. In other words, respondents who endorsed not needing any specific service were never read the follow up items asking if s/he had received that service and how helpful it was if received. This skip was corrected in the subsequent Age 15 interview.

LONGSCAN Service Utilization: Age 18

This measure was developed to assess a young adult’s self-reported need for, and receipt of, a wide range of services in the last year. A wide range of services are queried, including medical, dental, psychological and social work services. Two items on health insurance coverage are included.


LONGSCAN Service Utilization Infancy to Age 4

The purpose is to assess the type and extent of services needed and utilized by the child for emotional, behavioral, school, and medical problems and by the child’s primary caregiver for emotional and psychological problems. These instruments are designed to assess the reason(s) for seeking service, the type of service provider seen, number of visits, and the degree of satisfaction with services for both a child and the child’s mother or primary caregiver. At the Pre-Age 4/Age 4 interview a single form was developed to assess both child and adult services. For children, the instrument asks about services that have ever been sought. Child service information includes help needed and help sought for children’s behavioral, emotional, or school problems, and medications the child is taking for these problems. For caregivers, only services sought and received in the last year are assessed. Adult services include help needed and sought for a personal or emotional problem, and medications taken in the past year. For the caregiver, the instrument also asks about hospitalization for personal or emotional problems, and treatment programs for substance abuse.


LONGSCAN Sexual Abuse of Child: Caregiver Report

Designed to obtain caregiver report of child’s history of sexual abuse, and CPS or medical intervention related to possible sexual abuse. Items were developed to assess a child’s history of sexual abuse and intervention related to possible sexual abuse using parent report. Items were project developed.


LONGSCAN Sexual Abuse Self-Report: Age 16

This self-report measure assesses an adolescent's history of sexual abuse since age 12. These items were adapted and refined from the LONGSCAN measure of sexual abuse and assault (LONGSCAN, 1998); both measures drew heavily on the definitions developed by Barnett, Manly & Cicchetti (1995). This measure is shorter than the Age 12 instrument.


LONGSCAN Sexual Abuse Supplement

Designed to assess perpetrator-specific information related to sexually abusive experiences self reported by adolescent participants. This adolescent self-report instrument queries current emotional impact and personal attribution or personal responsibility for reported sexual victimization by specific perpetrators previously noted on the self report of sexual abuse form. Also assessed is the adolescent’s disclosure history, level of support received related to disclosure, and his or her feelings related to having disclosed sexual abuse by specific perpetrators. The set of six questions is asked separately for each perpetrator reported by the adolescent. Items were project developed.


LONGSCAN Sexual Experiences & Parenting Status

To ascertain the sexual experiences, sexual risk behaviors and attitudes, birth outcomes and child care history from mid to late adolescents. Variables include age at first intercourse; number of sexual partners; history of sex with partner(s) of same sex; use and type of protection; pregnancy, childbearing and paternity history; self-efficacy regarding sex; perceptions of friends’ attitudes towards sexual behavior and use of protection; and current child care arrangements made by adolescent parents for their children.


LONGSCAN Social Concerns & Desirability [Adapted from Revised Children's Manifest Anxiety Scale]

The purpose of this instrument is to assess a respondent’s tendency to provide either an idealized self image or an overly negative, socially undesirable self image. This six-item scale asks about behaviors that, depending upon responses, could represent either an idealized self image or the opposite. The pattern of responses may inform interpretation of other data. For example, a respondent who presents an idealized self image may be “faking good,” and may tend to under-report negative behavior, experiences or feelings on other measures. This measure may be referred to as a lie scale, although respondents may under or over-report without intending to deceive. These items were LONGSCAN adaptations of items from the Revised Children’s Manifest Anxiety Scale (RCMAS, Reynolds & Richmond, 1994). The changes from the original include: rephrasing statements as questions (i.e., “I never lie,” to “How often do you lie?”), and revising the answer set from yes/no to a 4 point Likert scale ranging from “never” to “all of the time”.

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LONGSCAN Social Support from Non-Parental Adults

This measure is intended to assess youth report of social support received from adults who are not their parents or primary caregivers. One item asks the youth to identify the non-parental adult “who you feel closest to or who has helped you the most.” Five follow-up items assess the level and type of social support this adult provides.

LONGSCAN Stability of Caregiver and Residence- Age 18

This measure is designed to capture the number and types of moves, school changes and changes in primary caregivers experienced throughout an 18 year-old’s lifetime; recognizing that children in the LONGSCAN sample often experienced multiple residences, schools and caregivers throughout their childhood and adolescents. The number of changes in residence, schools and primary caregivers is assessed for each of three epochs: before starting first grade; first grade through 11 years of age; 11 years of age to present.
LONGSCAN Supplemental Services Utilization

To identify use of services (other than mental health and general medical services) by the family in the preceding year, and the degree of satisfaction with the services received. The instrument assesses utilization of services by asking if each of the listed services was received, who was the primary recipient, and degree of satisfaction with it.


LONGSCAN Survey of Family Routines [Adapted from the Family Routines Inventory]

The original Family Routines Inventory (FRI) measures 28 positive, strength-promoting family routines, those observable, repetitive behaviors which involve two or more family members and which occur with predictable regularity in the daily life of a family. The 28 routines were selected from an extensive list of 104 routines obtained through family interviews. LONGSCAN utilized 11 of the original 28 stem items and revised the response set from the original numeric frequency to a four point response set ranging from "Never" to "Always."


LONGSCAN Tobacco, Alcohol, and Drugs

To obtain adolescent self-report of tobacco, alcohol, and drug use, and involvement in activities related to drug sales. Whether or not an adolescent has used a specific substance in the last year is assessed with a single item, which, if endorsed, is followed up with items assessing extent of use in last year and in the last thirty days. Drugs queried include marijuana, cocaine, LSD and other hallucinogens, heroin or methadone, Ecstasy, PCP, inhalants, stimulants, tranquilizers, steroids and “other prescription drugs not prescribed by a physician”. Involvement in drug sales is assessed with items including having been asked to sell, carry, or deliver illegal drugs, and having done so.


**LONGSCAN Welfare Reform Measure**

Designed to investigate the impact of welfare reform on the LONGSCAN sample. These items were project-developed to obtain information on welfare reform. The items from this measure were included as part of the Service Utilization measure (SUA/SRUB). More specifically, these items appear as 10a through 10o on the SUA/SRUB forms. A non-copyrighted LONGSCAN version of this measure is included in the Measures Manual.


**LONGSCAN Young Adult Criminal Justice Involvement**

This measure assesses a young adult’s history of criminal justice involvement. A history of specific charges and convictions is assessed.


**LONGSCAN Youth Demographics**

This measure is designed to collect demographic information from 16 year-old respondents. The
measure is intended to collect demographic information from all 16 year-old respondents, and includes an expanded set of items for those who are not currently living with a caregiver. Domains included are: place of residence, marital status, race/ethnicity, and educational achievement and current school status. Items specific to respondents who are not living with a caregiver, and are living with a spouse or partner, include: partner’s age, gender and educational achievement and current school status, partner/spouse’s employment status; overall household income; number of people dependent upon household income; and household density as measured by rooms divided by number of inhabitants.


LONGSCAN Youth Employment

To assess the number of hours per week an Age 16 respondent is engaged in paid employment. The typical number of hours per week worked for pay during a typical week is assessed. Separate items are asked of youth in school and those not in school.


LONGSCAN Young Adult Health Status – Age18

To obtain a brief global self-report of the young adult’s health status, and to determine if they have suffered from mental health or chronic health issues in the last year. The first items in the measure are global health items that are either identical or very similar to those used in the caregiver global self-reports of health status. These are followed by items assessing the young adult’s mental health status (anxiety, depression, ADHD,) , and health status, including STDs, and chronic health issues.


LONGSCAN Investigators (2000). LONGSCAN Age 18 Young Adult Health Status [Instrument].
LONGSCAN Youth Adult Welfare Reform

To assess services needed and received in the past year by the adolescent participant (and their children). This form is nearly identical to the caregiver report of welfare reform found in the Services Utilization measures (SUA/SRUB) used at ages 4-8. Need of social services or welfare, receipt of services, and loss of services are assessed. Also assessed is respondent’s participation in school or work programs in order to receive such services.


LONGSCAN Youth Health Risk Behaviors & Suicide - Age 18

The purpose of this measure is to assess self-reported current health behaviors and health risk behaviors among young adults. Suicidal ideation and attempts and lifetime history of running away from home are also assessed.


LONGSCAN Youth Height and Weight

It is designed to obtain current height and weight measurements of the LONGSCAN young adult participant.


LONGSCAN Youth Peer Victimization

The measure is designed to assess the nature and extent of a youth’s peer victimization in adolescence. Domains assessed include bullying, and physical and sexual victimization by peers, including sibling, dating, and other peer victimization. The initial item was a modified version of the bullying item from the Juvenile Victimization Questionnaire (Finkelhor, D., Hamby, S.L., Ormrod, R., Turner, H., 2005). Subsequent items were project developed and intended to map with the LONGSCAN self-report of physical and sexual abuse items. Follow-up items assess frequency and perpetrator.


LONGSCAN Adolescent Social Support

This measure is intended to assess perceived social support received from familial adults, non-parental, and a peer.


Multigroup Ethnic Identity Measure (MEIM)


**My Family and Friends**

LONGSCAN modified the instrument to contain 4 dialogues.


**NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV)**


**Peabody Picture Vocabulary Test**


**Pictorial Scale of Perceived Competence and Social Acceptance for Young Children**


Preschool Symptom Self-Report: PREA + PREB


Revised Children's Manifest Anxiety Scales (RCMAS)


Rosenberg Self-Esteem Scale


Self-Report Family Inventory (SFI)


Social Provisions Scale


Socially Desirable Response Set Measure

LONGSCAN modified the answer sets at age 12, utilizing a 4 point response set rather than the original 5 points, and modifying the response options from Definitely True – Definitely False, to Strongly Agree–Strongly Disagree.


Teacher Estimation of Child Peer Status

Things I Have Seen and Heard


Trauma Symptom Checklist for Children (TSCC)


Trauma Symptom Checklist for Children- Alternate Version


Trauma Symptom Inventory


Vineland Adaptive Behavior Scale (VABS) Screener- Daily Living Skills


Wechsler Preschool and Primary Scale of Intelligence-Revised (WPPSI-R) Short Form


Wide Range Achievement Test: WRAT-3 (Blue Version)


Related Publications & Reports

Users are strongly encouraged to obtain these references before doing analyses. To view a complete list of publications, go to [www.ndacan.cornell.edu](http://www.ndacan.cornell.edu), navigate to the LONGSCAN dataset page, and click on the publications link.


Analytic Considerations

The LONGSCAN database presents three analytic challenges for researchers. The first relates to the longitudinal nature of the data. With longitudinal data, the repeated measurements on the same individuals result in a violation of the assumption of independent observations, which is required for most statistical analyses. Missing data either through attrition, missing data at one or more time points for some respondents, or censored information also becomes an important issue that must be addressed in longitudinal data. A third characteristic common to many longitudinal studies has to do with variation in the age of children at each assessment, the age at enrollment into the study, and the timing between visits.

The second challenge for researchers arises from the different target populations and sampling procedures used among the five research sites. The cohorts at each of the sites should be considered a purposive, convenient sample of a particular geographic area in the United States. The children were recruited across a spectrum of risk for maltreatment, resulting in heterogeneous samples that affect the ability to aggregate the data. The repeated measurements and the site-to-site sample variability make the statistical analyses challenging and interesting.

The third statistical consideration is related to the first two. Individual and ecological factors are correlated so that children within a particular ecological context are more similar to each other than they are across contexts. If the nested structure between individual-level characteristics and higher-level developmental contexts are ignored, individual-level effects can be distorted due to “averaging” their effects across contexts. Separate estimates of the effects of different patterns of maltreatment experiences (e.g., varying severity and chronicity) can be obtained for children across different ecological contexts (depressed caregivers, high and low levels of social capital, etc.) and the effect sizes compared across these contexts.

Cross-Site Analyses

Most research questions of LONGSCAN involve aggregating data across site. When conducting cross-site analyses, several factors must be considered, including cross-site variance in the distribution of the variable under study and slight variations or departures from the common protocol. The aggregation analyses must consider the comparability of sites and the consistency of results across sites. Ignoring site differences is not acceptable and may result in wrong conclusions. There are several analytic approaches to deal with site variability. One valid approach is to analyze the sites individually, which also implies that each site’s data have stand-alone interest; however, the loss of statistical power from this approach is unappealing.

There are few standard directives that guide researchers in evaluating whether data from multiple sites can be combined for analyses. Given site differences, individual sampling designs, and confounding variables within each site, it is important to first determine if the sites should be combined at all. If multiple sites are to be successfully combined, there must be consistency among samples, the methods of data collection, and the goals of the individual research projects. Additionally, the results of the analyses must be reliable and allow for generalization.

To determine if data from multiple sites can be combined, main effects of site on the dependent variables, interactions of site with other predictors in the model, and collinearity between site and the
other predictors must be explored. If interactions with site are significant, they should be accounted for in any regression model. Approaches to accounting for the site-specific variability include entering interaction terms into the models, using dummy-coded variables to represent sites, or fitting prediction and cross-validation models. A possible spurious relationship may exist between site and the dependent variable and this should be explored as well. If there are significant interactions between site and the psychosocial predictor variables, the sites should not be combined. After evaluating site interactions, the main effects of site should be assessed, and if significant, site must be included in the final model. The aggregation analysis itself can be performed with a variety of methods, including simply combining data from all of the sites, use of Mantel-Haenszel methods, meta-analysis methods, replication methods, or modeling methods.

**Longitudinal and Multilevel Analyses**

Modeling techniques appropriate for testing hypotheses with LONGSCAN data include multilevel modeling techniques, often referred to as HLM (hierarchical linear models) (Bryk & Raudenbush, 1992), which calculate separate covariance components for the within subject level and the between subject level. Individual, family, and community effects can be incorporated into the same model. These modeling techniques use all available information so that missing data do not compromise the robustness of the estimates. Generalized Estimating Equations (GEEs), a subset of these models, are particularly useful for providing efficient estimates for repeated measures data in which the covariance structure is characterized by correlated responses (i.e., there is clustering within individuals) (Liang & Zeger, 1986). GEEs can be used to estimate models with continuous, ordinal, or binary scaled outcomes (Diggle, Liang, & Zeger, 1994). The general linear mixed model (GLMM) is also able to handle both correlated observations and irregularly timed data.

Because of the age range in the LONGSCAN samples and site-specific differences in implementing interview protocols and completing data collection, measures have been obtained for a particular data point (e.g. “Age 4”) over a relatively long time span and at varying chronological ages of the children (e.g., some “4 year olds” had already turned 5 by the time they were interviewed). Iterative estimation procedures (e.g., the Expectation-Maximization [EM] algorithm (Dempster, Laird, & Rubin, 1977) can be applied which will minimize the error resulting from this feature of the data collection design resulting in unbiased, efficient parameter estimates. With any modeling technique used, appropriate cautions and model-specification criteria should be applied (Wothke, 1993; Kaplan & Wenger, 1993; MacCallum, Roznowski, & Necowitz, 1992).

**Confidentiality Protection**

All dates have been changed to the 15th of the month. Also, primary and secondary identifiers have been removed, and as a result, there will be instances where variables that appear in the data dictionaries are not available in the data files.

The following variables can be used to link the data files: ID, Center, Visit. The exception is that visit should not be used to link data from the RNAB0603 dataset with any other dataset.

**Extent of Collection**

This collection consists of the User’s Guide, six Data Dictionaries (0-6 data, 7-9 data, 10 & 11 data, age

**Extent of Processing**

NDACAN produced the User’s Guide, SPSS, and Stata native data files as well as the SAS program files with ASCII data. Data files do not contain value labels. Users should refer to the appropriate Data Dictionary for variable information.
## DATA FILE INFORMATION

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Data File Notes

Each data file represents data collected for one of the measures used in the study.

Data Collection Dates:

- Infant-age 4: July 1, 1991 - March 20, 2000
- Age 6 March 5, 1993 - January 1, 2002
- Ages 7-9 February 24, 1994 - July 23, 2004
- Ages 10-11 April 6, 2004 - November 10, 2006
- Age 12 September 1998 – May 2009
- Age 13 March 2001 – August 2008
- Age 14 January 2001 – September 2009
- Age 16: December 2002 – October 2011
- Age 18: January 2004 – January 2012

There are six Data Dictionaries. The data dictionaries correspond with when the data were deposited at the Archive (ages 0-6, ages 7-9, ages 10 & 11, age 12, age 14, and ages 15-18). Data files that are new in this submission and data files from previous submissions that have been updated in this submission, appear in the age 18 Data Dictionary.

- Datasets with "04" in the data file name correspond with the 0-6 Data Dictionary
- Datasets with "06" in the data file name will correspond with the 7-9 Data Dictionary
- Datasets with “08” in the data file name are from the age 12 Data Dictionary
- Datasets with a “10” in the data file name are from the Age 14 Data Dictionary
- Datasets with a “12” in the data file name correspond with the Age 15-18 Data Dictionary.

The Derived Maltreatment data dictionary is contained within the Age 15-18 Data Dictionary and corresponds to the M_SDM1201 data file. The Derived Household Composition Data Dictionary (corresponding data file name: DHC1201) is contained within the Age 14 Data Dictionary.

Technical support for this dataset is provided by NDACAN.

Please send your inquiries to NDACANSUPPORT@cornell.edu