

2014 Ontario Child Health Study (OCHS) Derived Scales Documentation

Scale definitions

Some core concepts in the 2014 Ontario Child Health Study (OCHS) are measured using scales which group together questions or items to measure a particular concept or construct. Some concepts are measured with well-established scales or instruments, some are revised or adapted from existing scales, and others are measured using scales developed specifically for the 2014 OCHS. Key references and a brief description are provided for established scales. Additional description and psychometric properties are provided for newly developed scales.

Scale respondent

Scales are organised according to who the respondent was and what the object of measurement was. Scale properties for scales about the child are reported at the child-level regardless of whether the respondent was the Person Most Knowledgeable (PMK), partner or the child themselves. Scale properties for scales about the PMK, partner, household or neighbourhood are reported at the PMK, partner, or interviewer level, depending on who the respondent was. One scale (Childhood Experience of Violence) was reported by children, PMKs and partners about themselves and so scale properties are presented at the child level for children and at the PMK and partner-levels for PMKs and partners. Analysis using PMK or partner reported scales at the child-level must take into account the fact that PMK data is repeated for each child within the household.

Scale composition

In order to use these questions or items, scale scores are computed. Details on how these scales are derived are included in this document. When items indicate frequencies or quantities of something, response options are recoded so that the responses are anchored at 0 (Statistics Canada does not typically use 0 as a scale response option). Typically higher scale values indicate higher quantities or frequencies of that construct or concept. Items with Likert scale response options (e.g. scales that include a neutral point in the middle such as neither agree nor disagree) are not recoded this way. Missing data is coded as 'system missing' in the corresponding data file provided.

Evaluation of scales

Reported scale means are unweighted. Scale reliabilities are calculated using a test-retest sample of 180 families selected from families participating in the 2014 OCHS who were interviewed using the same procedures on two occasions 1 to 2 weeks apart.

Scale sample size

Scale sample sizes report the overall target sample size for the scale items, the distribution of missing items across targeted respondents and a valid sample size that indicates how many of the targeted respondents have a valid scale response following missing data treatment procedures.

Reliability measures for the scales

Measures reported here include Cronbach's Alpha for internal consistency, and Pearson's r (dimensional scales) or Cohen's kappa (categorical classifications) for test-retest reliability.

Approach to handling missing data

Proration: With the exception of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) disorder diagnoses (scale 1), the Health Utilities Index (scale 4), childhood experience of violence (scale 20) and the neighbourhood scales (scales 17 and 18), proration was used if a scale was missing less than one-third of the items within the scale. Scales with more missing items are coded as missing. Some scales were previously derived by Statistics Canada using listwise deletion (marked with an asterisk in the table below). Please note that for these previous derivations by Statistics Canada, any missing item leads to a missing code for the scale. We have reconstructed these scales and created new variables using the approach outlined above to handle missing data resulting in fewer respondents with missing scale scores. We have not removed the existing Statistics Canada-derived scales from the data file.

Imputation: For the neighbourhood scales (scales 17 and 18), imputation was used to deal with missing data due to higher levels of missing data in the items comprising these scales. Approximately 40% of respondents have one or more items missing for variables used to generate the Neighbourhood Collective Efficacy and Neighbourhood Problems scales. Sequential regression methodology using chained equations was used to impute the missing values before deriving the scales. The predictors used in the imputation include the cluster (180 super elements), region (4 dummies for large, medium and small urban and rural), income strata and household income.

Note: Please report any errors or inconsistencies to the 2014 OCHS team via the website at www.ontariochildhealthstudy.ca or by contacting Laura Duncan (duncanlj@mcmaster.ca).

List of Derived Scales by Respondent

1. CHILD-LEVEL SCALES

Page	Concept	PMK	Partner	Youth aged 12-13	Youth aged 14-17	Teacher
HEALTH & FUNCTIONING						
5	1. MINI-KID Disorder Diagnoses	✓ Selected Child only		✓ Selected Child only	✓ Selected Child only	
8	2. OCHS Checklist Disorder Scales	✓	✓ Selected Child only	✓	✓	✓
13	3. Impact of Problem Behaviours	✓	✓ Selected Child only	✓	✓	
15	4. Youth Health Utility Index (HUI)	✓				
17	5. Eating Problems				✓	
FAMILY & RELATIONSHIPS						
18	6. Youth Self Esteem*			✓	✓	
19	7. Bullying Victimization			✓	✓	
20	8. Victimization	✓ Child age <12 only				
21	9. Friendship Quality			✓	✓	
22	10. School Belonging			✓	✓	
23	11. Parenting*	✓	✓ Selected Child only	✓	✓	

* denotes previously derived by Statistics Canada using listwise deletion

2. PMK, PARTNER & INTERVIEWER-LEVEL SCALES

Page	Concept	PMK	Partner	Interviewer
HEALTH & FUNCTIONING				
25	12. PMK/Partner Depression*	✓	✓	
27	13. PMK Positive Mental Health*	✓	✓	
FAMILY & RELATIONSHIPS				
29	14. Family Functioning*	✓		
30	15. Marital Conflict	✓	✓	
HOME & NEIGHBOURHOOD				
31	16. Dwelling Problems	✓		
32	17. Neighbourhood Collective Efficacy	✓		
33	18. Neighbourhood Problems	✓		
34	19. Interviewer-Rated Neighbourhood Problems			✓

* denotes previously derived by Statistics Canada using listwise deletion

3. CHILD, PMK and PARTNER-LEVEL SCALE

Page	Concept	PMK	Partner	Youth aged 12-13	Youth aged 14-17
FAMILY & RELATIONSHIPS					
35	20. Childhood Experience of Violence	✓	✓		✓

1. MINI-KID Disorder Diagnoses: PMK/Youth (Selected Child only)

Questionnaire Source: MINI Kid-Adolescent, MINI Kid Parent

Description:

Disorders are assessed using the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID). The MINI-KID was administered separately to the PMK and Youth aged 12-17 as part of the interviewer-administered paper questionnaire. The MINI-KID was only administered to the PMK about the Selected Children or the Selected Child themselves if they were aged 12-17. Each module uses screening questions and skip logic to determine if youth meet DSM-IV-TR criteria for each diagnosis. Threshold criteria align with DSM-IV-TR disorder symptom criteria and require the presence of impairment.

References:

Sheehan, D. V., Sheehan, K. H., Shytle, R. D., Janavs, J., Bannon, Y., Rogers, J. E., ... & Wilkinson, B. (2010). Reliability and validity of the mini international neuropsychiatric interview for children and adolescents (MINI-KID). *The Journal of Clinical Psychiatry*, 71(3), 1-478.

Duncan, L., Georgiades, K., Wang, L. Van Lieshout, R., MacMillan, H.L., Ferro, M.A., Lipman, E.L., Szatmari, P., Bennett, K., Kata, A., Janus, M., Boyle, M.H. (2017). Psychometric Evaluation of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID). *Psychological Assessment (forthcoming)*

Diagnosis Calculation:

Scoring algorithms are used to create diagnosis classifications for conduct disorder (Con), oppositional defiant disorder (Odd), inattentive, hyperactive and combined attention-deficit hyperactivity disorder (Adhd) subtypes, generalized anxiety disorder (Gad), separation anxiety disorder (Sad), major depressive disorder (Dep), generalized and non-generalized social phobia (SocGen & SocNonGen), and Specific Phobia (SpecPho).

Missing Data Approach: None used.

Respondent	Scale	Items	% (S.D.) Observed range	N	Cronbach's Alpha	Test- Retest Reliability
PMK about child	DepPDx	MDEP_01A MDEP_02A MDEP_01B MDEP_02B MDEP_03A TO MDEP_03O MDEP_04A TO MDEP_04E				
PMK about child	SadPDx	SADP_01 SADP_02A TO SADP_02L SADP_03				

Respondent	Scale	Items	% (S.D.) Observed range	N	Cronbach's Alpha	Test- Retest Reliability
		SADP_04A TO SADP_04E				
PMK about child	SocPGenDx	SPP_01A TO SPP_01D SPP_02 SPP_03A to SPP_03C SPP_04A to SPP_04D SPP_05A SPP_05BA to SPP_05BK				
PMK about child	SocPNonGenDx	SPP_01A TO SPP_01D SPP_02 SPP_03A to SPP_03C SPP_04A to SPP_04D SPP_05A SPP_05BA to SPP_05BK				
PMK about child	SpecPhoPDx	SPFP_01 SPFP_02 SPFP_03A to SPFP_03C SPFP_04A to SPFP_04C				
PMK about child	AdhdPCombDx	ADDP_01 ADDP_02A TO ADDP_02M ADDP_03A TO ADDP_03K ADDP_04 ADDP_05A to ADDP_05D				
PMK about child	AdhdPIInDx	ADDP_01 ADDP_02A TO ADDP_02M ADDP_03A TO ADDP_03K ADDP_04 ADDP_05A to ADDP_05D				
PMK about child	AdhdPHypDx	ADDP_01 ADDP_02A TO ADDP_02M ADDP_03A TO ADDP_03K ADDP_04 ADDP_05A to ADDP_05D				
PMK about child	ConPDx	ADDP_01 CDP_01A to CDP_01Q CDP_02 CDP_03A to CDP_03D				
PMK about child	OddPDx	ADDP_01 ODDP_01A TO ODDP_01I ODDP_02A TO ODDP_02D				
PMK about child	GadPdx	GADP_01A to GADP_01C GADP_02 GADP_03A to GADP_03B GADP_04A to GADP_04F GADP_05A to GADP_05D				
Youth about self	DepYDx	MDE_01A MDE_02A MDE_01B MDE_02B MDE_03A TO MDE_03O MDE_04A TO MDE_04E				
Youth about self	SadYDx	SAD_01 SAD_02A TO SAD_02L SAD_03 SAD_04A TO SAD_04E				
Youth about self	SocYGenDx	SP_01A TO SP_01D SP_02 SP_03A to SP_03C				

Respondent	Scale	Items	% (S.D.) Observed range	N	Cronbach's Alpha	Test- Retest Reliability
		SP_04A to SP_04D SP_05A SP_05BA to SP_05BK				
Youth about self	SocYNonGenDx	SP_01A TO SP_01D SP_02 SP_03A to SP_03C SP_04A to SP_04D SP_05A SP_05BA to SP_05BK				
Youth about self	SpecPhoYDx	SPF_01 SPF_02 SPF_03A to SPF_03C SPF_04A to SPF_04C				
Youth about self	AdhdYCombDx	ADD_01 ADD_02A TO ADD_02M ADD_03A TO ADD_03K ADD_04 ADD_05A TO ADD_05D				
Youth about self	AdhdYInDx	ADD_01 ADD_02A TO ADD_02M ADD_03A TO ADD_03K ADD_04 ADD_05A TO ADD_05D				
Youth about self	AdhdYHypDx	ADD_01 ADD_02A TO ADD_02M ADD_03A TO ADD_03K ADD_04 ADD_05A TO ADD_05D				
Youth about self	ConYDx	ADD_01 CD_01A to CD_01Q CD_02 CD_03A to CD_03D				
Youth about self	OddYDx	ADD_01 ODD_01A TO ODD_01I ODD_02A TO ODD_02D				
Youth about self	GadYdx	GAD_01A to GAD_01C GAD_02 GAD_03A to GAD_03B GAD_04A to GAD_04F GAD_05A to GAD_05D				

2. OCHS Checklist Disorder Scales: PMK/Youth

Questionnaire Source: OCHS_Parent_or_guardian_self-complete_questionnaire_about_the_child (paper), OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop), OCHS_Partner_self-complete_questionnaire (paper)

Description:

These scales were administered to the PMK as part of a self-complete paper questionnaire, and to Youth as part of a self-complete questionnaire administered using a laptop. A modified set of items was administered to Teachers and Partners (only about the Selected Child) as part of a self-complete paper questionnaire. The OCHS Symptom Scales are a 52 item self-completed checklist measuring PMK and youth-reported symptoms in the previous 6 months of generalized anxiety disorder (GAD), separation anxiety disorder (SAD), major depressive disorder (MDD), social phobia (SP), attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD), based on DSM-5 criteria. There are also scale scores for internalizing (GAD, SAD, MDD, SP) and externalizing (ADHD, ODD, CD) symptoms and a total symptoms scale score (all disorders). Psychometric work to identify appropriate scale items has not yet been completed for partner and teacher checklists. The response options are (0) Never or not true, (1) Sometimes or somewhat true, and (2) Often or very true.

References:

Duncan, L., Georgiades, K., Wang, L., Ferro, M.A., Van Lieshout, R.J., Szatmari, P., Bennett, K.J., MacMillan, H.L, Lipman, E.L., Janus, M., Kata, A., & Boyle, M.H. (2016). The Ontario Child Health Study Symptom Scales: A Checklist for Measuring Selected DSM Disorders (Submitted)

Scale Calculation:

Subscale scores are calculated by summing together the 0, 1, 2 coded responses across items within each disorder or across disorders to produce a summary score.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
PMK about child	CKLSTPCD: OCHS Checklist PMK CD	11	PGQ_01D PGQ_01J PGQ_01AQ PGQ_01AF PGQ_01Q PGQ_01H PGQ_01BO PGQ_01S PGQ_01BU PGQ_01P PGQ_01V				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
PMK about child	CKLSTPADHD: OCHS Checklist PMK ADHD	8	PGQ_01BV PGQ_01A PGQ_01AO PGQ_01AA PGQ_01AD PGQ_01AI PGQ_01K PGQ_01AC				
PMK about child	CKLSTPODD: OCHS Checklist PMK ODD	6	PGQ_01AN PGQ_01BE PGQ_01AU PGQ_01BJ PGQ_01AG PGQ_01BQ				
PMK about child	CKLSTPSAD: OCHS Checklist PMK SAD	7	PGQ_01AV PGQ_01BI PGQ_01AY PGQ_01BF PGQ_01BM PGQ_01BT PGQ_01AP				
PMK about child	CKLSTPDEP: OCHS Checklist PMK DEP	9	PGQ_01W PGQ_01AB PGQ_01AM PGQ_01AZ PGQ_01BG PGQ_01BX PGQ_01AJ PGQ_01F PGQ_01T				
PMK about child	CKLSTPGAD: OCHS Checklist PMK GAD	6	PGQ_01N PGQ_01BH PGQ_01BW PGQ_01AH PGQ_01M PGQ_01AR				
PMK about child	CKLSTPSP: OCHS Checklist PMK SP	5	PGQ_01AL PGQ_01BA PGQ_01BN PGQ_01BL PGQ_01AS				
PMK about child	CKLSTPINT: OCHS Checklist PMK Internalizing	27	PGQ_01AV PGQ_01BI PGQ_01AY PGQ_01BF PGQ_01BM PGQ_01BT PGQ_01AP PGQ_01W PGQ_01AB PGQ_01AM PGQ_01AZ PGQ_01BG PGQ_01BX PGQ_01AJ PGQ_01F PGQ_01T PGQ_01N PGQ_01BH PGQ_01BW PGQ_01AH PGQ_01M				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
			PGQ_01AR PGQ_01AL PGQ_01BA PGQ_01BN PGQ_01BL PGQ_01AS				
PMK about child	CKLSTPEXT: OCHS Checklist PMK Externalizing	25	PGQ_01D PGQ_01J PGQ_01AQ PGQ_01AF PGQ_01Q PGQ_01H PGQ_01BO PGQ_01S PGQ_01BU PGQ_01P PGQ_01V PGQ_01BV PGQ_01A PGQ_01AO PGQ_01AA PGQ_01AD PGQ_01AI PGQ_01K PGQ_01AC PGQ_01AN PGQ_01BE PGQ_01AU PGQ_01BJ PGQ_01AG PGQ_01BQ				
PMK about child	CKLSTPALL: OCHS Checklist PMK Total Score	52	PGQ_01AV PGQ_01BI PGQ_01AY PGQ_01BF PGQ_01BM PGQ_01BT PGQ_01AP PGQ_01W PGQ_01AB PGQ_01AM PGQ_01AZ PGQ_01BG PGQ_01BX PGQ_01AJ PGQ_01F PGQ_01T PGQ_01N PGQ_01BH PGQ_01BW PGQ_01AH PGQ_01M PGQ_01AR PGQ_01AL PGQ_01BA PGQ_01BN PGQ_01BL PGQ_01AS PGQ_01D PGQ_01J PGQ_01AQ PGQ_01AF PGQ_01Q PGQ_01H PGQ_01BO PGQ_01S PGQ_01BU PGQ_01P PGQ_01V PGQ_01BV PGQ_01A PGQ_01AO PGQ_01AA PGQ_01AD PGQ_01AI PGQ_01K PGQ_01AC PGQ_01AN PGQ_01BE PGQ_01AU PGQ_01BJ PGQ_01AG PGQ_01BQ				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
Youth about self	CKLSTYCD: Checklist YOUTH CD	11	FBC_04 FBC_11 FBC_43 FBC_32 FBC_18 FBC_08 FBC_67 FBC_20 FBC_73 FBC_17 FBC_23				
Youth about self	CKLSTYADHD: Checklist YOUTH ADHD	8	FBC_74 FBC_01 FBC_41 FBC_27 FBC_30 FBC_35 FBC_12 FBC_29				
Youth about self	CKLSTYODD: Checklist YOUTH ODD	6	FBC_40 FBC_57 FBC_47 FBC_62 FBC_33 FBC_69				
Youth about self	CKLSTYSAD: Checklist YOUTH SAD	7	FBC_48 FBC_61 FBC_51 FBC_58 FBC_65 FBC_72 FBC_42				
Youth about self	CKLSTYDEP: Checklist YOUTH DEP	9	FBC_24 FBC_28 FBC_39 FBC_52 FBC_59 FBC_76 FBC_36 FBC_06 FBC_21				
Youth about self	CKLSTYGAD: Checklist YOUTH GAD	6	FBC_15 FBC_60 FBC_75 FBC_34 FBC_14 FBC_44				
Youth about self	CKLSTYSP: Checklist YOUTH SP	5	FBC_38 FBC_53 FBC_66 FBC_64 FBC_45				
Youth about self	CKLISTYINT: OCHS Checklist YOUTH Internalizing	27	FBC_48 FBC_61 FBC_51 FBC_58 FBC_65 FBC_72 FBC_42 FBC_24 FBC_28 FBC_39 FBC_52 FBC_59 FBC_76 FBC_36 FBC_06 FBC_21 FBC_15 FBC_60 FBC_75 FBC_34 FBC_14 FBC_44 FBC_38 FBC_53 FBC_66 FBC_64 FBC_45				
Youth about self	CKLISTYEXT: OCHS	25	FBC_04 FBC_11 FBC_43 FBC_32 FBC_18 FBC_08 FBC_67 FBC_20				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
	Checklist YOUTH Externalizing		FBC_73 FBC_17 FBC_23 FBC_74 FBC_01 FBC_41 FBC_27 FBC_30 FBC_35 FBC_12 FBC_29 FBC_40 FBC_57 FBC_47 FBC_62 FBC_33 FBC_69				
Youth about self	CKLSTYALL: OCHS Checklist YOUTH Total Score	52	FBC_48 FBC_61 FBC_51 FBC_58 FBC_65 FBC_72 FBC_42 FBC_24 FBC_28 FBC_39 FBC_52 FBC_59 FBC_76 FBC_36 FBC_06 FBC_21 FBC_15 FBC_60 FBC_75 FBC_34 FBC_14 FBC_44 FBC_38 FBC_53 FBC_66 FBC_64 FBC_45 FBC_04 FBC_11 FBC_43 FBC_32 FBC_18 FBC_08 FBC_67 FBC_20 FBC_73 FBC_17 FBC_23 FBC_74 FBC_01 FBC_41 FBC_27 FBC_30 FBC_35 FBC_12 FBC_29 FBC_40 FBC_57 FBC_47 FBC_62 FBC_33 FBC_69				

3. Impact of Problem Behaviours: PMK/Partner/Youth

Questionnaire Source: OCHS_Parent_or_guardian_self-complete_questionnaire_about_the_child (paper), OCHS_Partner_self-complete_questionnaire (paper), OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop)

Description:

A scale to assess the impact of problem feelings and behaviours on the youth and the family was administered immediately after the OCHS Symptom Scales. The scales were administered to the PMK and Partner (Selected Child only) as part of a self-complete paper questionnaire and to Youth as part of a self-complete questionnaire administered using a laptop. The response options are: (0) Not at all, (1) A little, (2) Somewhat, (3) A lot, (4) A great deal. These questions were adapted from other scales in North American studies that assess impairment.

References:

Bird, H. R., Canino, G. J., Davies, M., Ramírez, R., Chávez, L., Duarte, C., & Shen, S. (2005). The Brief Impairment Scale (BIS): A multidimensional scale of functional impairment for children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 44(7)*, 699-707.

Kessler, Ronald C. National Comorbidity Survey: Adolescent Supplement (NCS-A), 2001-2004. ICPSR28581-v5. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2013-08-28. <http://doi.org/10.3886/ICPSR28581.v5>

Scale Calculation:

Subscale scores are calculated by summing together the 0, 1, 2, 3, 4 coded responses across items within each subscale.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about child	Bhv_PMKtoY: PMK-Impact of behaviour on the child	4	PGQ_02A PGQ_02B PGQ_02C PGQ_02D				
PMK about self	Bhv_PMKtoF: PMK-Impact of behaviour on the family	6	PGQ_03A PGQ_03B PGQ_03C PGQ_03D PGQ_03E PGQ_03F				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
PMK about self	Bhv_PMK: PMK- Impact of behaviour overall	10	PGQ_02A PGQ_02B PGQ_02C PGQ_02D PGQ_03A PGQ_03B PGQ_03C PGQ_03D PGQ_03E PGQ_03F				
Partner about Selected child	Bhv_PNtoY: Partner- Impact of behaviour on the child	4	PAR_10A PAR_10B PAR_10C PAR_10D				
Partner about self (regarding Selected Child only)	Bhv_PNtoF: Partner- Impact of behaviour on the family	6	PAR_11A PAR_11B PAR_11C PAR_11D PAR_11E PAR_11F				
Partner about self (regarding Selected Child only)	Bhv_PN: Partner- Impact of behaviour overall	10	PAR_10A PAR_10B PAR_10C PAR_10D PAR_11A PAR_11B PAR_11C PAR_11D PAR_11E PAR_11F				
Youth about self	Bhv_YtoY: Youth-impact of behaviour on the child	4	EBP_01 EBP_02 EBP_03 EBP_04				

4. Youth Health Utility Index (HUI)

Questionnaire Source: OCHS_Selected-child (CAPI), OCHS_Siblings (CAPI)

Description:

The Health Utility Index was administered to the PMK as part of the interviewer-administered questionnaire about the child. This scale was developed by researchers at McMaster University and provides a description of an individual’s overall functional health based on nine dimensions: vision, hearing, speech, mobility, dexterity, cognition, emotion, pain and discomfort. The HUI uses a coding algorithm to generate a single-attribute utility score that ranges from -1 to 1. Not stated responses are coded as 9.99. This coding was done by Statistics Canada and so the syntax is not included in the attached syntax file. More information is available from: <http://www.healthutilities.com/>

References:

Horsman, J., Furlong, W., Feeny, D., & Torrance, G. (2003). The Health Utilities Index (HUI®): concepts, measurement properties and applications. *Health and Quality of Life Outcomes*, 1(1), 1.

Feeny, David, William Furlong, Michael Boyle, and George W. Torrance, "Multi-Attribute Health Status Classification Systems: Health Utilities Index." *PharmacoEconomics*, Vol 7, No 6, June, 1995, pp 490-502.

Feeny, David H., George W. Torrance, and William J. Furlong, "Health Utilities Index," Chapter 26 In Bert Spilker, ed. *Quality of Life and Pharmacoeconomics in Clinical Trials*. Second Edition. Philadelphia: Lippincott-Raven Press, 1996, pp 239-252.

Furlong, William, David Feeny, George W. Torrance, Charles Goldsmith, Sonja DePauw, Michael Boyle, Margaret Denton, and Zenglong Zhu, "Multiplicative Multi-Attribute Utility Function for the Health Utilities Index Mark 3 (HUI3) System: A Technical Report," McMaster University Centre for Health Economics and Policy Analysis Working Paper No. 98-11.

Scale Calculation: HUI scoring algorithms are applied to produce the final score.

Missing Data Approach: None used and distribution of missing items is not reported because scoring was done by Statistics Canada.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N	Cronbach’s Alpha	Test-Retest Reliability
PMK about youth	HUIDHSI: Youth Health	31	HLT_01 HLT_02 HLT_03 HLT_04 HLT_05 HLT_06 HLT_07 HLT_08 HLT_09 HLT_10				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N	Cronbach's Alpha	Test-Retest Reliability
	Utility Index		HLT_11 HLT_12 HLT_13 HLT_14 HLT_15 HLT_16 HLT_17 HLT_18 HLT_19 HLT_20 HLT_21 HLT_22 HLT_23 HLT_24 HLT_25 HLT_26 HLT_27 HLT_28 HLT_29 HLT_30 HLT_31				

5. Eating Problems

Questionnaire Source: OCHS_Youth14-17 (self-complete_on_laptop),

Description:

The Eating Problems scale was administered to Youth aged 14-17 as part of the Youth self-complete questionnaire administered using a laptop. This scale was developed by Dr. Jessie Miller to measure unhealthy eating behaviours. The response options are (0) Never, (1) A few times in the past month, (2) Once a week, (3) 2 to 4 times every week, (4) Almost every day.

Scale Calculation:

Scales are calculated by summing the 0 to 4 coded responses across items to produce a score from 0 to 28.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
Youth about self	YEATP: Youth Eating Problems	7	EAP_01A EAP_01B EAP_01C EAP_01D EAP_01E EAP_01F EAP_01G				

6. Youth Self Esteem

Questionnaire Source: OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop)

Description:

The Self Esteem scale was administered to Youth as part of the Youth self-complete questionnaire administered using a laptop. This scale was developed to measure overall self-esteem. Items were taken from the General Self-image scale of the Marsh Self-description Questionnaire developed by H.W. Marsh and has been used in the National Longitudinal Survey of Children and Youth. The response options are (1) False, (2) Mostly false, (3) Sometimes false/ Sometimes true, (4) Mostly true, (5) True.

References:

Marsh, H. W. (1990). A multidimensional, hierarchical model of self-concept: Theoretical and empirical justification. *Educational Psychology Review*, 2(2), 77-172.

Scale Calculation:

Subscale scores are calculated by summing the 1 to 5 coded responses across items to produce a score from 5 to 25.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
Youth about self	YSESTM: Youth Self Esteem	5	SFE_01A SFE_01B SFE_01C SFE_01D SFE_01E				

7. Bullying Victimization

Questionnaire Source: OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop)

Description:

The Bullying scale was administered to the Youth as part of the Youth self-complete questionnaire administered using a laptop. This scale was developed to measure the frequency of different types of bullying and was adapted from the 2009 School Crime Supplement to the US National Crime Victimization Survey. The response options are (0) Never, (1) Once or twice this school year (2) Once or twice this month, (3) Once or twice this week, (4) Almost every day.

References:

<https://nces.ed.gov/programs/crime/surveys.asp>

Scale Calculation:

Scales are calculated by summing the 0 to 4 coded responses across items to produce a score from 0 to 28 for bullying and a score of 0 to 12 for cyberbullying.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
Youth about self	YBULLY_VIC: Experience of bullying	7	BUL_01A BUL_01B BUL_01C BUL_01D BUL_01E BUL_01F BUL_01G				
Youth about self	YCBULLY_VIC: Experience of cyberbullying	3	BUL_01H BUL_01I BUL_01J				

8. Victimization

Questionnaire Source: OCHS_Selected-child (CAPI), OCHS_Siblings (CAPI)

Description:

The Victimization scale was administered to the PMK as part of the PMK interviewer-administered questionnaire about children aged 4 to 11. The scale was adapted from an existing scale to measure child victimization. The response options are (0) Not at all, (1) a little (2) a lot.

References:

Ladd GW, Kochenderfer-Ladd B. (2002). Identifying victims of peer aggression from early to middle childhood: analysis of cross-informant data for concordance, estimation of relational adjustment, prevalence of victimization, and characteristics of identified victims. *Psychological Assessment*, 14(1), 74-96.

Scale Calculation:

Scales are calculated by summing the 0 to 2 coded responses across items to produce a score from 0 to 10.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about Youth	VIC_total: Child experience of victimization	5	VIC_01A VIC_01B VIC_01C VIC_01D VIC_01E				

9. Friendship Quality

Questionnaire Source: OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop)

Description:

The Friendship Quality scale was administered to Youth as part of the Youth self-complete questionnaire administered using a laptop. This scale was developed to measure the quality of the youth's friendships with others and was adapted by Dr. Melanie Dirks from the Friendship Qualities Scale by Dr. William Bukowski and Dr. Wyndol Furman's Network of Relationships Inventory. The response options are (1) False, (2) Mostly false, (3) Sometimes false/ Sometimes true, (4) Mostly true, (5) True.

References:

Bukowski, W. M., Hoza, B., & Boivin, M. (1994). Measuring friendship quality during pre-and early adolescence: The development and psychometric properties of the Friendship Qualities Scale. *Journal of social and Personal Relationships, 11*(3), 471-484.

Furman, W., & Buhrmester, D. (1985). Children's perceptions of the personal relationships in their social networks. *Developmental psychology, 21*(6), 1016.

Scale Calculation:

The scale score is the mean of the ratings given to the items.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
Youth about self	FRDQM: Friendship Quality	8	FQU_04A FQU_04B FQU_04C FQU_04D FQU_04E FQU_04F FQU_04G FQU_04H				

10. School Belonging

Questionnaire Source: OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop)

Description:

The School Belonging scale was administered to the Youth as part of the Youth self-complete questionnaire administered using a laptop. This scale was developed to measure feelings of school belonging and was adapted from the National Longitudinal Study of Adolescent to Adult Health (Add Health) Wave I, Adolescent Questionnaire. Response options are (1) Strongly agree, (2) Agree (3) Neither agree nor disagree, (4) Disagree, (5) Strongly disagree.

References:

Goodenow C. (1993) The psychological sense of school membership among adolescents: scale development and educational correlates. *Psychology in the Schools*, 30(1), 79-90.

Scale Calculation:

A total score was calculated by reverse coding the response options (so that higher values indicate higher levels of belonging) and summing together the 1, 2, 3, 4, 5 coded responses across the 5 items.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
Youth about self	SCHBLG: School belonging	5	ASC_02A ASC_02B ASC_02C ASC_02D ASC_02E				

11. Parenting: PMK/Partner/Youth

Questionnaire Source: OCHS_Parent_or_guardian_self-complete_questionnaire_about_the_child (paper), OCHS_Partner_self-complete_questionnaire (paper), OCHS_Youth12-13 (self-complete_on_laptop), OCHS_Youth14-17 (self-complete_on_laptop)

Description:

The Parenting scales were administered to the PMK and Partner (Selected Child only) as part of a self-complete paper questionnaire and to Youth as part of a self-complete questionnaire administered using a laptop. The objective of the scale is to measure parenting practices in the past 6 months using two subscales 1) Positive, and 2) Negative/Hostile. These items were selected or adapted from the National Longitudinal Survey of Children and Youth and the child report of the Parent Behaviour Inventory after conducting an empirical item reduction using data from other Offord Centre studies using similar groups of items. The response options are (0) Never, (1) Rarely, (2) Sometimes, (3) Often, (4) Always. There is one additional item in the questionnaires for partner, 'I keep rules only when it suits me'. This was omitted from PMK and Youth questionnaires after cognitive testing of the study questions was conducted with parents and youth and this item was found to be difficult to understand and interpret. This item has therefore been omitted in the creation of the partner scale as well. Data users may choose to recalculate the scale including this item if they choose.

References:

Lovejoy, M. C., Weis, R., O'Hare, E., & Rubin, E. C. (1999). Development and initial validation of the Parent Behavior Inventory. *Psychological Assessment, 11*(4), 534.

<http://www.statcan.gc.ca/pub/82-003-x/2011001/article/11404-eng.htm>

Scale Calculation:

Subscale scores are calculated by summing together the 0, 1, 2, 3, 4 coded responses across items within each subscale.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
PMK about self	prtngP_pmk: PMK- Parenting: Positive	5	PGQ_04A PGQ_04B PGQ_04C PGQ_04D PGQ_04E				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	prtngN_pmk: PMK-Parenting: Negative/ Ineffective	5	PGQ_04F PGQ_04G PGQ_04H PGQ_04I PGQ_04J				
Partner about self (regarding Selected Child only)	prtngP_pn: Partner-Parenting: Positive	5	PAR_12A PAR_12B PAR_12C PAR_12D PAR_12E				
Partner about self (regarding Selected Child only)	prtngN_pn : Partner-Parenting: Negative/ Ineffective	5	PAR_12F PAR_12H PAR_12I PAR_12J PAR_12K				
Youth about self	prtngP_Y: Youth-Parenting: Positive	5	AYF_03A AYF_03B AYF_03C AYF_03D AYF_03E				
Youth about self	prtngN_Y: Youth-Parenting: Negative/ Ineffective	5	AYF_03F AYF_03G AYF_03H AYF_03I AYF_03J				

12. PMK/Partner Depression

Questionnaire Source: OCHS_Person_Most-knowledgeable (self-complete_on_laptop), OCHS_Partner_self-complete_questionnaire (paper)

Description:

The Depression scale was administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop and to the Partner as part of a paper self-complete questionnaire. The K6 scale was developed for use in the U.S. National Health Interview Survey (NHIS) to measure nonspecific psychological distress. More information can be found at the following website:

http://www.hcp.med.harvard.edu/ncs/k6_scales.php. The response options are (1) All of the time, (2) Most of the time, (3) Some of the time, (4) A little of the time, and (5) None of the time.

References:

Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population *Archives of General Psychiatry*. 60(2), 184-189.

Furukawa, T.A., Kessler, R.C., Slade, T., Andrews, G. (2003). The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-Being. *Psychological Medicine*, 33, 357-362.

Scale Calculation:

Response options are reverse coded, recoded to 0 to 4 and summed to create the K6 scale from 0 to 24. Binary measures can also be created using different cut-points. Kessler et al. (2003) recommend a cut-point of 13+ as it was found to be optimal for assessing the prevalence of serious mental illness in the US national population. "Optimal" meant identifying the same number of false positives and false negatives, using the Composite International Diagnostic Interview-Short Form as the criterion. The authors state that this cut-point is optimal only in a population that has the same prevalence as the total US population.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
PMK about self	DEP_PMK: PMK Depression (K6)	6	MH_01A MH_01B MH_01C MH_01D MH_01E MH_01F				

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
Partner about self	DEP_PN : Partner Depression (K6)	6	PAR_17A PAR_17B PAR_17C PAR_17D PAR_17E PAR_17F				

13. PMK Positive Mental Health

Questionnaire Source: OCHS_Person_Most_Knowledgeable (CAPI)

Description:

The Positive Mental Health scale was administered to the PMK as part of the interviewer-administered questionnaire. The Mental Health Continuum Short Form (MHC-SF) was developed by Dr. C. Keyes adapted from the longer version of the scale. The scale measures three dimensions of well-being: emotional, psychological and social. Response options are (0) Never, (1) Once or twice, (2) About once a week, (3) 2 or 3 times a week, (4) Almost every day, (5) Every day. More information can be found at the following website: <https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf>

References:

Keyes, C. L. M. (2009). Atlanta: *Brief description of the mental health continuum short form (MHC-SF)*.

Lamers, S., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M., & Keyes, C. L. (2011). Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF). *Journal of Clinical Psychology*, 67(1), 99-110.

Scale Calculation:

Continuous scoring was used to convert responses to a 0 to 70 scale which can be grouped into 10 point categories if desired. There are 3 "symptom clusters" defined as follows:

Cluster 1: Items 1 to 3 = Hedonic, Emotional Well-Being

Cluster 2: Items 4 to 8 = Eudaimonic, Social Well-Being

Cluster 3: Items 9 to 14 = Eudaimonic, Psychological Well-Being

Categorical scoring can also be derived to create the following diagnoses:

Flourishing= 1 of the 3 hedonic well-being symptoms (items 1 to 3) endorsed as "every day" or "almost every day" and 6 of the 11 positive functioning symptoms (items 4 to 14) endorsed as "every day" or "almost every day" in the past month.

Languishing= 1 of the 3 hedonic well-being symptoms (items 1 to 3) endorsed as "never" or "once or twice" and 6 of the 11 positive functioning symptoms (items 4 to 8 are indicators of social well-being and 9 to 14 are indicators of psychological well-being) endorsed as "never" or "once or twice" in the past month.

Moderately mentally healthy=Individuals who are neither "languishing" nor "flourishing".

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	PMH: PMK Positive Mental Health (MHC-SF)	14	PMH_01A PMH_01B PMH_01C PMH_01D PMH_01E PMH_01F PMH_01G PMH_01H PMH_01I PMH_01J PMH_01K PMH_01L PMH_01M PMH_01N				
PMK about self	PMH_EWB: PMK Positive Mental Health (MHC-SF) Emotional well-being	3	PMH_01A PMH_01B PMH_01C				
PMK about self	PMH_SWB: PMK Positive Mental Health (MHC-SF) Social well-being	5	PMH_01D PMH_01E PMH_01F PMH_01G PMH_01H				
PMK about self	PMH_PWB: PMK Positive Mental Health (MHC-SF) Psychological well-being	6	PMH_01I PMH_01J PMH_01K PMH_01L PMH_01M PMH_01N				
PMK about self	PMH_CAT: PMK Positive Mental Health (MHC-SF) Categorical	14	PMH_01A PMH_01B PMH_01C PMH_01D PMH_01E PMH_01F PMH_01G PMH_01H PMH_01I PMH_01J PMH_01K PMH_01L PMH_01M PMH_01N				

14. Family Functioning

Questionnaire Source: OCHS_Person_Most_Knowledgeable (self-complete_on_laptop)

Description:

The Family Functioning scale was administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop. This scale is the general functioning subscale of the McMaster Family Assessment Device that was used in the 1983 OCHS. The response options are (1) Strongly agree, (2) Agree, (3) Disagree, (4) Strongly disagree.

References:

Byles, J., Byrne, C., Boyle, M. H., & Offord, D. R. (1988). Ontario Child Health Study: reliability and validity of the general functioning subscale of the McMaster Family Assessment Device. *Family Process*, 27(1), 97-104.

Scale Calculation:

The categories are given values of 1 through 4; the order of the categories was reversed for negative items. The items are summed to create a score ranging from 12 to 48. The higher the score, the greater the family dysfunction. A cut point of 26.04 can be used to categorize healthy vs. pathological families.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	FAMDFUN: Family Functioning	12	DVFNCT01* DVFNCT02* DVFNCT03* DVFNCT04* DVFNCT05* DVFNCT06* FNC_02 FNC_04 FNC_06 FNC_08 FNC_10 FNC_12				

*Indicates response options have been reverse coded.

15. Marital Conflict

Questionnaire Source: OCHS_Person_Most_Knowledgeable (self-complete_on_laptop),

Description:

The Marital Conflict scale was administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop. This scale was developed to measure the amount of conflict between partners and was adapted from the Kids, Families and Places study conducted by Dr. Jenny Jenkins. The response options in MC_Q01 and MC_Q02 are (0) Never happened (1) Not in the past 12 months but it did happen before (2) 1 or 2 times (3) 3 to 5 times (4) 6 times or more.

Scale Calculation:

The items were summed to create a total score ranging from 0 to 8. The higher the score, the greater the marital conflict.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	MarConf: Marital Conflict	2	MC_01 MC_02				

16. Dwelling Problems

Questionnaire Source: OCHS_Person_Most_Knowledgeable (self-complete_on_laptop)

Description:

The Dwelling Satisfaction was administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop. This scale was adapted from content developed for the Greater Toronto Area West Social Housing and Health Study and Project on Human Development in Chicago Neighbourhoods (PHDCN) to measure many aspects of the dwelling. The response options are (0) Not a problem, (1) Somewhat of a problem, (2) A big problem.

Scale Calculation:

Subscale scores are calculated by summing the 0 to 2 coded responses to create a measure of the severity of dwelling problems. Please also note that there is also a single item DMB_02 that asks whether dwelling is in need of repairs.

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	Dw_problems_A: Dwelling Problems	4	DWS_01A DWS_01B DWS_01C DWS_01D				

17. Neighbourhood Collective Efficacy

Questionnaire Source: OCHS_Person_Most_Knowledgeable (self-complete_on_laptop)

Description:

The Neighbourhood Collective Efficacy scale was administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop. This scale was developed for the Project on Human Development in Chicago Neighbourhoods (PHDCN) to measure collective efficacy as a combination of two scales, social cohesion and social control. The response options are (1) Very likely, (2) Likely, (3) Neither likely nor unlikely, (4) Unlikely, (5) Very unlikely for items NBI_03A to E and (1) Often, (2) Sometimes, (3) Rarely, (4) Never for items NBI_05A to E.

References:

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277(5328), 918-924.

Scale Calculation:

Subscale scores are calculated by reverse coding the response options (so higher values indicate more control or cohesion) and summing the 1 to 5 or 1 to 4 coded responses across items within each subscale to produce a score from 5 to 25 for N_Eff_Control, 4 to 20 for N_Eff_Cohesion.

Missing Data Approach: Imputation.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test- Retest Reliability
PMK about self	N_Eff_Control: Neighbourhood Collective Efficacy: Social Control	5	NBI_03A NBI_03B NBI_03C NBI_03D NBI_03E				
PMK about self	N_Eff_Cohesion: Neighbourhood Collective Efficacy: Social Cohesion	5	NBI_05A NBI_05B NBI_05C NBI_05D NBI_05E				

18. Neighbourhood Problems

Questionnaire Source: OCHS_Person_Most_Knowledgeable (self-complete_on_laptop)

Description:

The Neighbourhood Satisfaction scale was administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop. This scale was designed for use in the Greater Toronto Area West Social Housing and Health Study to measure neighbourhood satisfaction using the first 5 items. The 2014 OCHS team created the additional 5 items to tap into local services. The response options are (1) Very satisfied, (2) Satisfied, (3) Dissatisfied, (4) Very dissatisfied.

Scale Calculation:

Scores are calculated by summing the 1 to 4 coded responses across items within each subscale to produce a scale score where higher scores indicate more neighbourhood dissatisfaction.

Missing Data Approach: Imputation.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	N_PRB: Neighbourhood Problems - General	9	NBV_06A NBV_06B NBV_06C NBV_06D NBV_06E NBV_06F NBV_06G NBV_06H NBV_06I				
PMK about self	N_PRB_resource: Neighbourhood Problems - Resources	5	NBV_06F NBV_06G NBV_06H NBV_06I NBV_06J				
PMK about self	N_PRB_safety: Neighbourhood Problems - Safety	2	NBV_06C NBV_06D				

19. Interviewer-rated Neighbourhood Problems

Questionnaire Source: OCHS_Neighbourhood-component (CAPI)

Description:

The interviewer-rated neighbourhood questions were completed by the interviewer. The scale was adapted from content developed for the Kids, Families and Places study conducted by Dr. Jenny Jenkins to measure neighbourhood safety. Response options range from 1 to 4 or 1 to 6 and higher values indicate worse neighbourhood safety.

References:

<http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-1024>

Scale Calculation:

A neighbourhood safety score was calculated by summing the responses from two items plus one of two items (depending on whether the interview was associated with a daytime or night time interview).

Missing Data Approach: Proration for scales missing less than 1/3 of their items.

Respondent	Scale	No. of items	Items	Mean (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
Interviewer about neighbourhood	N_Inter_rate_prb: Interviewer-rated neighbourhood safety	4	NBHI_01 NBHI_04 (NBHI_07 OR NBHI_08)				

20. Childhood Experience of Violence

Questionnaire Source: OCHS_Person_Most_Knowledgeable (self-complete_on_laptop), OCHS_Partner_self-complete_questionnaire (paper), OCHS_Youth14-17 (self-complete_on_laptop)

Description: The Childhood Experiences of Violence questions were administered to the PMK as part of the PMK self-complete questionnaire administered using a laptop. The same questions were administered to Youth (ages 14-17 years) as a self-complete questionnaire using a laptop, and a limited number of questions were administered to the Partner as part of a paper self-complete questionnaire. Questions for the PMK and youth were derived from multiple sources, including the Childhood Experiences of Violence Questionnaire (CEV-Q) to assess childhood history of physical and sexual abuse, and exposure to intimate partner violence (both physical and verbal abuse); and from the National Longitudinal Study of Adolescent to Adult Health (Add Health), Wave III questionnaire assessing emotional abuse and neglect (more information can be found at: <http://www.cpc.unc.edu/projects/addhealth/documentation/ace/tool/topic?TopicId=172>). Questions for the partner consisted only of three questions from the CEVQ to assess childhood physical and sexual abuse.

References:

Tanaka, M., Wekerle, C., Leung, E., Waechter, R., Gonzalez, A., Jamieson, E., & MacMillan, H.L. (2012). Preliminary evaluation of the Childhood Experiences of Violence Questionnaire Short Form. *Journal of Interpersonal Violence*, 27(2): 396-407.

Walsh, C.A., MacMillan, H.L. Trocmé, N., Jamieson, E., & Boyle, M. (2008). Measurement of victimization in adolescence: development and validation of the Childhood Experiences of Violence Questionnaire. *Child Abuse & Neglect*, 32:1037-57.

Scale Calculation:

Respondents were asked to answer questions about childhood abuse that occurred before age of 16 years. Responses to questions about child abuse were scored on an ordinal scale representing frequency of occurrence: (1) Never, (2) 1-2 times, (3) 3-5 times, (4) 6-10 times, or (5) > 10 times. Binary classifications of abuse (0) absent or (1) present followed the guidelines of the Childhood Experiences of Violence Questionnaire as follows:

Physical abuse was classified as 1 or more of the following criteria: 1) being slapped on the face, head, or ears, or spanked with something hard 3 or more times; 2) being pushed, grabbed or shoved, or having something thrown at the respondent to hurt them, 3 or more times; and 3) being kicked, bit, punched, choked, burned or physically attacked 1 or more times.

Sexual abuse was classified as experiencing attempts or being forced into unwanted sexual activity by being threatened, held down or hurt in some way, and/or sexually touched, meaning unwanted touching or grabbing, kissing or fondling against the respondent's will 1 or more times.

Exposure to intimate partner violence was classified as having seen or heard parents or other caregivers hitting each other or another adult in the home 3 or more times (physical), and/or having seen or hear parents or other caregivers say hurtful or mean things to one another or another adult in the home 6 or more times (verbal).

Emotional abuse was classified as experiencing hurtful things said, or feeling unwanted or loved 6 or more times. This cut-off was derived from an equivalent cut-off from the Childhood Trauma Questionnaire.

Neglect was classified as not having basic needs, such as being kept clean, or having food and clothing provided 1 or more times. This cut-off was derived from other studies using the National Longitudinal Study of Adolescent to Adult Health (Add Health).

A derived variable was also computed to classify whether any child abuse occurred (1 or more individual sub-types of child abuse). A variable for spanking was also included: spanking was classified as having a parent or other caregiver spank the respondent with their hand on the bottom, or slap their hand 3 or more times. The spanking variable was not included in the overall calculation of child physical abuse, nor the other derived variables.

Missing Data Approach: In order to ensure that missing values were not treated as responses indicating absence of abuse, the following approach was used to deal with missing data. When responses to all questions comprising the scale are missing, the scale is coded as missing. When responses to at least one item in the scale is present but coded negative ((0) Never or (0) Absent) the scale is coded as missing. When responses to at least one item in the scale is present but coded positive ((1) Present), the scale is coded as outline above.

Respondent	Scale	No. of items	Items	% (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
PMK about self	PMK_anyCPA: PMK experience of physical abuse	3	CHE_04A CHE_04B CHE_04C				
PMK about self	PMK_anyCSA: PMK experience of sexual abuse	2	CHE_04D CHE_04E				
PMK about self	PMK_anyCEIPV: PMK experience of intimate partner violence	2	CHE_03D CHE_03E				
PMK about self	PMK_moderateEA: PMK experience of	1	CHE_03B				

Respondent	Scale	No. of items	Items	% (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
	emotional abuse						
PMK about self	PMK_neglect: PMK experience of neglect	1	CHE_03C				
PMK about self	PMK_anyabuse: PMK experience of any physical, sexual, IPV, emotional abuse or neglect	9	CHE_03B CHE_03C CHE_03D CHE_03E CHE_04A CHE_04B CHE_04C CHE_04D CHE_04E				
PMK about self	PMK_spank: PMK experience of spanking	1	CHE_03A				
Partner about self	Partner_anyCPA: Partner experience of physical abuse	2	PAR_22A PAR_22B				
Partner about self	Partner_CSA: Partner experience of sexual abuse	1	PAR_22C				
Partner about self	Partner_anyabuse: Partner experience of physical or sexual abuse	3	PAR_22A PAR_22B PAR_22C				
Partner about self	Partner_spank: Partner experience of spanking	1	PAR_21				
Youth about self	Youth_anyCPA: Youth experience of physical abuse	3	EMA_01A EMA_01B EMA_01C				
Youth about self	Youth_anyCSA: Youth experience of sexual abuse	2	EMA_01D EMA_01E				
Youth about	Youth_anyCEIPV:	2	AYH_01D AYH_01E				

Respondent	Scale	No. of items	Items	% (S.D.) Observed range	N % items missing	Cronbach's Alpha	Test-Retest Reliability
self	Youth experience of intimate partner violence						
Youth about self	Youth_moderateEA: Youth experience of emotional abuse	1	AYH_01B				
Youth about self	Youth_neglect: Youth experience of neglect	1	AYH_01C				
Youth about self	Youth_anyabuse: Youth experience of any physical, sexual, IPV, emotional abuse or neglect	9	EMA_01A EMA_01B EMA_01C EMA_01D EMA_01E AYH_01B AYH_01C AYH_01D AYH_01E				
Youth about self	Youth_spank: Youth experience of spanking	1	AYH_01A				