

COMMUNITY REPORT ON CHILDREN
ENTERING SCHOOL IN 2002-2003
ROCHESTER, NEW YORK

DECEMBER, 2003

SUSAN R. GREENBERG, M.S.
BOHDAN S. LOTYCZEWSKI
A. DIRK HIGHTOWER, PH.D.

274 N. GOODMAN STREET, SUITE D103
ROCHESTER, NY 14607
(585) 295-1000

www.childrensinstitute.net

TECHNICAL REPORT AND WORKS IN PROGRESS SERIES: NUMBER T03-013

COPYRIGHT ©2003. CHILDREN'S INSTITUTE INC. ALL RIGHTS RESERVED.

children's institute
Promoting social and emotional well-being

TABLE OF CONTENTS

Introduction	1
History of the PACE	3
Parent Appraisal of Children’s Experiences (PACE) and Sample Report	4
Summary of Findings	9
Demographic Information	9
General Health	12
Fine Motor Skills, Gross Motor Skills, and Sensory Functioning	18
Speech and Language Development	18
School Skills	19
Social, Emotional, and Behavior Functioning	19
Life Experiences	20
Subscale Tables	22
Closing Thoughts	22
Appendices	
Demographic Tables and Charts	A
Health Related Tables and Charts	B
Life Experiences Charts	C
Scales Tables and Charts	D

COMMUNITY REPORT ON CHILDREN ENTERING SCHOOL IN 2002-2003

Introduction

This report provides a wealth of information on children enrolling in Rochester public and parochial schools during the 2002-2003 scholastic year. These data were obtained using the Parent Appraisal of Child's Experiences (PACE), an instrument that allows systematic collection of important screening information from the viewpoints of parents.

The PACE was designed to exceed the functionality of two earlier measures that it replaced: the Health Appraisal Form and the Kindergarten Parent Review, both used since 1989 by the Monroe County Health Department (MCHD), Rochester City School District (RCSD), and schools in Monroe BOCES #1. Initially the MCHD, RCSD, and Children's Institute jointly developed the PACE, in consultation with numerous early childhood professionals, including early childhood teachers, audiologists, physical and occupational therapists, speech pathologists, social workers, school psychologists, school nurses, and pediatricians.

In 2001 and 2002 Children's Institute, again in consultation with numerous professionals, created PACE 2.0, the most recent edition reported here, and is now working on PACE 3.0, which is expected to be released March 2006. In addition, Children's Institute is ready to pilot a "PACE – E" for children in late elementary grades, and is presently creating a PACE – M for middle school aged children and a PACE – IT for Infants and Toddlers. The release dates for these later three PACEs have not yet been determined.

The PACE 2.0 consists of eight major sections:

- Family demographic information
- Childcare history
- General health information
- Motor and sensory functioning
- Speech and language development
- School skills
- Social, emotional, and behavioral functioning
- Life experiences

The PACE 2.0, introduced for the 2002-2003 school year, has several new items, including questions about ethnicity, mother's and father's ages, asthma diagnoses, other specific asthma related questions, and items pertaining to violence at home and in the neighborhood.

This report details information regarding the status of children entering school with regard to medical, educational, and social indicators. It provides up to five-year trends in areas covered by the current version of the PACE; newly added items have only a single year of information. Because both the Diocesan schools and the Rochester City School District were included, we believe that the PACE sample provides a relatively comprehensive picture of the status of children entering school in the City of Rochester. Although some parents did not return the PACE to the school, information from the preponderance of new enrollees is available. In the Rochester City School District, 1849 out of 2361 (78%) of kindergarteners registered for 2002-2003 are included in this year's PACE sample.

The data were collected through the efforts of numerous people. Many respondents, primarily parents, completed the PACE without assistance; some completed the PACE with assistance from school nurses, clerks, teachers, or school administrators. Once completed, the PACE measures were sent to Children's Institute for scanning, analyses, and reporting.

In examining changes from prior years, we used chi-square tests with a significance criterion of $p \cdot .001$. Only findings meeting or exceeding this threshold are reported in this document as "significant."

History of the PACE

The PACE was developed to meet three main purposes:

1. To provide school personnel with a conduit for obtaining systematic information from parents regarding their children
2. As an instrument to augment the kindergarten screening process by providing important parent perspectives
3. To provide school districts and the community at large with a picture of the health, family situations, and school readiness skills of children entering kindergarten

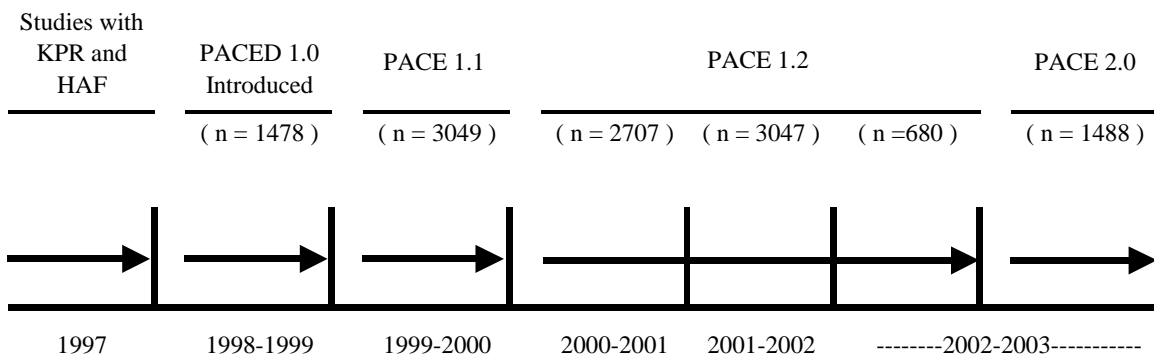
Development of the PACE occurred in three phases.

Phase I involved preliminary analyses of data collected from two instruments, the Kindergarten Parent Review (KPR) and the Health Appraisal Form (HAF). Two studies determined that, together, HAF and KPR items predicted over 40% of achievement four to six years later.

Phase II consisted of the development of the new instrument (the PACE), based on what was learned from Phase I, and consultation provided by an extensive network of professionals, including parents, school administrators, teachers, pediatricians, school nurses, speech and language pathologists, audiologists, physical therapists, school, clinical, and developmental psychologists, and occupational therapists.

Phase III is an on-going process of testing and refinement of the measure.

Timeline for PACE versions



Parent Appraisal of Children's Experiences 2.0 (PACE)



Use a No. 2 pencil only.

Fill in ovals completely.

Correct Mark

Child's Name: _____
Last, First

Grade: Prekindergarten Kindergarten First Other _____

Sex: Male Female

Child's Race/Ethnicity (Fill in all that apply): Asian/Pacific Islander
 Black/African-American Latino/Hispanic Native American
 White/Non-Hispanic Other _____

School: _____

Your Relationship to this Child (Fill in one oval): Mother Father
 Grandmother Grandfather Aunt Other _____

Child's Birth Date

Month	Day	Year
<input type="checkbox"/> Jan	<input type="checkbox"/> 0	<input type="checkbox"/> 1994
<input type="checkbox"/> Feb	<input type="checkbox"/> 1	<input type="checkbox"/> 1995
<input type="checkbox"/> Mar	<input type="checkbox"/> 2	<input type="checkbox"/> 1996
<input type="checkbox"/> Apr	<input type="checkbox"/> 3	<input type="checkbox"/> 1997
<input type="checkbox"/> May	<input type="checkbox"/> 4	<input type="checkbox"/> 1998
<input type="checkbox"/> June	<input type="checkbox"/> 5	<input type="checkbox"/> 1999
<input type="checkbox"/> July	<input type="checkbox"/> 6	<input type="checkbox"/> 2000
<input type="checkbox"/> Aug	<input type="checkbox"/> 7	
<input type="checkbox"/> Sept	<input type="checkbox"/> 8	
<input type="checkbox"/> Oct	<input type="checkbox"/> 9	
<input type="checkbox"/> Nov		
<input type="checkbox"/> Dec		

Today's Date

Month	Year
<input type="checkbox"/> Jan	<input type="checkbox"/> 2002
<input type="checkbox"/> Feb	<input type="checkbox"/> 2003
<input type="checkbox"/> Mar	<input type="checkbox"/> 2004
<input type="checkbox"/> Apr	<input type="checkbox"/> 2005
<input type="checkbox"/> May	<input type="checkbox"/> 2006
<input type="checkbox"/> June	<input type="checkbox"/> 2007
<input type="checkbox"/> July	<input type="checkbox"/> 2008
<input type="checkbox"/> Aug	
<input type="checkbox"/> Sept	
<input type="checkbox"/> Oct	
<input type="checkbox"/> Nov	
<input type="checkbox"/> Dec	

Home Zip Code	0	1	2	3	4	5	6	7	8	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Address: _____
Street

Home Phone: _____

Father's/
Guardian's Name: _____

Father's Age 17-20 21-24
 25-29 30-34
 35-39 Over 39

Father's Daytime Phone: _____

Mother's/
Guardian's Name: _____

Mother's Age 17-20 21-24
 25-29 30-34
 35-39 Over 39

Mother's Daytime Phone: _____

Does the child have a doctor? No Yes

Does the child have a dentist? No Yes

Name of Child's Doctor/Clinic: _____

Doctor's Phone: _____

Name of Child's Dentist: _____

Child's Current Health Insurance: None Medicaid-Blue Choice option or Monroe Plan Medicaid-Preferred Care option Straight Medicaid Child Health Plus Blue Choice Preferred Care Other _____

During the past 12 months, how many months has this child had health insurance (Fill in one oval):
 None 1 2 3 4 5 6 7 8 9 10 11 12 months

Parents' Education (Fill in the oval of the highest education for each):

Child's Mother (or female caregiver)	
<input type="checkbox"/> Some high school	<input type="checkbox"/> Some college
<input type="checkbox"/> GED	<input type="checkbox"/> Two year degree
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Four year degree
<input type="checkbox"/> Technical or trade school	<input type="checkbox"/> Graduate degree

Child's Father (or male caregiver)	
<input type="checkbox"/> Some high school	<input type="checkbox"/> Some college
<input type="checkbox"/> GED	<input type="checkbox"/> Two year degree
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Four year degree
<input type="checkbox"/> Technical or trade school	<input type="checkbox"/> Graduate degree

Did the mother ever receive special education services?
 No Yes

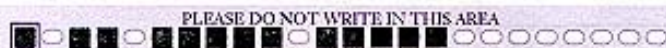
Did the father ever receive special education services?
 No Yes

Which adults (18 years or older) live in this child's home? (Fill in all that apply, including yourself):

- Child's mother Child's stepmother Child's adult sister Grandmother Aunt Other female
 Child's father Child's stepfather Child's adult brother Grandfather Uncle Other male

Copyright © 2002 by Children's Institute, Inc. All rights reserved.

Page 1 of 4



PLEASE DO NOT WRITE IN THIS AREA

64493

Children (under 18 years old) in the home (Please complete for each child. Do NOT include this child):

Name	Sex	Age in years	Childcare/School Name
Child 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 3	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 4	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	
Child 5	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-17	

Childcare Experiences (For the child being enrolled, please fill in the information for each year of your child's life):

Child's Age	At Home Full-time	Went to A Center			Went to Caregiver's Home		
		Days Per Week	Time	Period	Days Per Week	Time	Period
0-12 Months	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
13-24 Months	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
2 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
3 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
4 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
5 Years Old	<input type="checkbox"/>	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only	<input type="checkbox"/> Full Day <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> 5 Days <input type="checkbox"/> 3-4 Days <input type="checkbox"/> 2 or Fewer	<input type="checkbox"/> All Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only

Name of Most Recent Center: _____

Phone #: _____

General Health Information

1. At birth, how much did this child weigh?

- Less than 3 lbs 5 oz
- Less than 5 lbs 8 oz
- Between 5 lbs 8 oz and 9 lbs
- More than 9 lbs

Child's weight at birth: _____

2. Based on your "due date" was this child -

- Premature (born 6 weeks early or earlier)
- Full term

3. How long was he/she breast fed?

- Never
- Less than one month
- One to 2 months
- Two to 6 months
- More than 6 months

4. As a newborn, was your child ever in the intensive care or special care nursery?

- No Yes

If yes, how many days?

- 1-2 days 3-4 days
- 5-6 days 7-8 days 9-10 days 10+ days

5. Has your child ever stayed in the hospital overnight?

- No Yes

for 3 days or more? No Yes

If yes, please explain: _____

6. Which allergies does your child have? (Please specify which Foods, Medications, or Other, if any.)

- None
- Bee sting
- Seasonal (such as hayfever, pollens, etc.)
- Food _____

Medications _____

Other _____

7. Does your child take any prescription medications now?

- No
- Yes

If yes, please list all:

- 1. _____ 3. _____
- 2. _____ 4. _____

8. When did your child last see a doctor for a routine physical?

- Never More than a year ago
- Within past 6 months More than two years ago
- Within past year Do not remember

9. When did your child last see a dentist for a check-up or dental work?

- Never More than a year ago
- Within past 6 months More than two years ago
- Within past year Do not remember

10. Does your child ever need to stop playing because of breathing problems?
 No Yes
11. How many days a week does your child usually have wheezing, coughing, or shortness of breath?
 None One Two Three 4 or more days
12. How many days a week does your child usually wake up from sleep because of wheezing, coughing, or shortness of breath?
 None One Two Three 4 or more days
13. Has a doctor ever said that your child has asthma?
 No Yes
 If Yes:
 13a. Does your child take medicine every day to prevent asthma symptoms?
 No Yes, List _____
 13b. Over the past 12 months, how many times has your child needed emergency medical visits for asthma?
 None One Two
 Three Four 5 or more times
14. Has your child ever had any health conditions that required emergency medical attention?
 None Asthma Broken bones
 Burns Head injury Seizures
 Other _____

15. Please fill in the oval if your child has ever had any of the following:
- | | |
|---|---|
| <input type="radio"/> Behavior problems | <input type="radio"/> Poisoning |
| <input type="radio"/> Bone or joint problems | <input type="radio"/> Seizures or epilepsy |
| <input type="radio"/> Ear infections (6 or more) | <input type="radio"/> Sickle cell disease |
| <input type="radio"/> Early Intervention Services | <input type="radio"/> Stomach aches (weekly or daily) |
| <input type="radio"/> Hearing problems | <input type="radio"/> Trouble seeing things |
| <input type="radio"/> Headaches (weekly or daily) | <input type="radio"/> Trouble sleeping - nightmares |
| <input type="radio"/> Heart trouble | <input type="radio"/> Wears glasses |
| <input type="radio"/> High Lead levels | <input type="radio"/> Weight problems-overweight |
| <input type="radio"/> Hyperactivity (ADD/ADHD) | <input type="radio"/> Weight problems-underweight |
| <input type="radio"/> "Low iron" or iron deficiency | <input type="radio"/> Other _____ |
| <input type="radio"/> PE or ear tubes | |
16. During pregnancy with this child, how much did the mother:
Smoke: Never Less than a pack a day More than a pack a day
Drink alcohol: Never Less than one drink a day More than one drink a day
17. Currently, how many people in this child's home smoke?
 None One Two Three 4 or more
18. Overall, how would you describe your child's health?
 Poor Fair Good Excellent
19. Would you like to talk with the school nurse about your child's health?
 No Yes

NOTE: It is NOT expected that children will have mastered all the skills listed below.

Fine Motor, Gross Motor and Sensory Functioning

How well does your child...	Not Well	Fairly Well	Well	Very Well
1. ...hold a pencil with his/her fingers for writing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...draw or copy shapes like squares?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...zip his or her coat by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...cut out simple shapes, like a house, with scissors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...run?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...balance on one foot without support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...go <i>down</i> steps one foot after the other without holding a railing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...catch a small ball, like a tennis ball?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often does your child...	Almost Never	Sometimes	Often	Almost Always
9. ...trip and fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...avoid touching slimy or gooey things like play-dough, mud, or glue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often is your child super aware of different sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often is your child a picky eater?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Would you like to talk with someone about your child's coordination?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

Speech and Language Development

How well does your child...	Not Well	Fairly Well	Well	Very Well
1. ...understand English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...talk with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...talk with adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...use words to describe things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...tell a complete story with a beginning, middle and end?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...tell you how he/she feels when asked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often...	Almost Never	Sometimes	Often	Almost Always
7. ...do you have difficulty understanding your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...do others have difficulty understanding your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...does your child understand what others say?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...does your child speak clearly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has your child received special help for speech or language?	<input type="radio"/> No	<input type="radio"/> Yes		
12. Does your child need extra help with speech or language?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

Page
3 of 4

School Skills

How well does this child...

	Not Well	Fairly Well	Well	Very Well
1. ...listen to books being read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...listen to and follow directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...read his/her own written name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...read numbers up to 12?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...identify written alphabet letters by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...read simple written words?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...count 20 things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...write the numbers from 1 to 12?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...write his or her first and last name by self?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...repeat sentences when asked to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...retell a story that was just read aloud?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...know the words to at least one song or rhyme by heart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...remember things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ...learn new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Does your child need extra help to learn new things?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

Social, Emotional, and Behavioral Functioning

How much do you agree each item describes this child...

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. ...makes friends easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...gets nervous easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...completes things he/she starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...has many friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...is withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...hurts others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...has a short attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...talks easily with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...bothers other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...concentrates well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...is irritable, touchy or prickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ...is an "easy child"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. ...has a very high activity level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Does your child need extra help with his/her behavior?	<input type="radio"/> No	<input type="radio"/> Maybe	<input type="radio"/> Yes	

Life Experiences

Has your child...

	Never	1 Time	2 Times	3 or More Times
1. ...gone to a library?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...gone on an outing (e.g., zoo, museum, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...moved from one home to another in the last 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...moved from one home to another during his/her life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...seen a close family member or friend very sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...experienced the death of a close family member or friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...experienced parents' separation or divorce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...experienced a parent who is depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...witnessed violence in the neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...witnessed violence at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ...been away from parent(s) for more than a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ...seen a family member with a drug or alcohol problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ...a "mother" who regularly spends time with him/her?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
14. ...a "father" who regularly spends time with him/her?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
15. ...a warm close relationship with any adult(s)?	<input type="radio"/> No	<input type="radio"/> 1 adult	<input type="radio"/> 2 adults	<input type="radio"/> 3 or more
16. How often does an adult read to this child?	<input type="radio"/> Almost never	<input type="radio"/> Monthly	<input type="radio"/> Weekly	<input type="radio"/> Daily
17. How much TV does your child watch each day?	<input type="radio"/> 1 hr or less	<input type="radio"/> 1-2 hours	<input type="radio"/> 3-4 hours	<input type="radio"/> 5 hrs+
18. What time does (will) your child go to bed on school nights?	<input type="radio"/> Before 8:00	<input type="radio"/> Between 8-9	<input type="radio"/> Between 9-10	<input type="radio"/> After 10
19. How often does your child eat breakfast?	<input type="radio"/> Almost never	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily
20. Does your child have enough food to eat?	<input type="radio"/> Almost never	<input type="radio"/> 1-3 times per week	<input type="radio"/> 4-6 times per week	<input type="radio"/> Daily

Are other agencies or professionals involved with your child? No Yes

please list: _____

Comments, or anything else about your child or family you wish to share? _____

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Mark Reflex® forms by NCS Pearson EM-221614-4:65432 ED00 Printed in U.S.A.

Parent Appraisal of Children's Experiences 2.0 (PACE) Summary Report

School: PS 00

Student ID: 890000000

Form Serial Number: 53158

Completed by: Mother

Date of form completion: 6 / 2002

Child's date of birth: 4 / 30 / 1997

Grade: Kindergarten

General Health Information

① Child may not have a doctor

Last routine physical exam - Within past year

Child has health insurance

① Child takes prescription medication

① Indications or diagnosis of asthma

No allergies reported

Child has a dentist

Last dental examination - Within past 6 months

① Child's birth weight less than 3 lbs 5 oz

① Neonatal problems reported

Child's health described as excellent

① Other health-related conditions:

- Ear infections - Early Intervention Service - Hyperactivity - Iron deficiency - PE or Ear tubes

Current Functioning

Higher scores indicate better functioning

Score [Range is 1 - 4]

	Low	High	Score
Motor	Low	High	3
Speech	Low	High	3.3
① Language	Low	High	2.2
Pre-Literacy	Low	High	3
Learning	Low	High	3
Positive peer social skills	Low	High	4
Shyness / Anxiety	Low	High	4
Acting out / Aggression	Low	High	2.5
① Task Orientation	Low	High	2.3

Life Experiences

① These 4 items may be of concern for this student

- ① Child's experience of close family member's illness or death reported
- ① Child has witnessed violence in the neighborhood or at home
- ① Parent issues were noted
- ① Child's bedtime may be too late

Items marked with the information ① symbol may warrant special attention.

Current Functioning entries marked with the information ① symbol are at or below the 15th percentile.

Copyright © 2002 by Children's Institute, Inc. All rights reserved.

Summary of Findings

Major findings for each of the PACE's sections will be described here.

Demographic Information

This section provides information about the child and his or her family. These data are used to provide a demographic "snapshot" of the PACE sample. Examples of items in this section include:

- Child's date of birth
- Child's ethnicity
- Respondent's relation to the child
- Child's health insurance status
- Mother's and father's ages
- Mother's and father's highest completed level of education
- Whether the child has a doctor and/or a dentist
- Basic information about the number of adults and children in the child's home

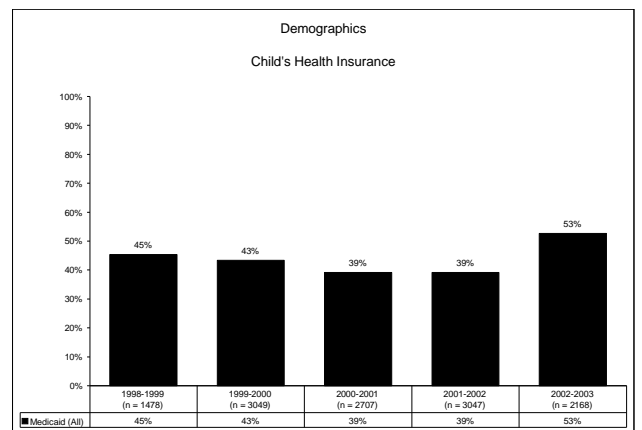
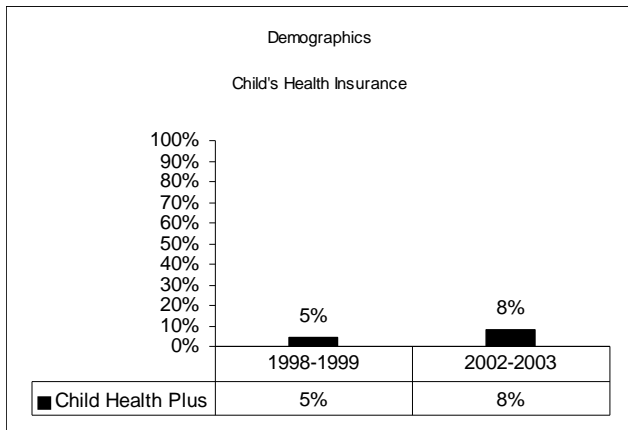
In 2002-2003, a transition year where both PACE 1.2 and 2.0 editions were used, PACE questionnaires were completed for 2168 children (PACE 1.2, n=680; PACE 2.0, n=1488). Most reports (87%) pertained to kindergarteners. The children's mothers accounted for 86% of the respondents. Over 60% of the sample was from zip codes of 14621, 14609, 14611, 14605 and 14613, and 60% of the children were Black/African-American, 20% were White/Non-Hispanic and 18% were Latino/Hispanic. Following is a table of race/ethnicity as obtained from the PACE and that of the overall RCSD elementary enrollment statistics. Overall, the PACE sample race / ethnicity appears to represent well the total RCSD elementary enrollment.

	2002-03	
	PACE Respondents	RCSD Elementary Enrollment
Native American	1%	0.3%
Asian / Pacific Islander	2%	2%
Other	2%	N/A
Latino / Hispanic	18%	20%
White / Not Hispanic	20%	16%
Black / African-American	60%	62%
Total	103%*	100%

* PACE respondents could select more than one race/ethnicity. All are reported here, therefore, the total is greater than 100%.

93% of children in the sample had medical insurance coverage, with 61% of being covered by either Medicaid or Child Health Plus. 7% of the respondents indicated that the child did not have any medical insurance.

Enrollment in Child Health Plus has risen from 5% in 1998-1999 to 8% in 2002-2003, a statistically significant change, whereas Medicaid has increased from 39% in 2001-2002 to 53% in 2002-2003, also a significant change. This increase in the percentage of Medicaid participants may be due to reductions in the Rochester job market and increases in unemployment.



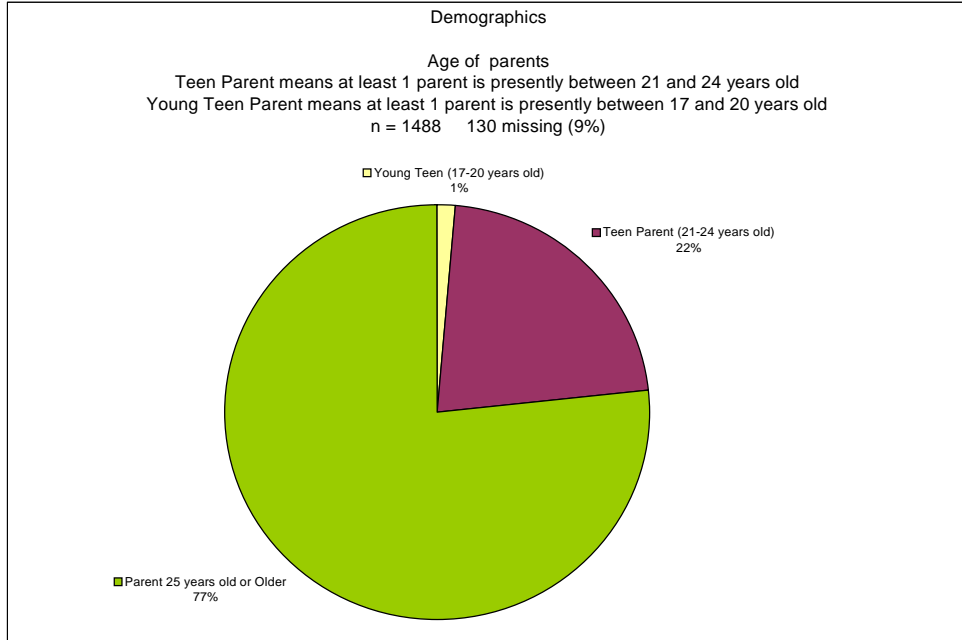
There was an average of 2.8 children per household. 31% of the children had one other child living at home with them; 26% had 2 other children in the household; and 25% of the respondents had 3 or more other children at their home. These children were not necessarily related to the child for whom the PACE was completed. The most common household composition of adult(s) living with the registered child was a single mother and no other adult (33%); the second most common included both parents* and no other adults (26%).

31% of the children were reported to not have a dentist, whereas 6% did not have a doctor. These percentages have stayed fairly stable over the last 5 years.

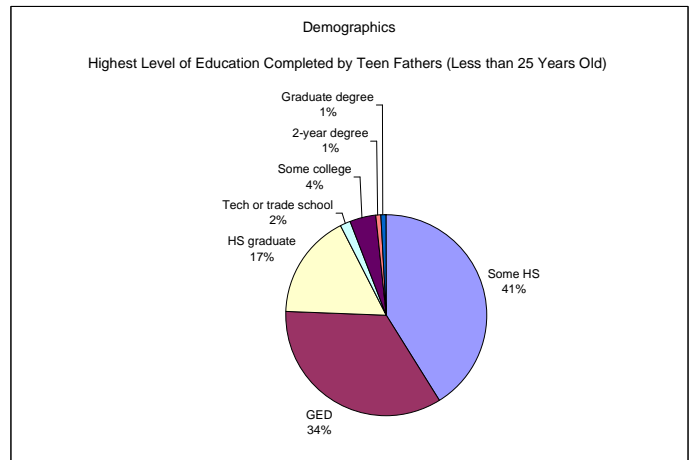
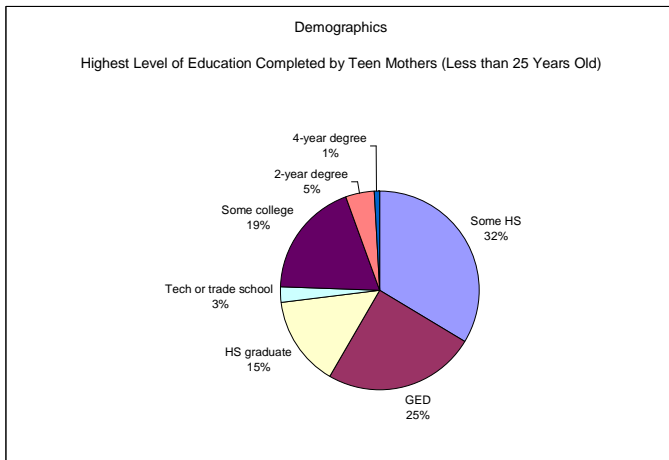
Of those responding, 74% of both mothers and fathers had at least a high school education or had obtained a GED; and 9% of mothers and 8% of fathers had received special education services while in school. These statistics have been consistent over the last four years.

* Throughout this report, we have used the term 'parent' to indicate the person completing the PACE. Actually, 5% of the respondents were not the child's parent, although most of these were other relatives.

23% of mothers and/or fathers were teenagers when their child was born. We define a teenaged parent (at the time of the child’s birth) as one who was 24 years old or younger when their child entered kindergarten. Of those teen parents, 1% were young teens, 20 years old or younger, at their child’s kindergarten entrance. Note that parents’ age was not provided for 14% of mothers and 25% of fathers.



Following are figures representing the proportion of the highest level of education for these “teen” parents.



See Appendix A for complete demographic information.

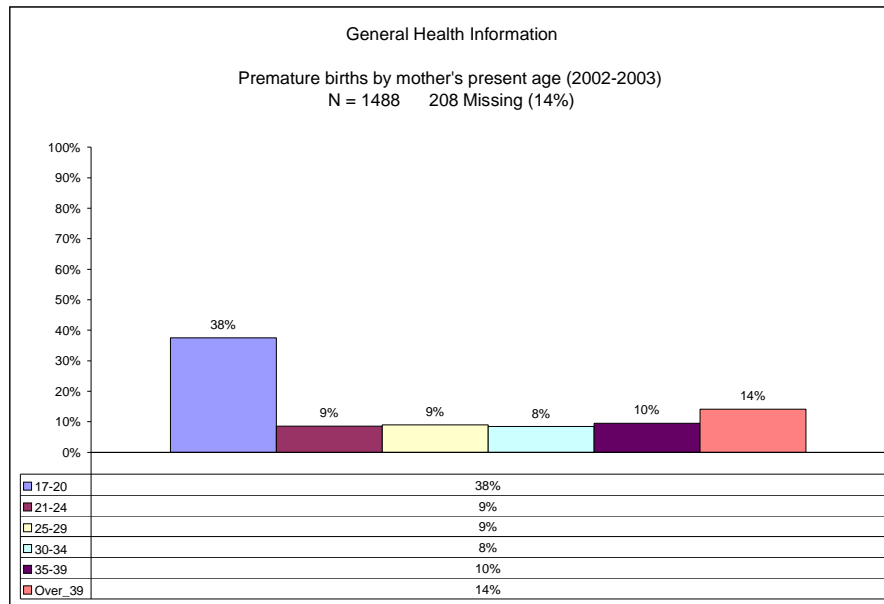
General Health Information

Professionals from the Monroe County Health Department, the University of Rochester Department of Pediatrics, and Children's Institute worked together to select important health related questions. Additionally, focus groups made up of parents and health professionals were conducted to determine which health topics were most important to families in the Rochester community.

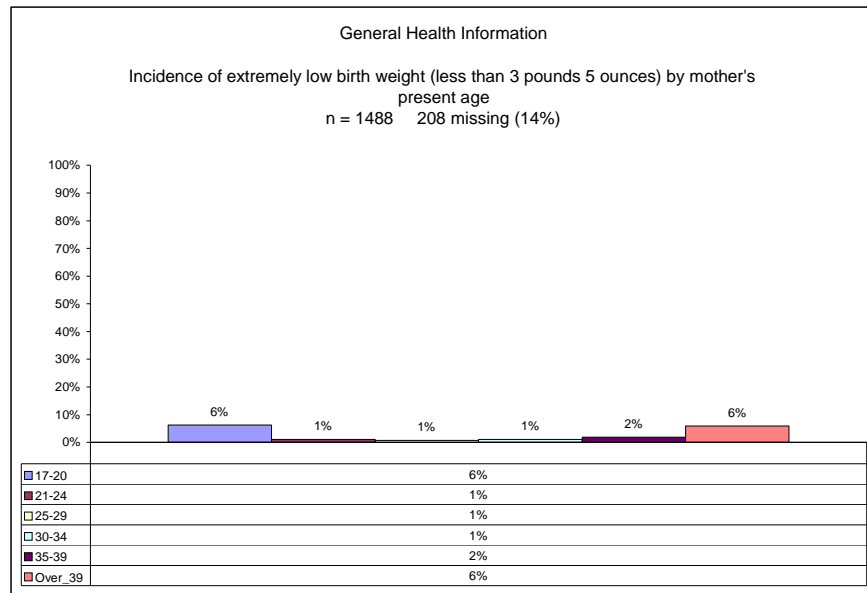
Areas assessed in this section include:

- Neonatal outcomes
- Current health conditions and concerns
- Hospitalizations
- Health history
- High lead levels
- Maternal smoking and drinking behaviors during pregnancy
- Asthma
- Number of people who smoke in the child's home

11% of the children were born prematurely. Premature birth is defined as 6 weeks or earlier than the mother's "due date". Following is a chart of premature births by mother's age in 2002-2003.

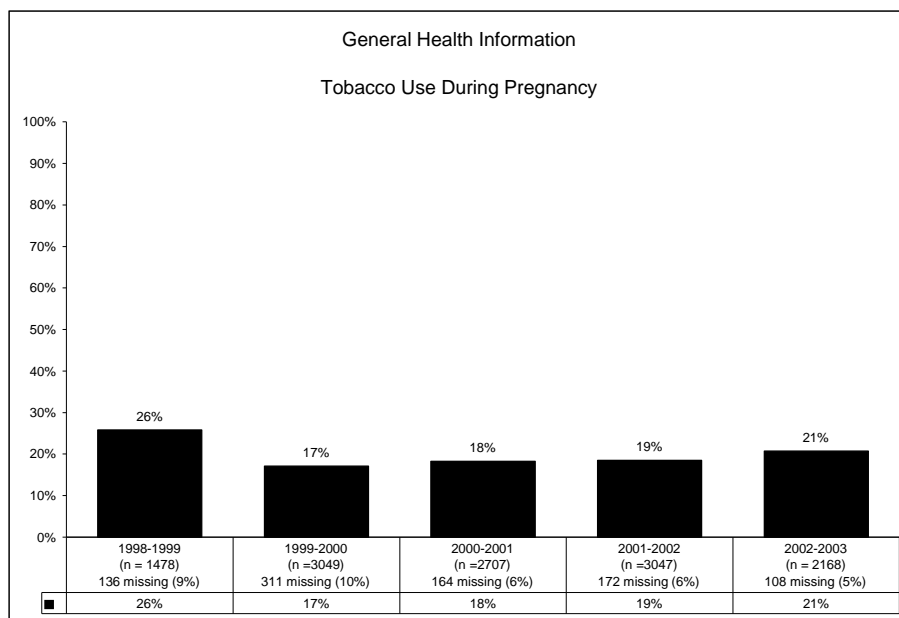


7% of the children were overweight (greater than 9 pounds) at birth, as compared to 11% being underweight (less than 5 lbs 8 oz; 2500 grams) at birth. Below is a chart of children having extremely low birth weights (less than 3 lbs 5 oz; 1500 grams) with respect to the mother's age in 2002-03.



18% of the children had been in neonatal intensive care. Parents reported that 54% of the children were never breastfed. The majority of mothers (79%) reported never smoking during pregnancy, however 21% did smoke. The overwhelming majority of mothers (95%) reported never drinking alcohol during pregnancy, yet 5% did report drinking.

The percent of mothers smoking during pregnancy has decreased over the last 5 years. The highest reported percent (26%) in 1998-1999 as compared to this year's reporting (2002-2003) of 21%, a statistically significant change.



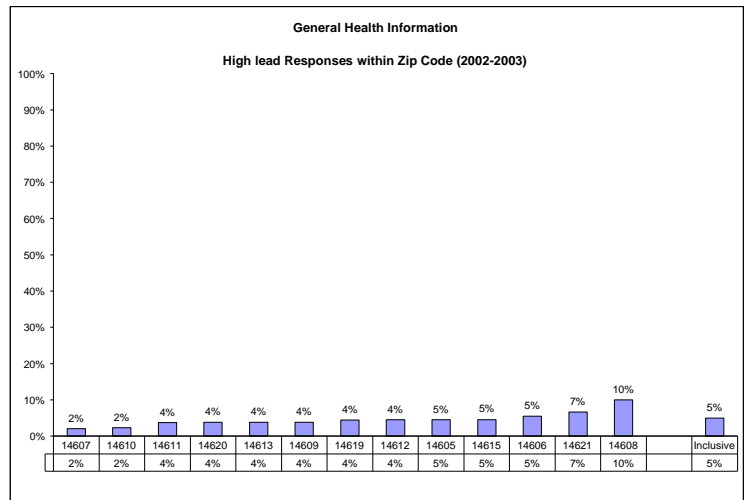
21% of the children had never been to a dentist and 33% had not been to a dentist in more than a year. (Note it is recommended that children start seeing a dentist at age 3) Only 7% had not had a routine physical examination within the same time span.

2002-2003		
Time frame of visit	Routine Physical	Dental Check-up
Never	1%	21%
More than 1 year ago	7%	33%
Within past year	28%	23%
Within last 6 Months	65%	44%

Children’s illnesses cover a wide range of syndromes. Identified were 11% who had recurrent ear infections, 5% with “low iron” (iron deficiency), 3% whose parents described them as overweight, as well as 3% identified as underweight, 3% who have trouble sleeping (nightmares), 3% with frequent stomach aches (either daily or weekly), 2% with frequent headaches (either daily or weekly), 8% with behavior problems, and 5% who have already had some kind of early intervention services. Additionally, 5% of the parents reported their child has high lead levels. We compared the rates of reported high lead levels to the child’s zip code and found the highest concentrations of occurrences in the 14608 (10%) and 14621 (7%).

Below is a summary table and chart with the percent of children with high lead levels by zip code in ascending order.

High Lead Level Responses within Zip Code (2002-2003)			
Zip Code	Zip Code Count	High Lead Count	Percent
14607	50	1	2%
14610	44	1	2%
14611	215	8	4%
14620	107	4	4%
14613	184	7	4%
14609	341	13	4%
14619	136	6	4%
14612	67	3	4%
14605	200	9	5%
14615	88	4	5%
14606	146	8	5%
14621	394	26	7%
14608	160	16	10%
Inclusive	2132	106	5%

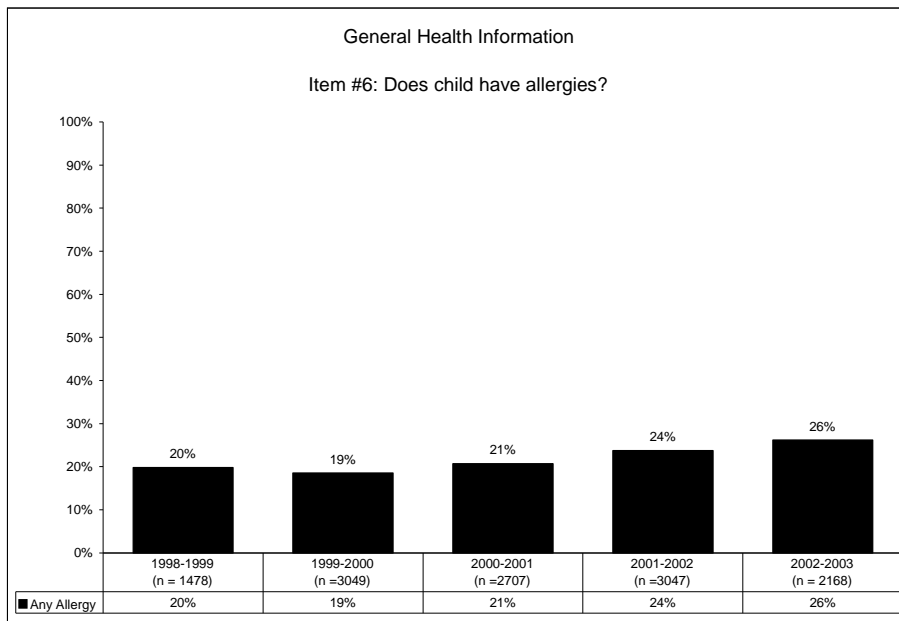


75% of parents reported that there had been no medical emergencies. Among the reported emergencies, 9% were treated for asthma, and 10% of the children were treated for other reasons not identified.

13% of parents reported that their child was taking at least one prescription medication. 26% of children had various allergies.

Child's Allergies	
Seasonal	11.3%
Medication	6.4%
Food	4.4%
Bee sting	1.0%
Other	3.1%

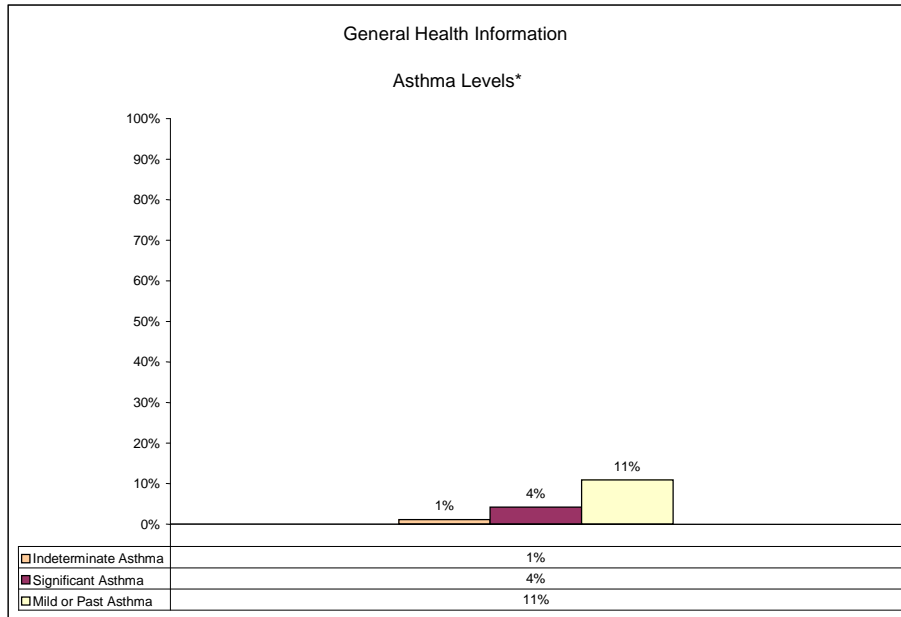
The percentage of children identified as having allergies has been increasing since 1998-1999. In 1998-1999, 20% of the parents reported their child had some kind of allergy, as compared to 26% in 2002-2003, a statistically significant change.



The revised version of the PACE (2.0) has new questions specifically related to asthma and breathing problems. Tabled below are the outcomes:

Asthma and or Breathing problems	2002-2003
Child needs to stop playing because of breathing problems	8%
At least 1 day a week child usually has wheezing, coughing, or shortness of breath	9%
At least 1 day a week child usually wakes up from sleep because of wheezing, coughing, or shortness of breath	6%
Doctor has said that child has asthma	16%
Child takes medication every day to prevent asthma symptoms	6%
Over the past 12 months at least 1 time child needed emergency medical visit for asthma	9%

For children whose doctors have diagnosed them with asthma, we estimated severity levels. For a child to be classified in the “Significant” level he/she wheezes, coughs, or is short of breath at least 3 times a week **or** wakes up with these symptoms at least once a week. To be in the “Mild or Past” level he/she wheezes, coughs or is short of breath fewer than 3 times a week **and** does not wake up with these symptoms.



*Asthma Levels assume doctor has said child has asthma:

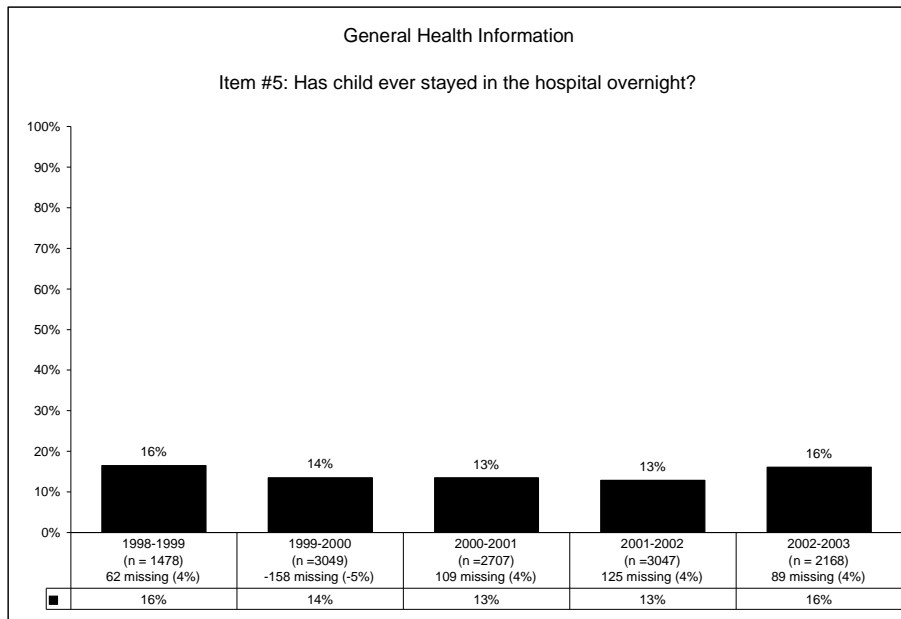
Significant = Child wheezes, coughs or is short of breath at least 3 times a week **or** wakes up with these symptoms at least once a week

Mild or Past = Child wheezes, coughs or is short of breath less than 3 times a week **and** does not wake up with these symptoms at least once a week

Another new question included in PACE 2.0 pertains to people smoking in the child’s home. We found that no one smoked in 56% of the respondent’s homes. One or two people smoked in 40% of the homes.

16% of the children had been in a hospital at least overnight, excluding neonatal intensive care stays.

As indicated in the chart below, the percentage of children staying at least overnight in a hospital, excluding birth, has increased from 13% in 2001-2002 to 16% 2002-2003, a statistically significant change.



96% of the children, according to parents, are in good or excellent overall health. 13% of the parents reported that they would like to talk to the school nurse about their child's health.

See Appendix B for complete health-related findings.

Fine Motor Skills, Gross Motor Skills, and Sensory Functioning

Parents were asked to answer questions regarding observable motor and sensory functioning indicators, developed after consultation with early childhood educators, occupational and physical therapists, a pediatric neurologist, and other experts.

Questions in this section include:

- Holds a pencil with his/her fingers for writing
- Zips own coat
- Catches a small ball
- Trips and falls
- Picky eater
- Super aware of different sounds

Items within this section were combined empirically to create a Fine Motor subscale and a Gross Motor subscale. See the **Subscales** section of this report on page 19 and Appendix D.

Speech and Language Development

After consultation with teachers, speech/language pathologists, developmental psychologists and literacy experts, the following observable speech and language development questions were selected as being the strongest indicators of strengths and weaknesses in the areas of speech and language.

Questions in this section include:

- Understands English
- Child tells a complete story
- Parent understands their child
- Other people than parent understands the child
- Child received special help for speech
- Child needs extra help with speech and language

Items within this section were combined empirically to create an Expressive Language subscale and a Speech subscale. See the **Subscales** section of this report on page 19 and Appendix D.

School Skills

After consultation with preschool and kindergarten teachers, school administrators, developmental psychologists, and early childhood experts, the following items were selected as being the strongest observable indicators of strengths and weaknesses in the school skills area:

- Reads own written name
- Listens to and follows directions
- Writes own name
- Retells story just read aloud
- Learns new things

Items within this section have been combined to create Learning and Pre-Literacy subscales. See the **Subscales** section of this report on page 19 and Appendix D.

Social, Emotional, and Behavioral Functioning

Four subscales are assessed within this area. *Positive Peer Social* and *Negative Peer Social* (externalized behaviors) refer to a child's likeability, popularity, and quality of interactions among peers. *Task Orientation* assesses a child's ability to stay focused on and complete a task, while the *Shy-Anxious* scale measures "internalized" behaviors. These scales are subsets of constructs and items assessed by the Parent-Child Rating Scale, developed over the past 10+ years at the Children's Institute. Examples of items from each scale include:

- 1) Positive Peer Social:
 - Makes friends easily
 - Talks easily with other children
- 2) Negative Peer Social (externalized behaviors):
 - Bothers other children
 - Fights with other children
- 3) Task Orientation:
 - Completes things he/she starts
 - Concentrates
- 4) Shy Anxious (internalized behaviors):
 - Gets nervous easily
 - Worries a lot

See Appendix D for further information about these subscales.

Life Experiences

Life experience items were selected after consulting with resilience researchers, school, clinical, and developmental psychologists, school nurses, preschool and kindergarten teachers, and the research literature.

Examples of experiences assessed in this section include:

- Going to a library
- Going on other outings
- Experienced a parent who is depressed
- Witnessed violence in the neighborhood
- Witnessed violence at home
- Experienced the death of family member or close friend
- Child eats breakfast
- Child has enough food to eat

43% of the parents indicated that their children had gone to a library no more than 2 times in their lifetime and 22% had been on fewer than 3 outings, such as visits to a museum or zoo. 89% of parents reported that their child has daily contact with a mother (or mother-figure), as compared to 52% with a father (or father-figure). 6% of respondents said a 'mother' spends almost no time with their child as compared to 24% with a 'father' spending almost no time with their child. 70% of parents reported their child having a warm, close relationship with 3 or more adults. 43% of the parents reported they read daily to their child, whereas 9% of the children watched television 5 or more hours each day. 24% of the respondents stated that their children go to bed after 9:00 p.m.

36% of the respondent said the children have experienced parental separation or divorce. 19% of the children have been away from their parent(s) for more than a month. 40% of the children had changed residence within the past six months. 74% have moved to another home in their lifetime.

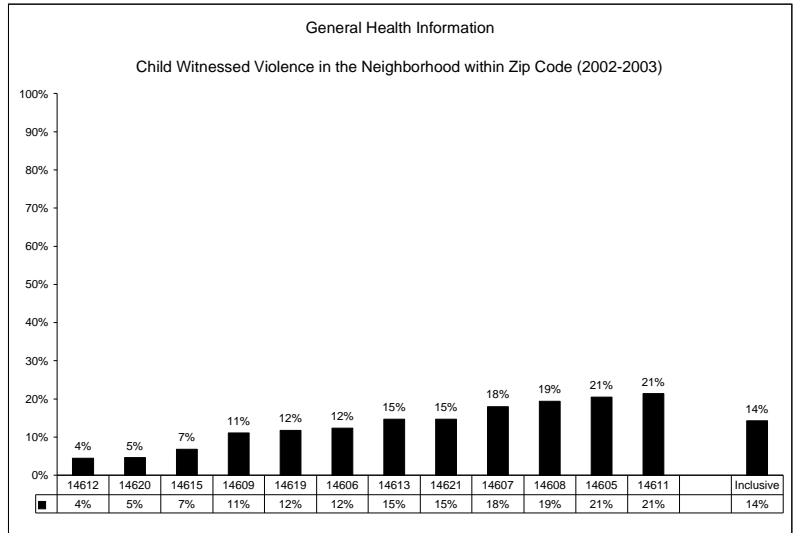
42% of the children have seen close friends or relatives very sick and 35% have experienced the death of a close family member or friend. Parents reported that 24% of the children had experienced a parent with bouts of depression and 12% have seen a family member with a drug or alcohol problem.

New to the PACE this year was information about children witnessing violence in their neighborhoods and homes. Parents indicated that 14% of children had seen violence at home and 21% had witnessed violence in the neighborhood.

	2002-2003			
	Never	1 Time	2 Times	3 or More Times
Witnessed violence in the neighborhood	79%	12%	5%	4%
Witnessed violence at home	86%	9%	2%	3%

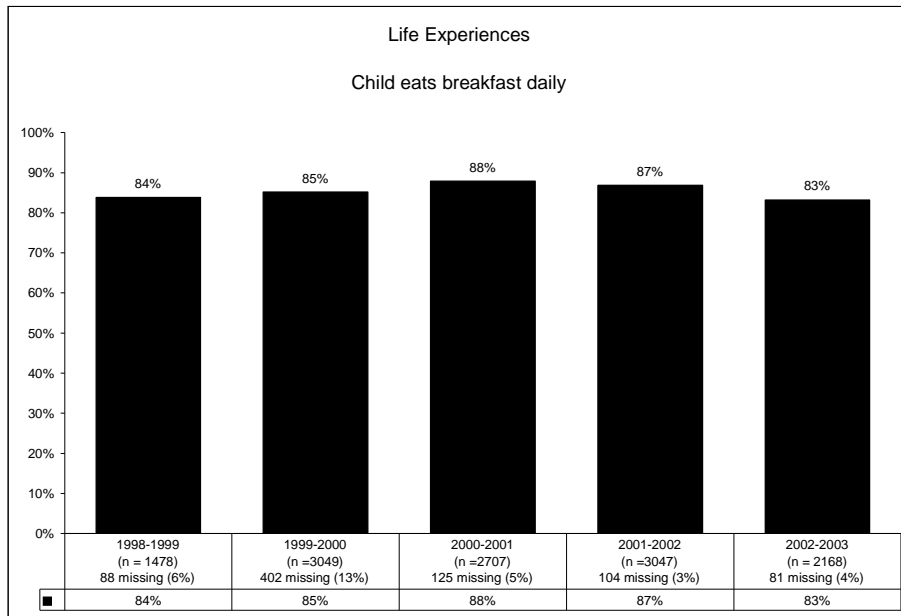
Organizing this information by zip code, rates of witnessing neighborhood violence ranged from 4% to 21%. Refer to the table and chart below for more details.

Child Witnessed Violence in the Neighborhood within Zip Code (2002-2003)			
Zip Code	Zip Code Count	Witnessed Violence Count	Percent
14612	67	3	4%
14620	107	5	5%
14615	88	6	7%
14609	341	38	11%
14619	136	16	12%
14606	146	18	12%
14613	184	27	15%
14621	394	58	15%
14607	50	9	18%
14608	160	31	19%
14605	200	41	21%
14611	215	46	21%
Inclusive	2088	298	14%



97% of the children were reported as having sufficient food to eat each day. 83% of the parents reported that their child eats breakfast daily, although 2% of the children almost never eat breakfast.

In the last 2 years respondents have reported a decrease of children eating breakfast daily, from 87% (2001-2002) to 83% (2002-2003), a statistically significant change .



Subscales

Empirically derived subscales were developed and confirmed within several areas of the PACE 2.0. Items within these respective areas are combined to provide reliable generalized information about children’s overall functioning. Over four years of data and statistical procedures, including factor analysis, principal components analysis, and Cronbach’s alpha were used to develop these the subscales. See Appendix D for further information.

Area	Subscales			
Fine Motor, Gross Motor and Sensory Functioning	Fine Motor	Gross Motor		
Speech and Language Development	Expressive Language	Speech		
School Skills	Learning	Pre-Literacy		
Social, Emotional, and Behavioral Functioning	Negative Peer Social	Task Oriented	Positive Peer Social	Shy Anxious

Closing Thoughts

Because of the high percentage of PACE measures returned compared to RCSD kindergarten enrollment, we are confident that the current data have ample power for policy implications. Additionally, the results have great possibilities for future analyses covering this year plus trends and comparisons over the time span of PACE.

We plan to continually review and refine the PACE, when and where necessary, to ensure there is a reliable and valid system in place allowing for relevant communication among parents, schools and the community. Our primary goal of this effort is to provide such relevant and timely information so parents, providers and policy makers can make sound and timely decisions that will improve young children’s health and well-being across multiple and interrelated domains. However, information alone is not enough to make changes. It takes people willing to step forward and say, “This issue _____ (you fill in the blank) is important to me and I am going to do something about it.” We ask that you review this current report and then ask yourself what you are going to do next to make this city, county and state a better place for children to live.

APPENDIX A

Demographic Tables and Charts

Demographics

Mother's Education

	1998-1999 340 missing (23%)	1999-2000 681 missing (29%)	2000-2001 537 missing (25%)	2001-2002 622 missing (26%)	2002-2003 417 missing (19%)
Some High School	25%	23%	20%	22%	23%
GED	16%	15%	14%	14%	16%
High School Graduate	23%	24%	21%	21%	20%
Technical or Trade School	3%	3%	2%	3%	3%
Some College	13%	14%	14%	15%	17%
Two Year Degree	11%	11%	11%	10%	12%
Four Year Degree	6%	5%	11%	10%	6%
Graduate Degree	4%	4%	6%	6%	3%

Father's Education

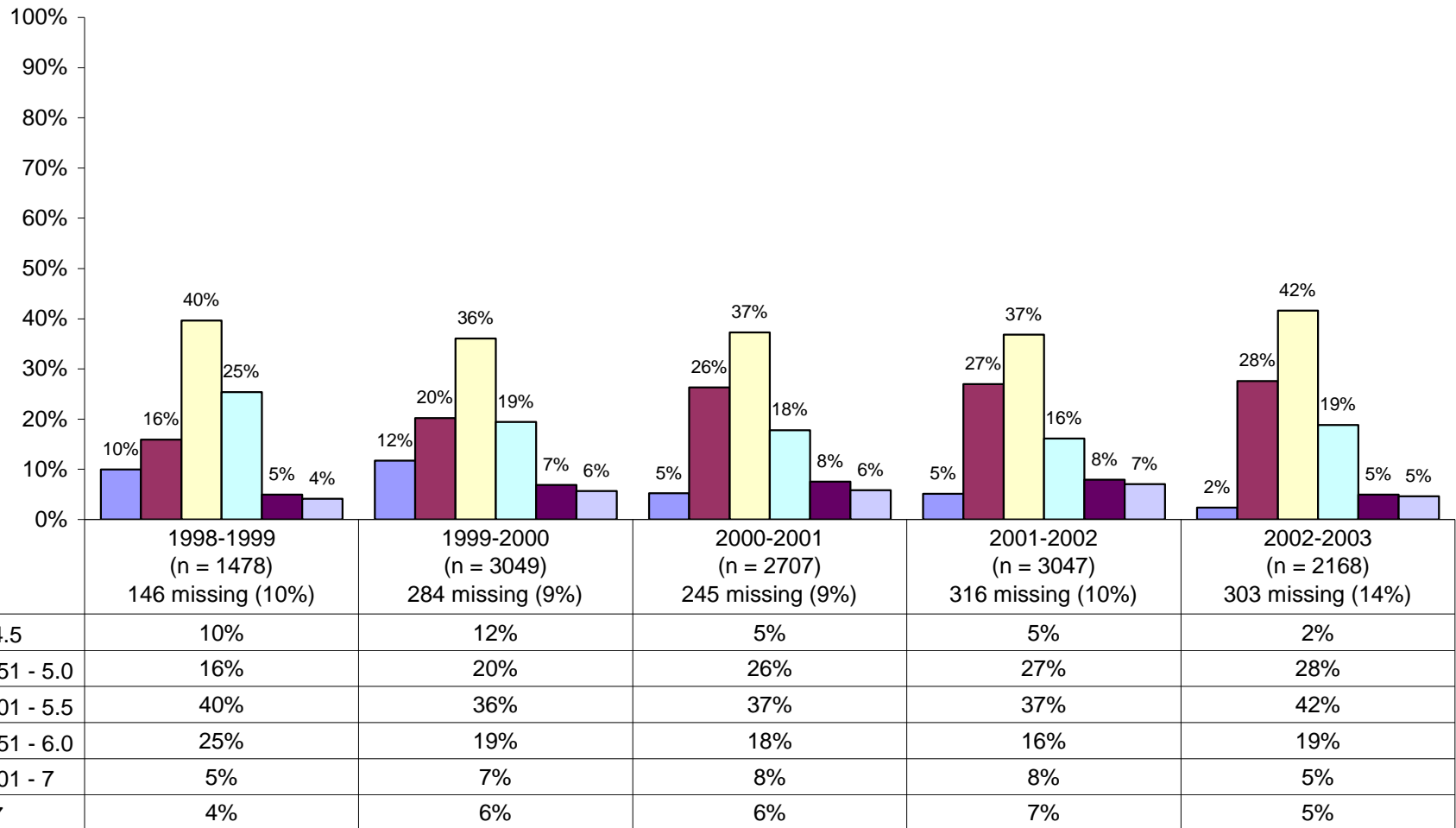
	1998-1999 437 missing (30%)	1999-2000 959 missing (31%)	2000-2001 812 missing (30%)	2001-2002 908 missing (30%)	2002-2003 626 missing (29%)
Some High School	25%	24%	22%	21%	23%
GED	14%	15%	13%	14%	20%
High School Graduate	35%	33%	27%	29%	28%
Technical or Trade School	3%	3%	3%	3%	3%
Some College	9%	11%	9%	13%	13%
Two Year Degree	5%	5%	7%	5%	5%
Four Year Degree	6%	5%	11%	9%	4%
Graduate Degree	3%	4%	7%	6%	4%

Adults in the Home with Child

	1998-1999 (n = 1478)	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)
Mother	76%	77%	76%	76%	80%
Father	30%	31%	36%	36%	34%
Grandmother	11%	11%	10%	12%	13%
Aunt	6%	6%	7%	7%	7%
Stepfather	7%	6%	7%	6%	7%
Uncle	4%	5%	5%	4%	5%
Other Female	4%	4%	5%	4%	4%
Other Male	4%	4%	5%	4%	4%
Grandfather	4%	4%	4%	4%	5%
Adult Brother	4%	4%	4%	4%	4%
Adult Sister	3%	4%	4%	3%	5%
Stepmother	1%	0.4%	1%	1%	1%

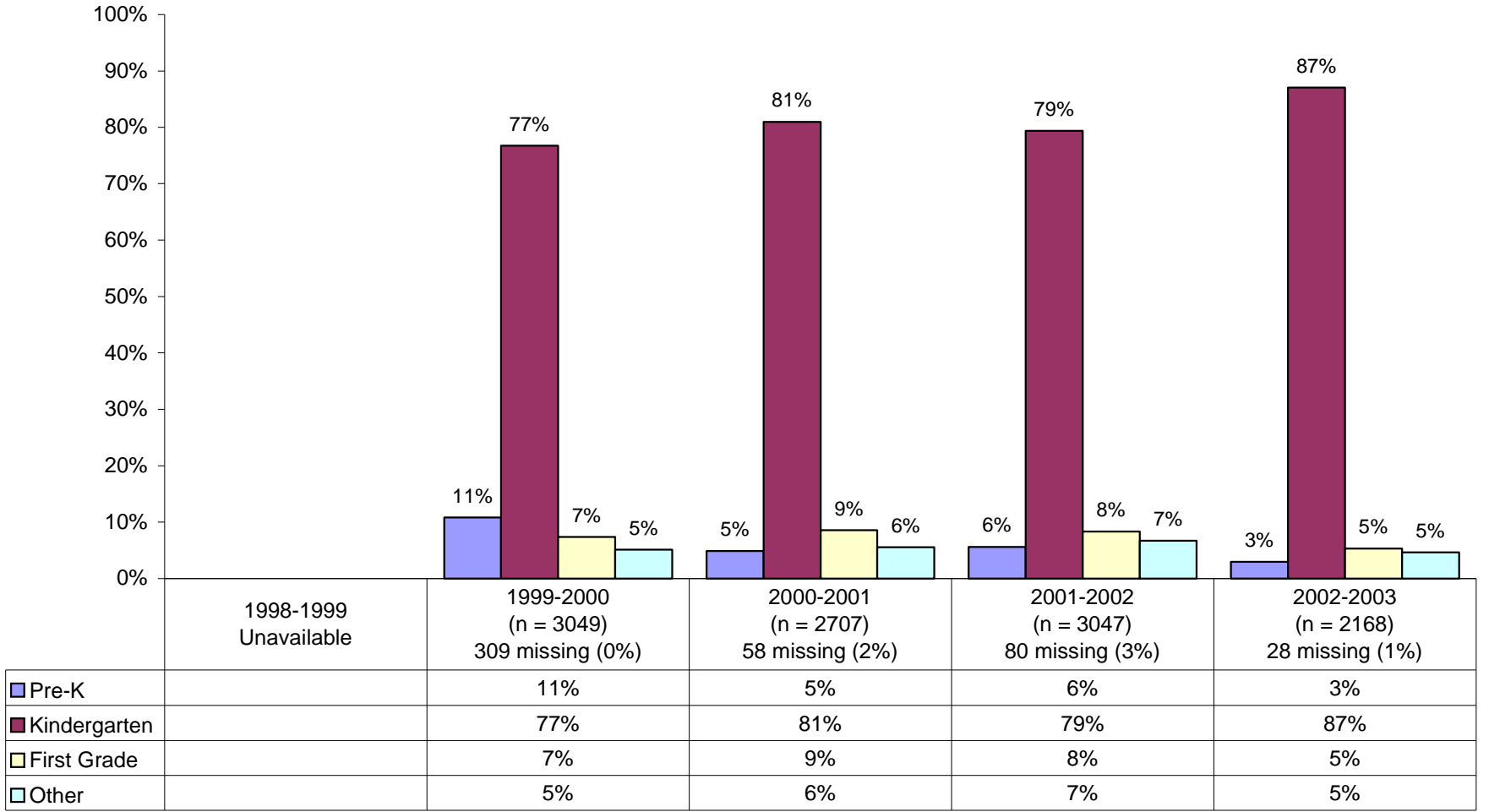
Demographics

Child's Age



Demographics

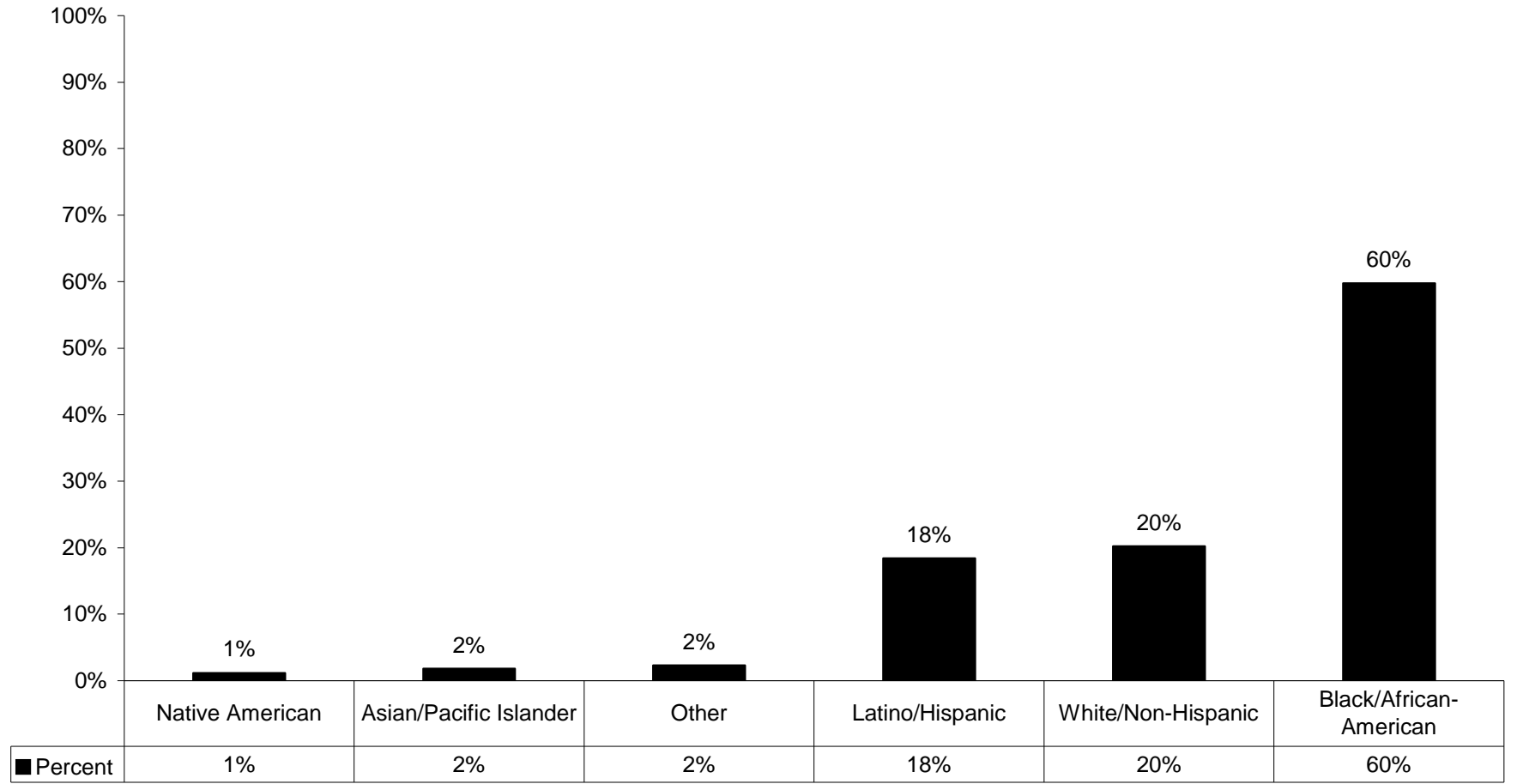
Grade level of child



Demographics

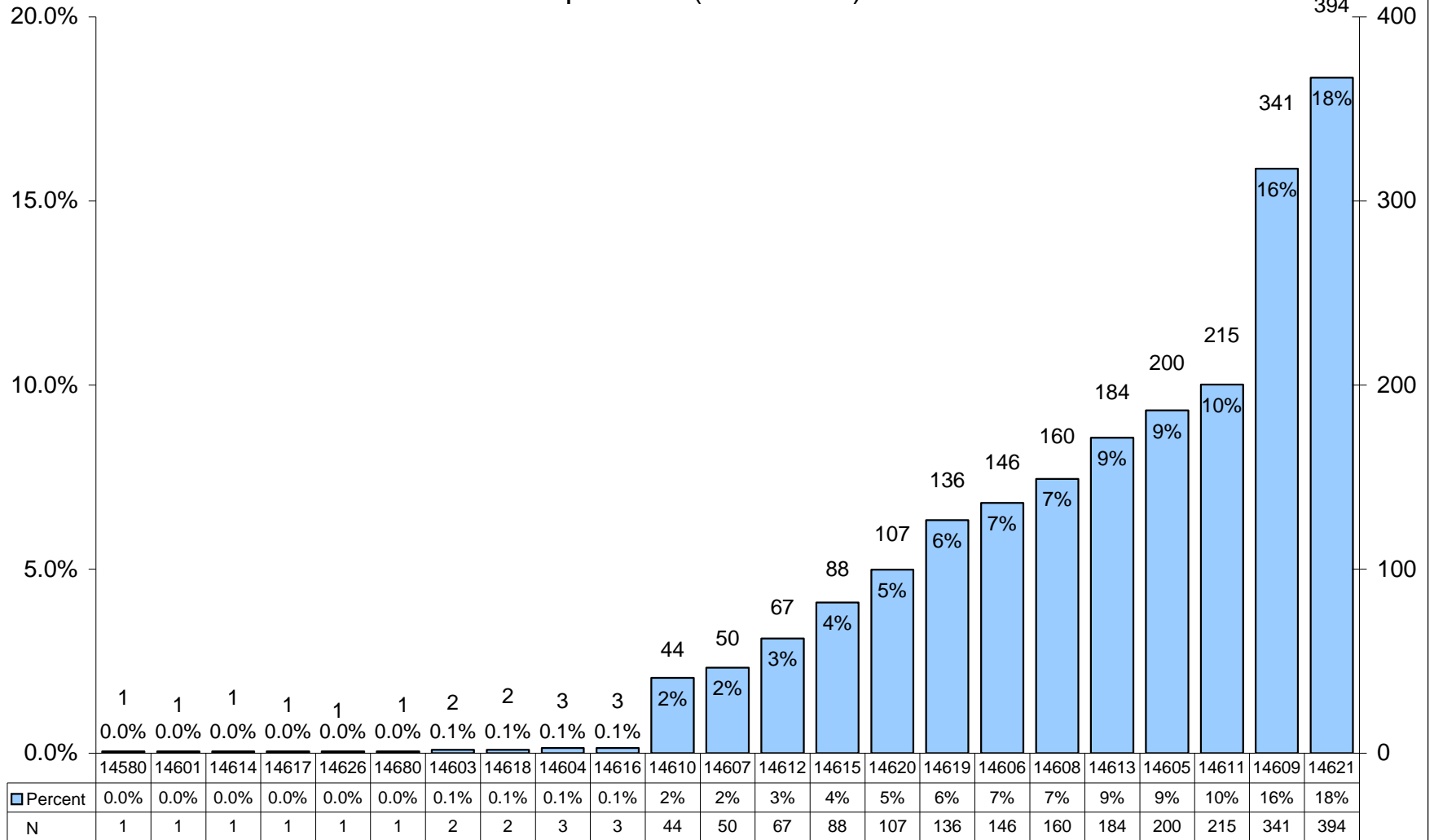
Ethnicity (2002-2003)

Note: Percent totals more than 100%, includes multiracial children



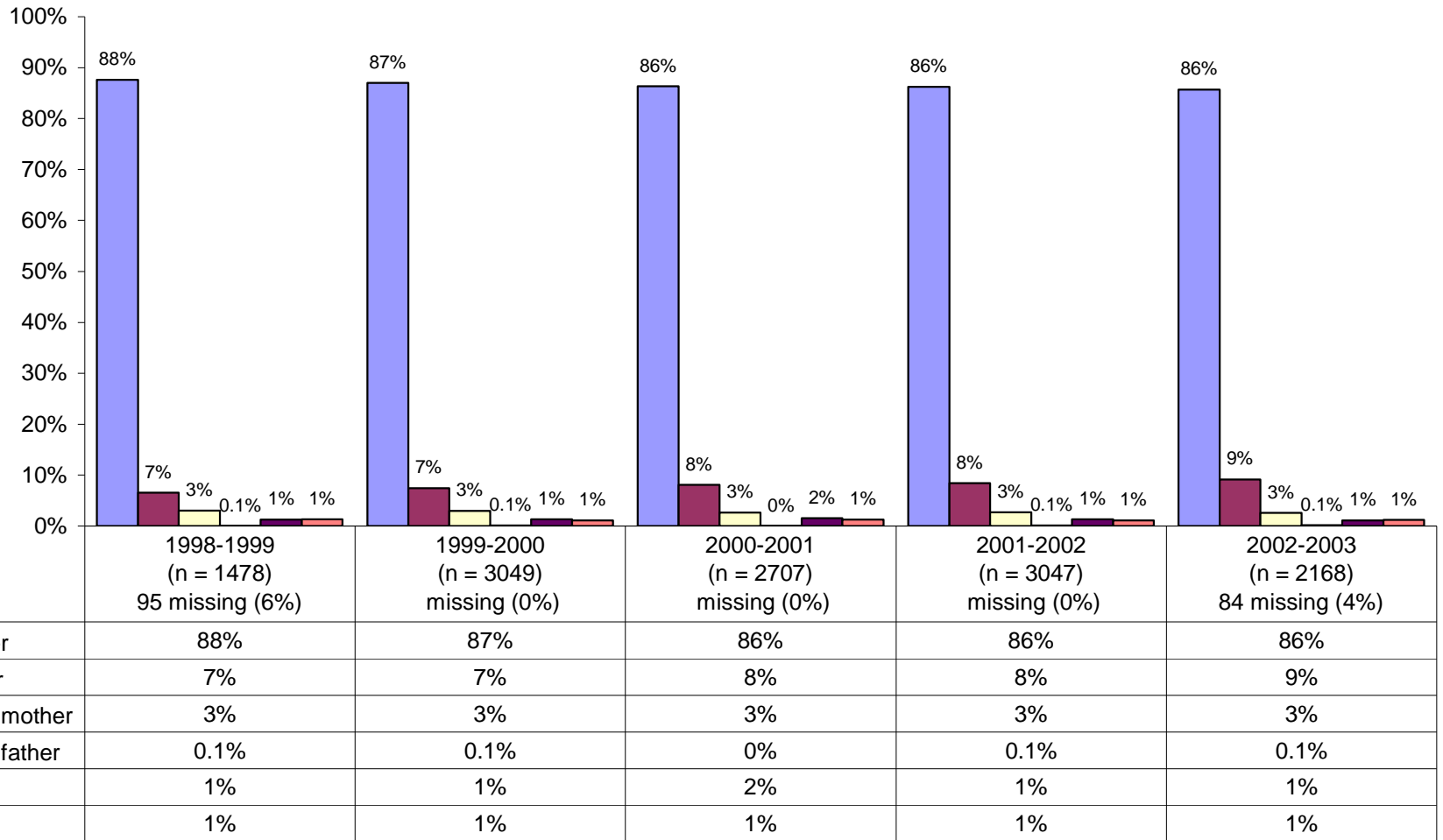
Demographics

Zip Codes (2002-2003)



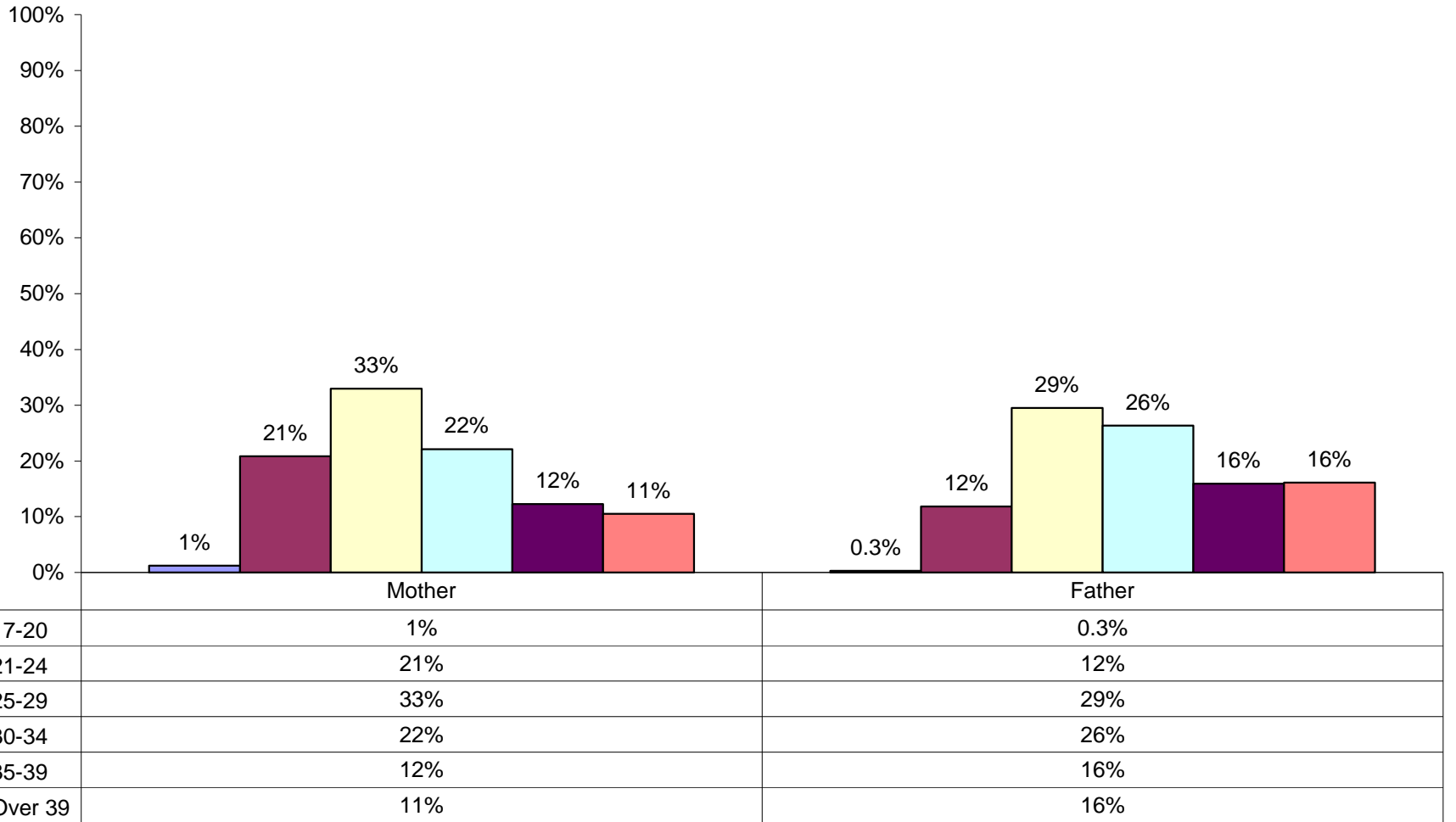
Demographics

Respondent's Relationship to Child



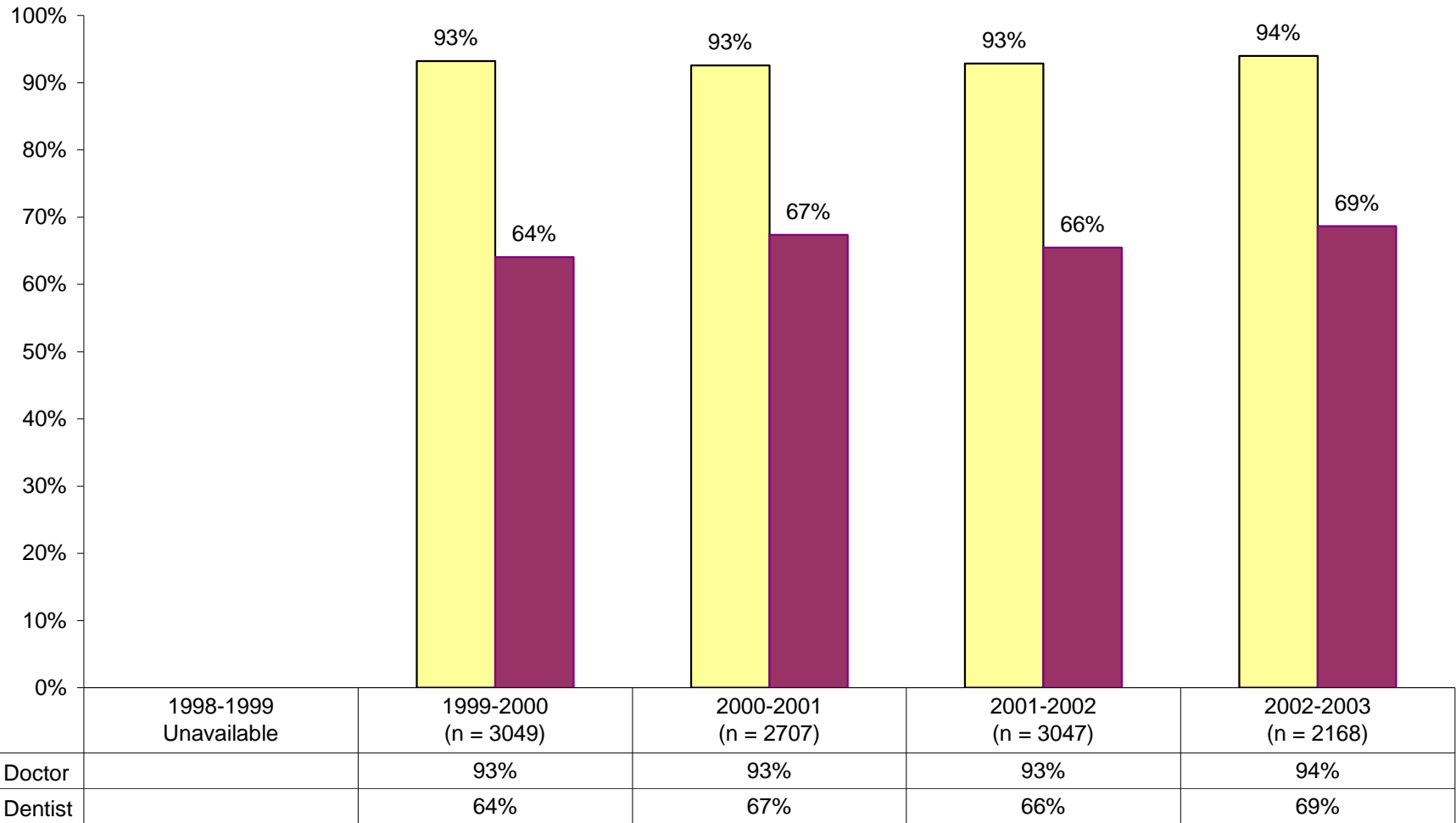
Demographics

Parents' Age



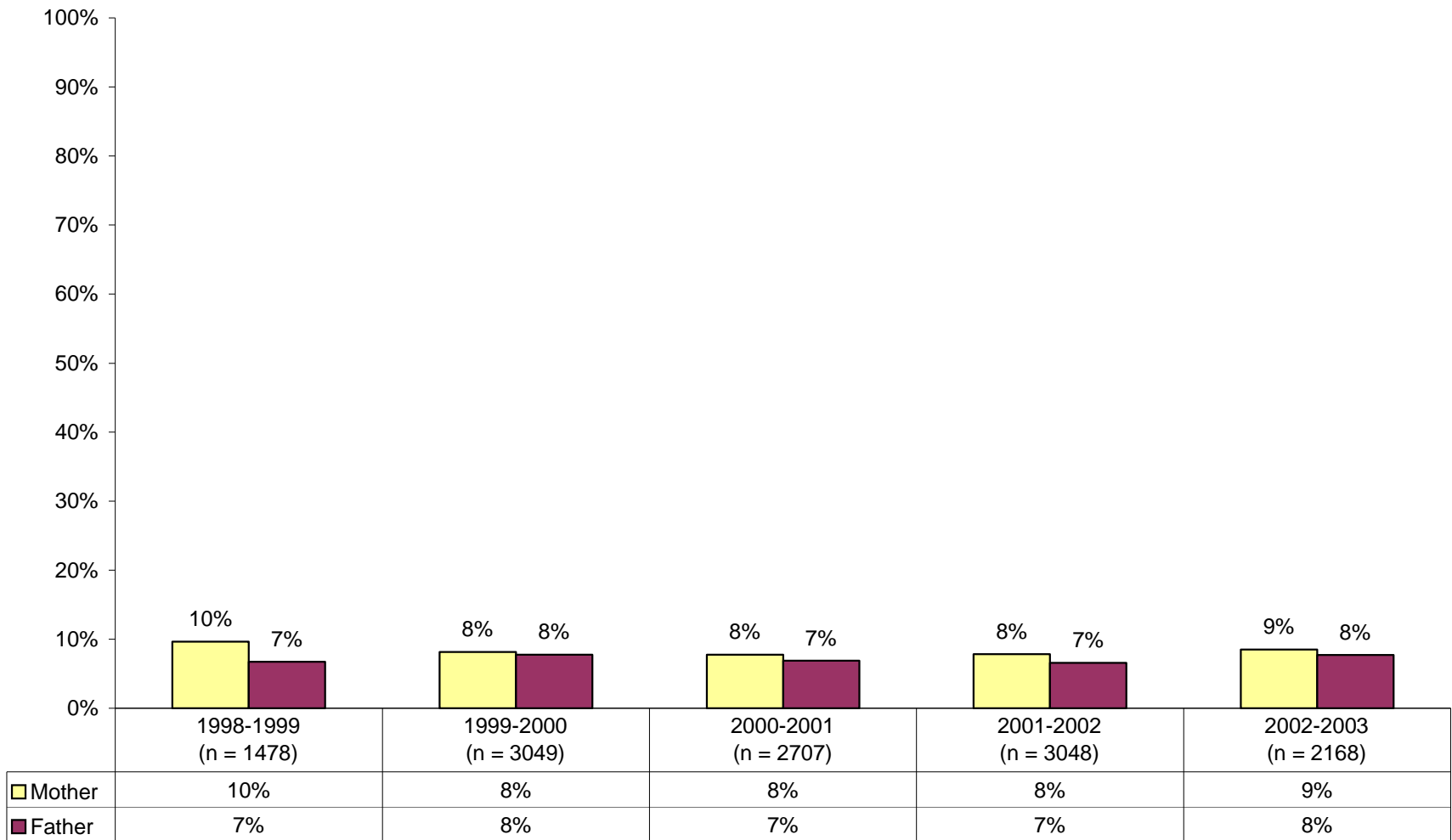
Demographics

Children who have a Doctor or Dentist



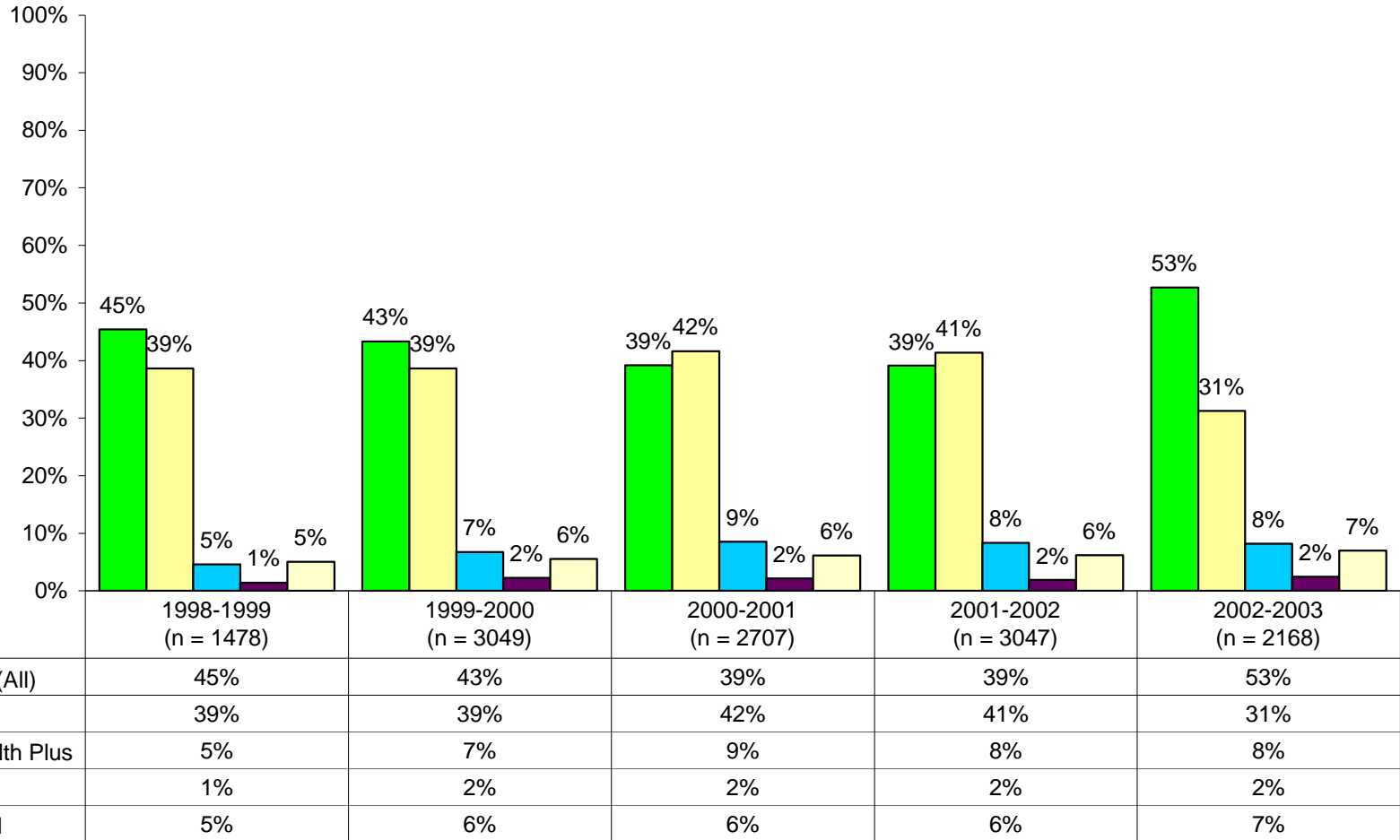
Demographics

Parents who have received Special Education Services



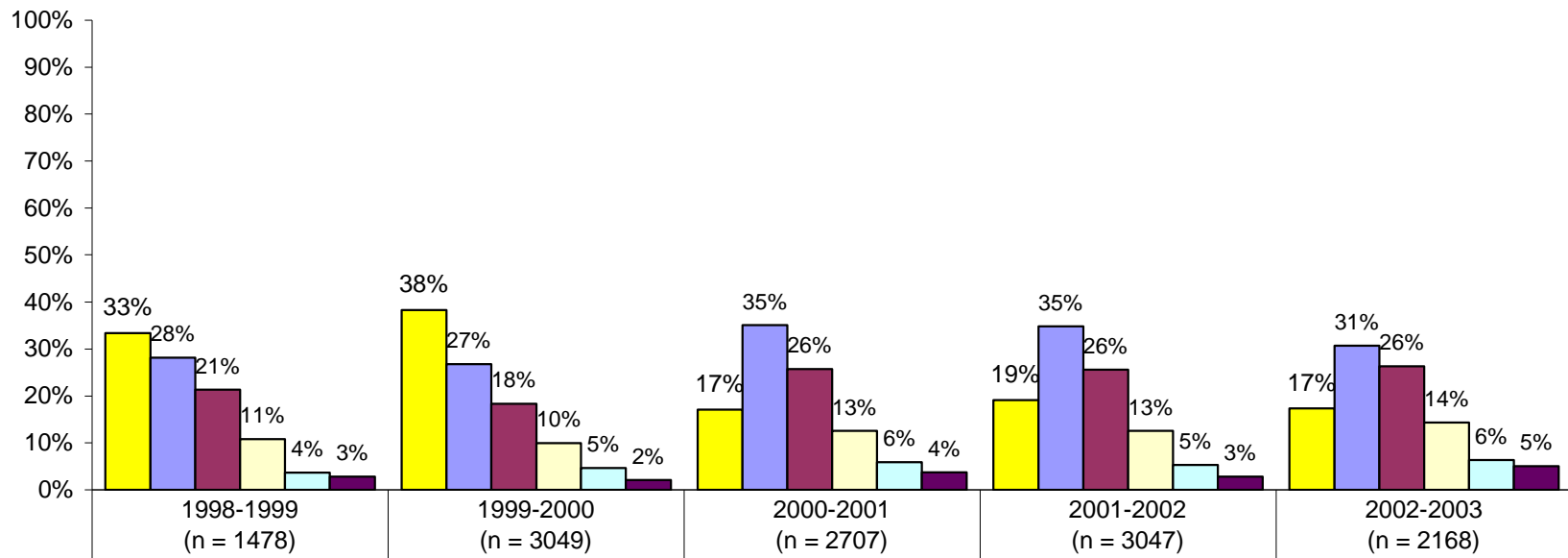
Demographics

Child's Health Insurance



Demographics

Number of Children in the Home Excluding Child Registered (0 Child = No response)



0 Children	33%	38%	17%	19%	17%
1 Child	28%	27%	35%	35%	31%
2 Children	21%	18%	26%	26%	26%
3 Children	11%	10%	13%	13%	14%
4 Children	4%	5%	6%	5%	6%
5 Children	3%	2%	4%	3%	5%

APPENDIX B

Health Related Tables and Charts

General Health Information

Item #6: Child's allergies

	1998-1999 (n = 1478)	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)
None	78%	79%	77%	77%	77%
Seasonal	7%	7%	10%	10%	11%
Medication	5%	4%	5%	6%	6%
Food	4%	3%	3%	4%	4%
Bee sting	1%	1%	1%	1%	1%
Other	3%	3%	2%	3%	3%

Item #8: Last routine doctor visit

	1998-1999 (n = 1478) 53 missing (4%)	1999-2000 (n = 3049) 101 missing (3%)	2000-2001 (n = 2707) 89 missing (3%)	2001-2002 (n = 3047) 99 missing (3%)	2002-2003 (n = 2168) 73 missing (3%)
Never	0.1%	1%	1%	1%	1%
Within last 6 Months	72%	68%	63%	61%	65%
Within past year	22%	26%	30%	31%	28%
More than 1 year ago	4%	4%	4%	4%	4%
More than 2 years ago	1%	1%	1%	0.4%	0.4%
Do not remember	1%	2%	2%	2%	1%

Item #9: Last dental visit

	1998-1999 (n = 1478) 52 missing (4%)	1999-2000 (n = 3049) 112 missing (4%)	2000-2001 (n = 2707) 89 missing (3%)	2001-2002 (n = 3047) 82 missing (3%)	2002-2003 (n = 2168) 64 missing (3%)
Never	23%	22%	19%	20%	21%
Within last 6 Months	46%	46%	49%	47%	44%
Within past year	20%	21%	21%	22%	23%
More than 1 year ago	7%	7%	8%	8%	8%
More than 2 years ago	1%	1%	1%	1%	2%
Do not remember	2%	3%	2%	2%	2%

Item #14: Has child ever had any health conditions that required emergency medical attention?

	1998-1999 (n = 1478)	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)
None	73%	79%	96%	77%	75%
Asthma	N/A	N/A	N/A	N/A	9%
Broken Bone	5%	4%	1%	4%	3%
Head Injury	2%	2%	0.4%	2%	2%
Burn	2%	2%	0.3%	1%	1%
Seizure	N/A	N/A	N/A	N/A	2%
Other	18%	14%	3%	16%	10%

General Health Information

Item #15: Illnesses over child's entire life

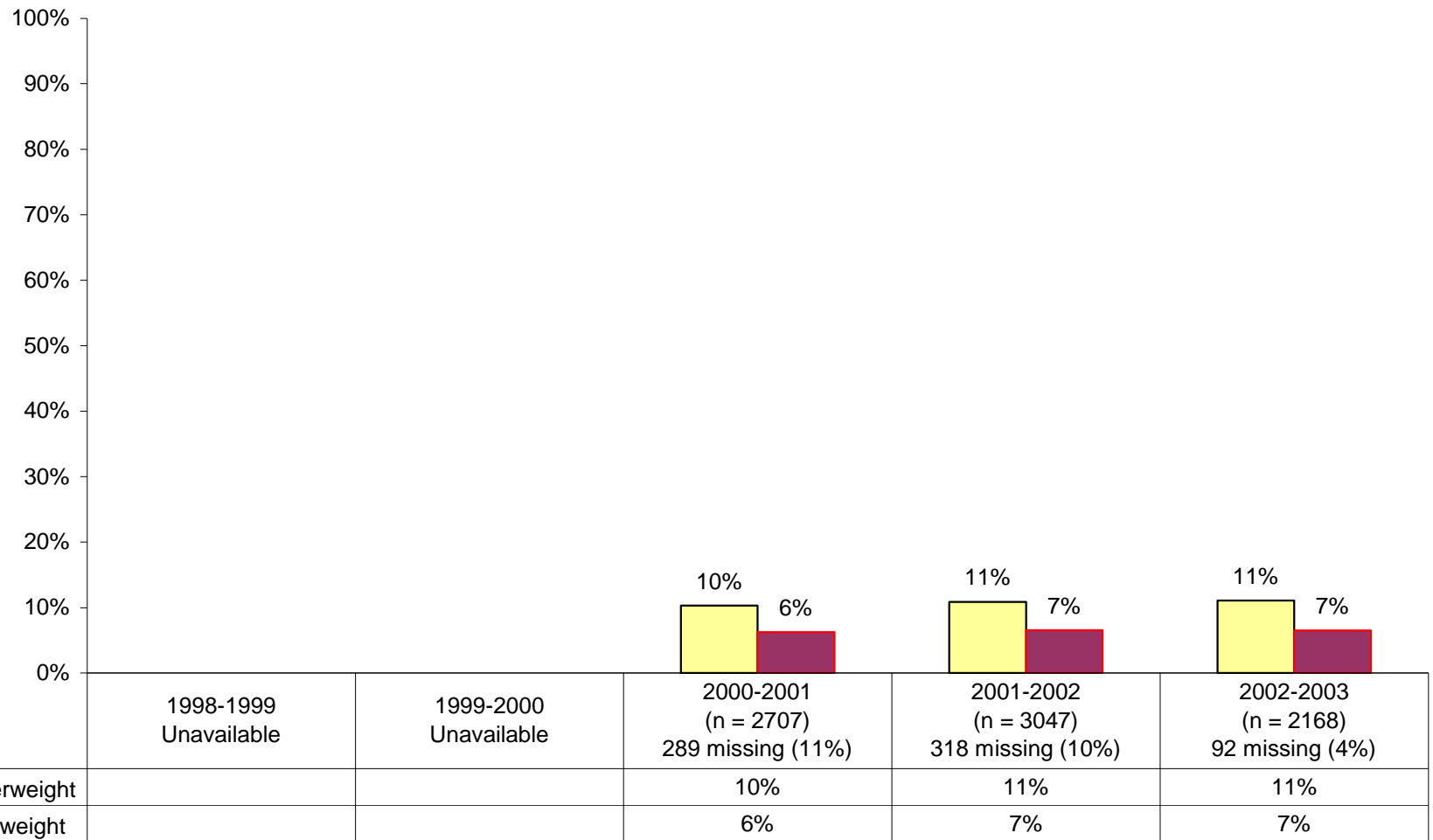
	1998-1999 (n = 1478)	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)
Behavior Problems	N/A	N/A	N/A	N/A	8%
Bone or Joint Problems	1%	2%	1%	1%	1%
6 or More Ear Infections	12%	9%	10%	9%	11%
Early Intervention Services	3%	3%	39%	4%	5%
Hearing Problems	1%	1%	1%	0%	2%
Headaches (weekly or daily)	N/A	N/A	N/A	N/A	2%
Heart Trouble	1%	1%	1%	1%	1%
High Lead Levels	8%	6%	5%	4%	5%
Hyperactivity (ADD/ADHD)	2%	2%	2%	2%	3%
"Low iron" or iron deficiency	N/A	N/A	N/A	N/A	5%
PE / Ear tubes	4%	2%	4%	3%	3%
Poisoning	N/A	N/A	N/A	N/A	0%
Seizures/Epilepsy	1%	2%	2%	1%	1%
Sickle Cell Disease	1%	0.4%	0.3%	0.3%	1%
Stomach Aches (weekly or daily)	N/A	N/A	N/A	N/A	3%
Trouble seeing things	0.4%	1%	1%	0.4%	1%
Trouble sleeping - nightmares	N/A	N/A	N/A	N/A	3%
Wears Glasses	3%	2%	3%	3%	3%
Overweight	N/A	N/A	N/A	N/A	3%
Underweight	N/A	N/A	N/A	N/A	3%
Other conditions	3%	4%	4%	5%	4%

Item #19: Parents Who Would Like to Talk to the School Nurse

	1998-1999 (n = 1478)	1999-2000 (n = 3049)	2000-2001 (n = 2707)	2001-2002 (n = 3047)	2002-2003 (n = 2168)
	154 missing (10%)	222 missing (7%)	171 missing (6%)	162 missing (5%)	115 missing (5%)
No	87%	84%	85%	87%	87%
Yes	13%	16%	15%	13%	13%

General Health Information

Item #1: Birthweight

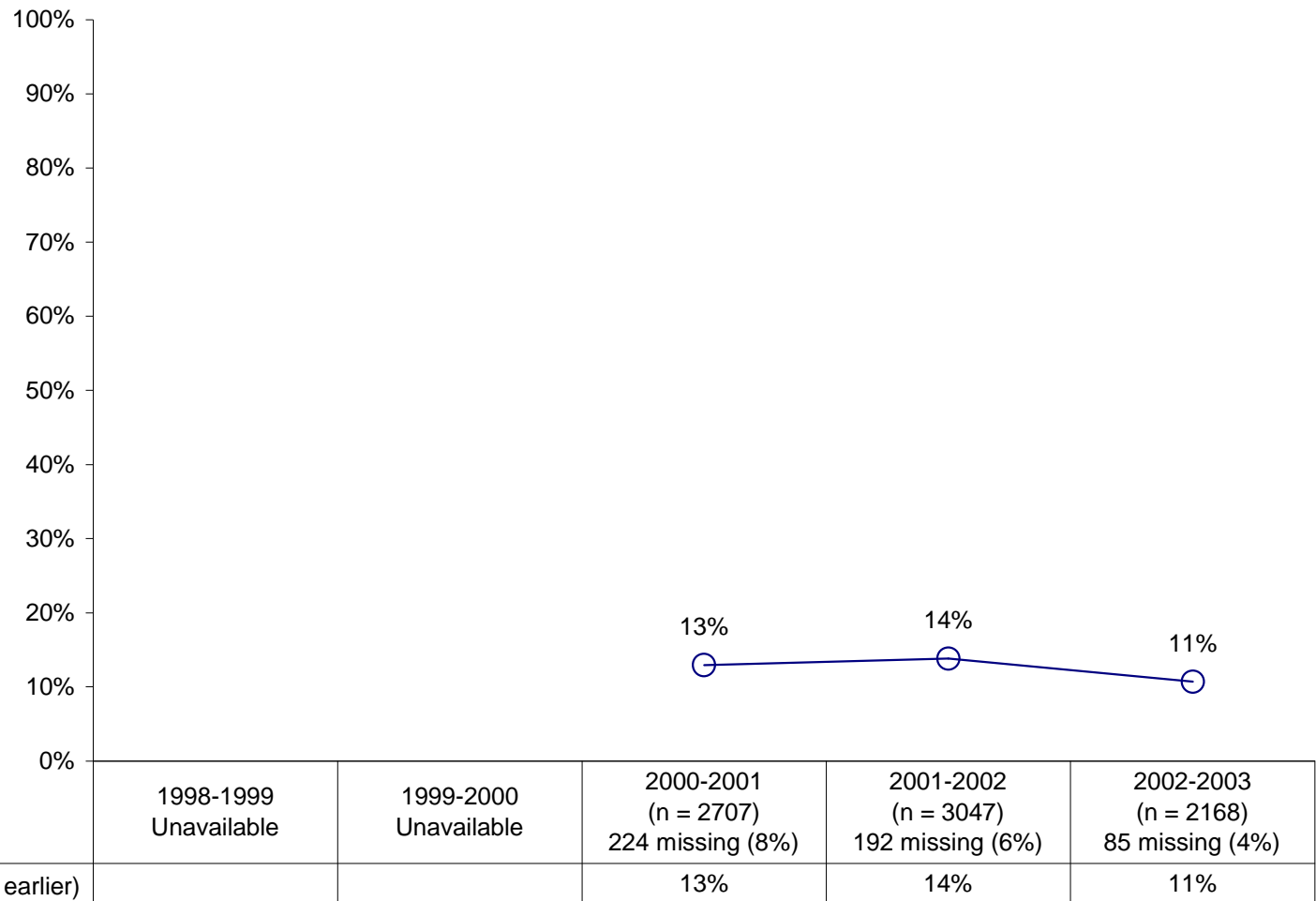


*Underweight: Less than 5 lbs. 8 oz.

**Overweight: Greater than 9 lbs.

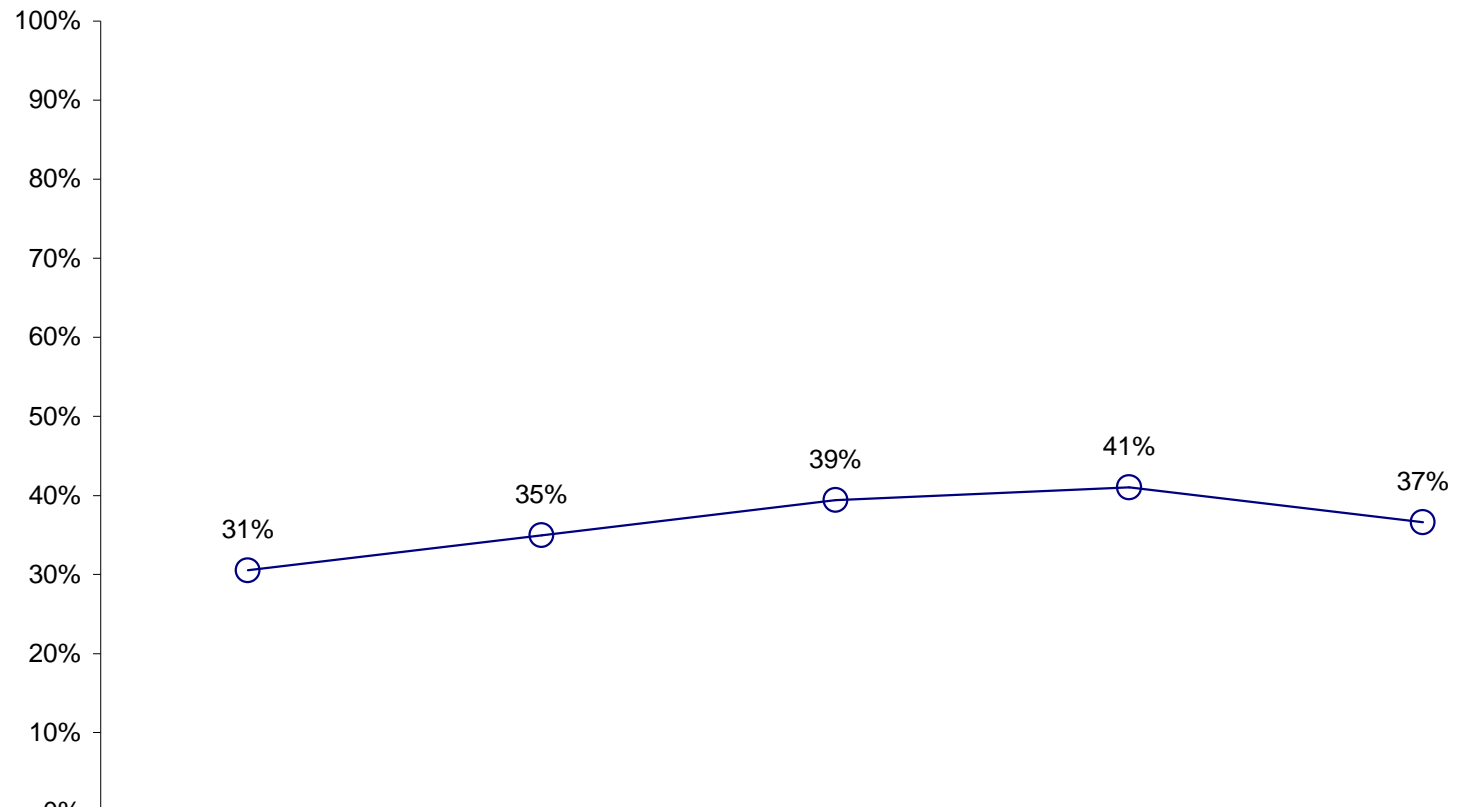
General Health Information

Item #2: Premature Birth



General Health Information

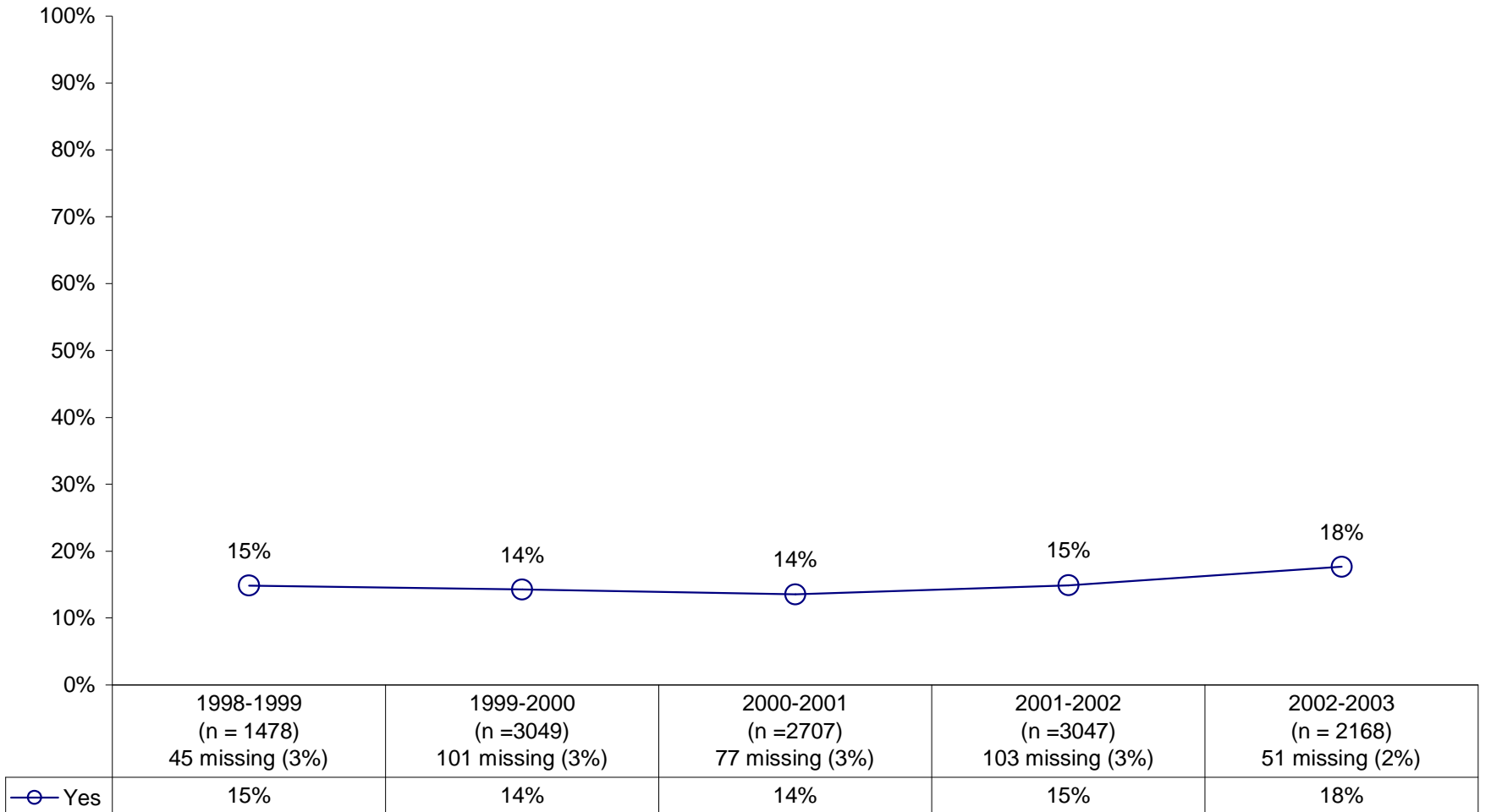
Item #3: Breastfeeding



	1998-1999 (n = 1478) 46 missing (3%)	1999-2000 (n = 3049) 112 missing (4%)	2000-2001 (n = 2707) 96 missing (4%)	2001-2002 (n = 3047) 139 missing (5%)	2002-2003 (n = 2168) 90 missing (4%)
—○— At least 1 month	31%	35%	39%	41%	37%

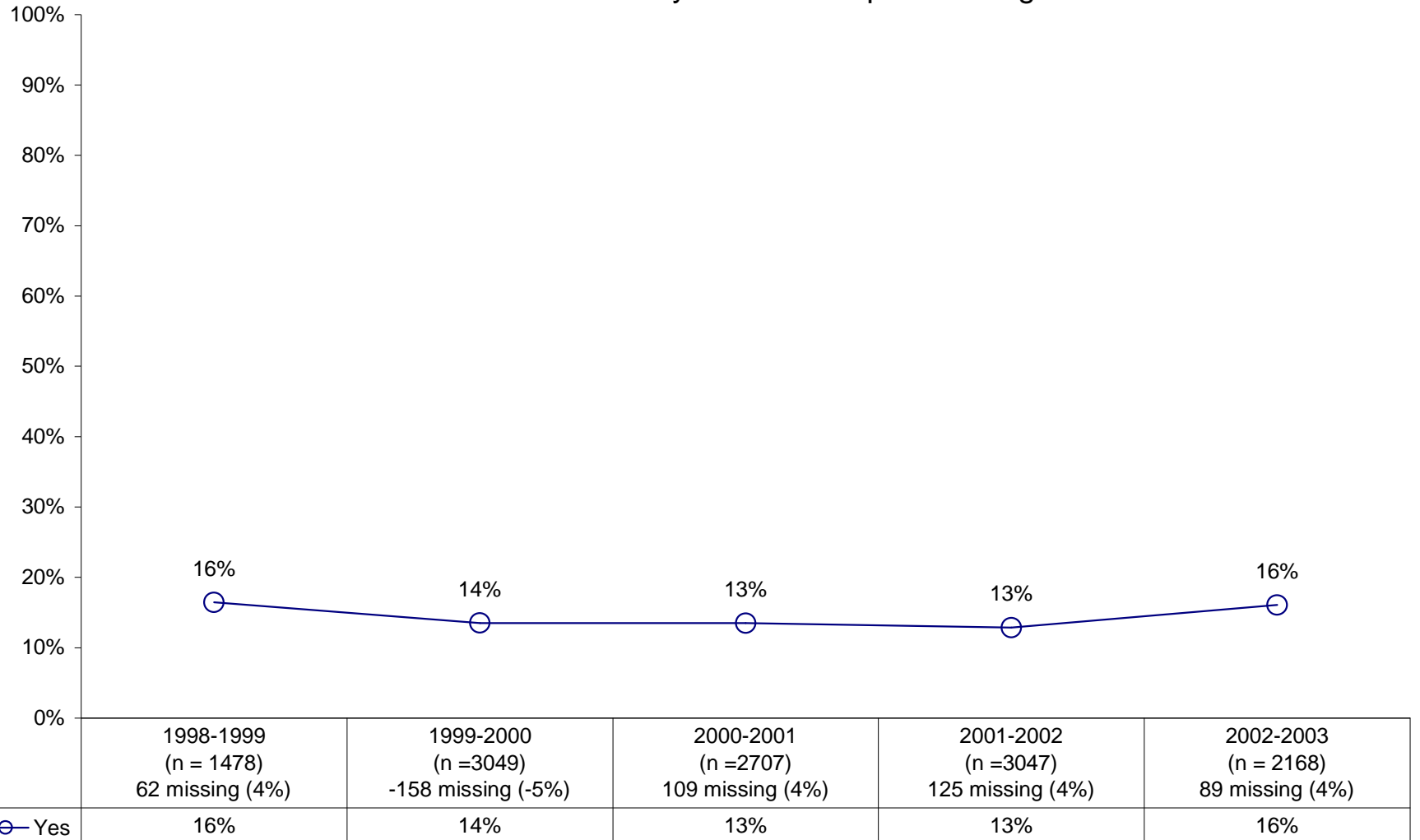
General Health Information

Item #4: Was child ever in Neonatal Intensive Care Unit (NICU)?



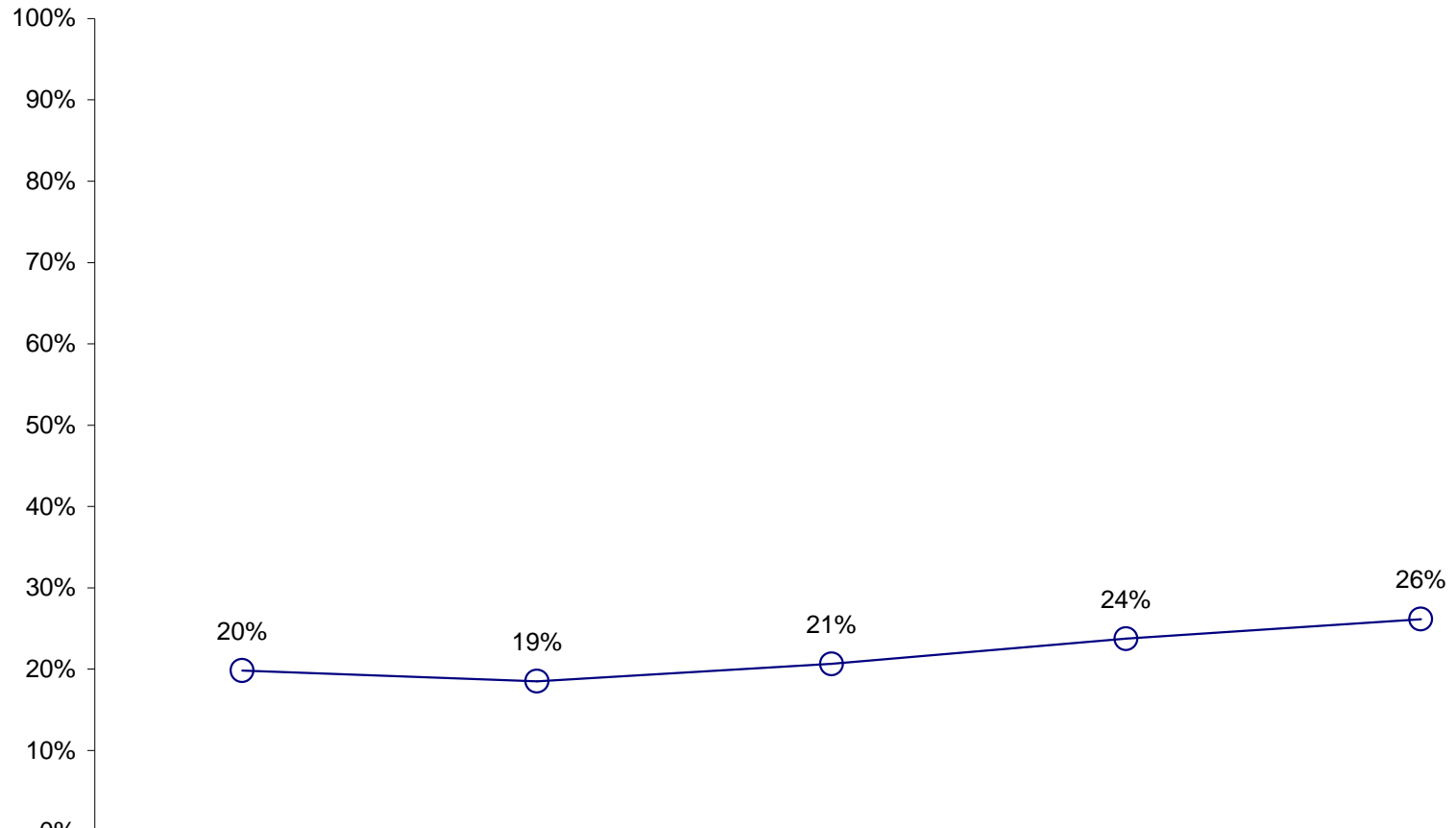
General Health Information

Item #5: Has child ever stayed in the hospital overnight?



General Health Information

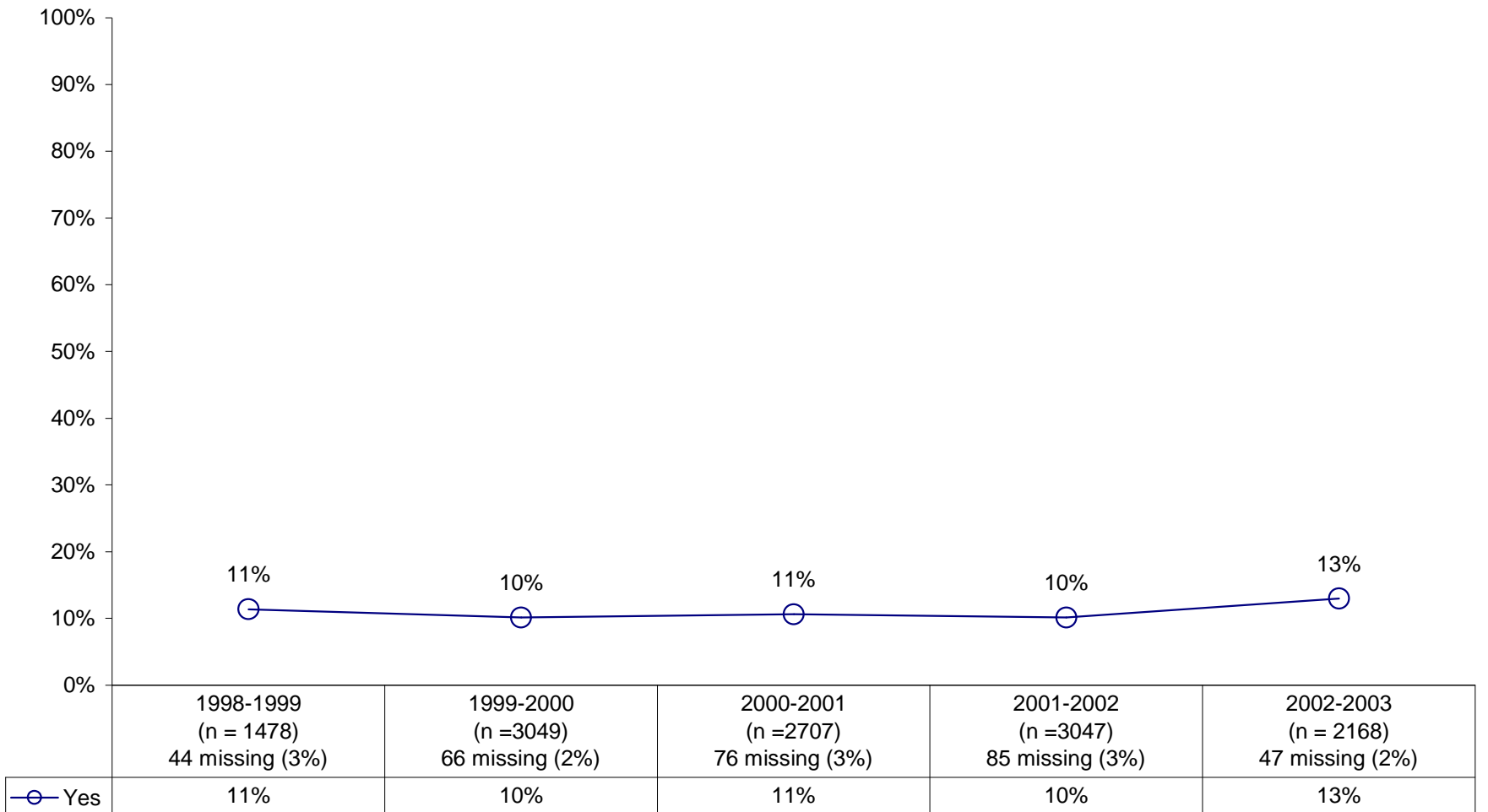
Item #6: Does child have allergies?



	1998-1999 (n = 1478)	1999-2000 (n =3049)	2000-2001 (n =2707)	2001-2002 (n =3047)	2002-2003 (n = 2168)
—○— Any Allergy	20%	19%	21%	24%	26%

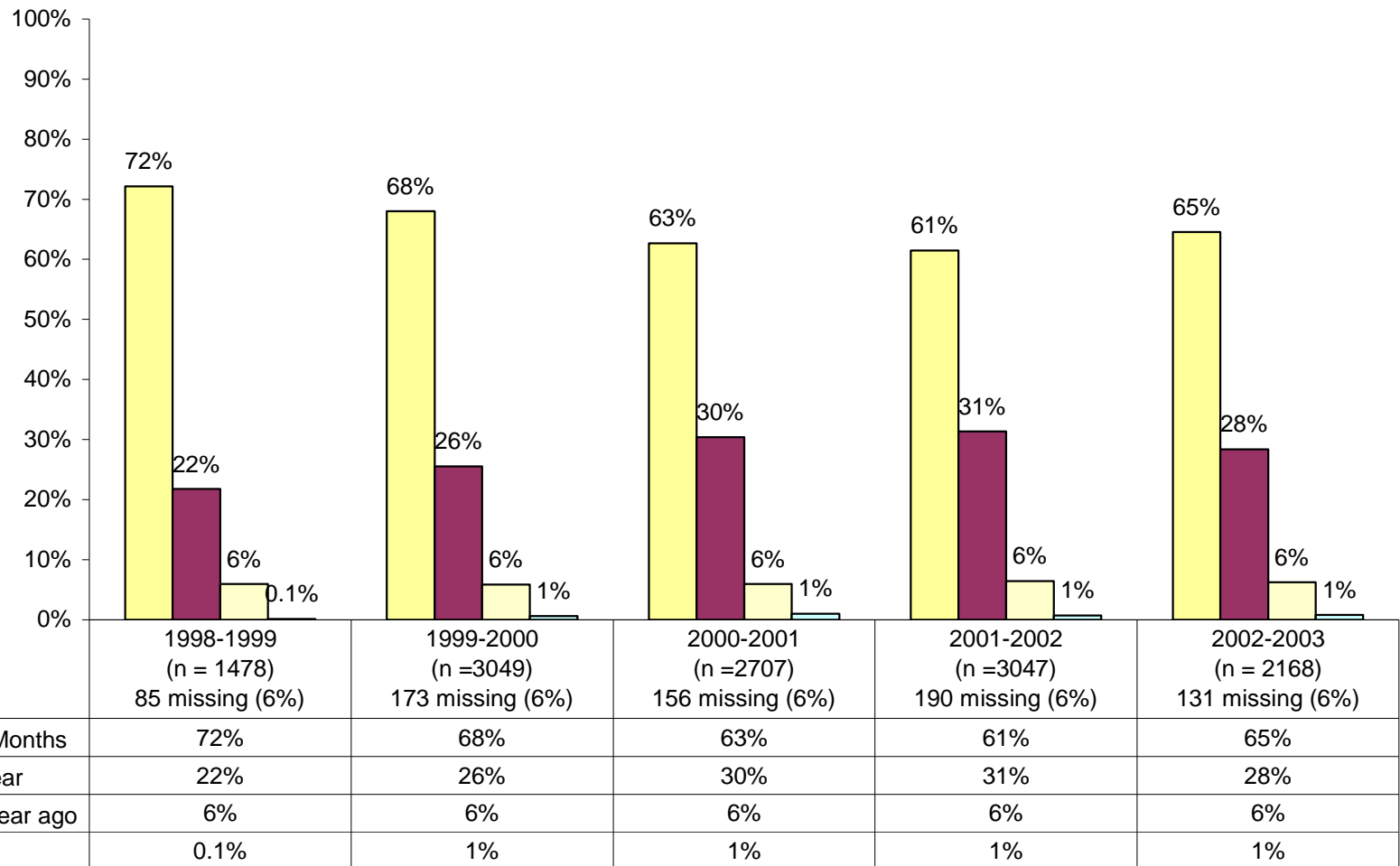
General Health Information

Item #7: Does child presently take prescription medications?



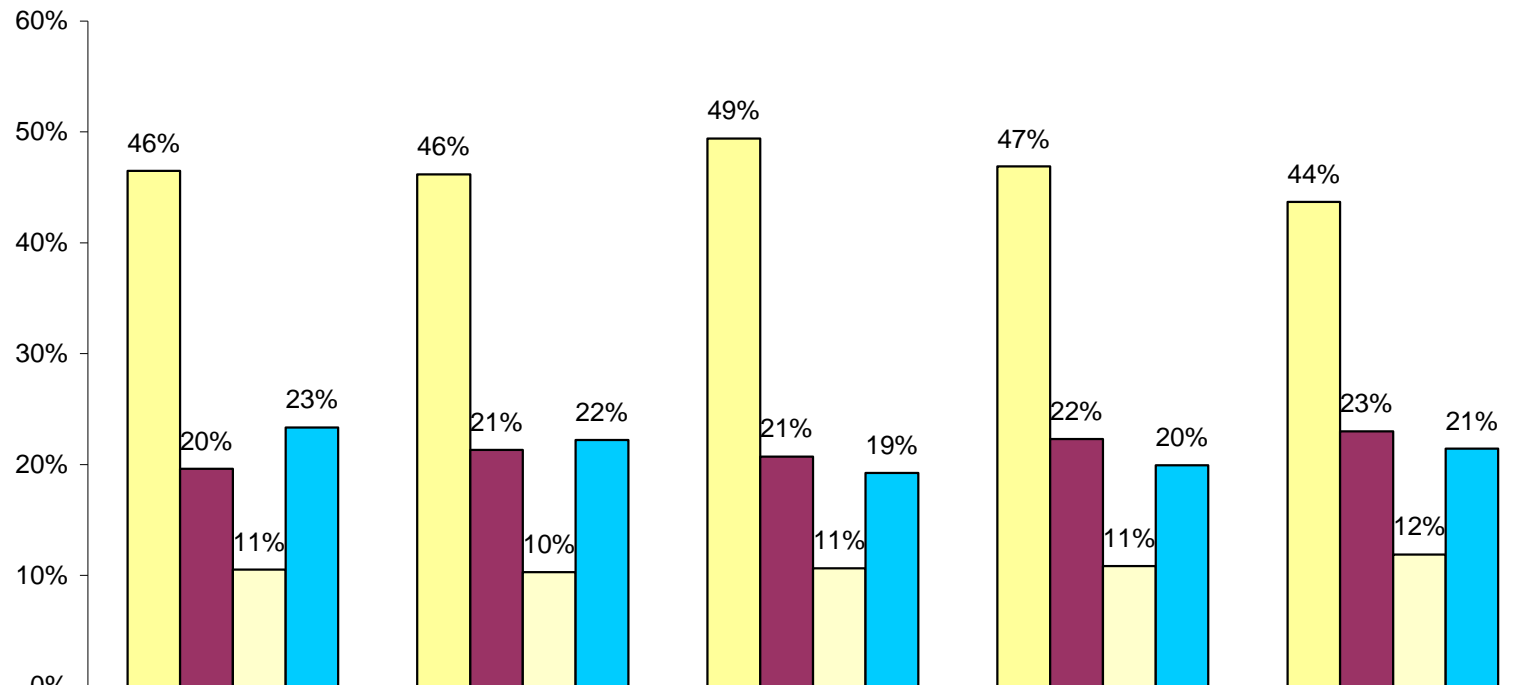
General Health Information

Item #8: Last routine doctor visit



General Health Information

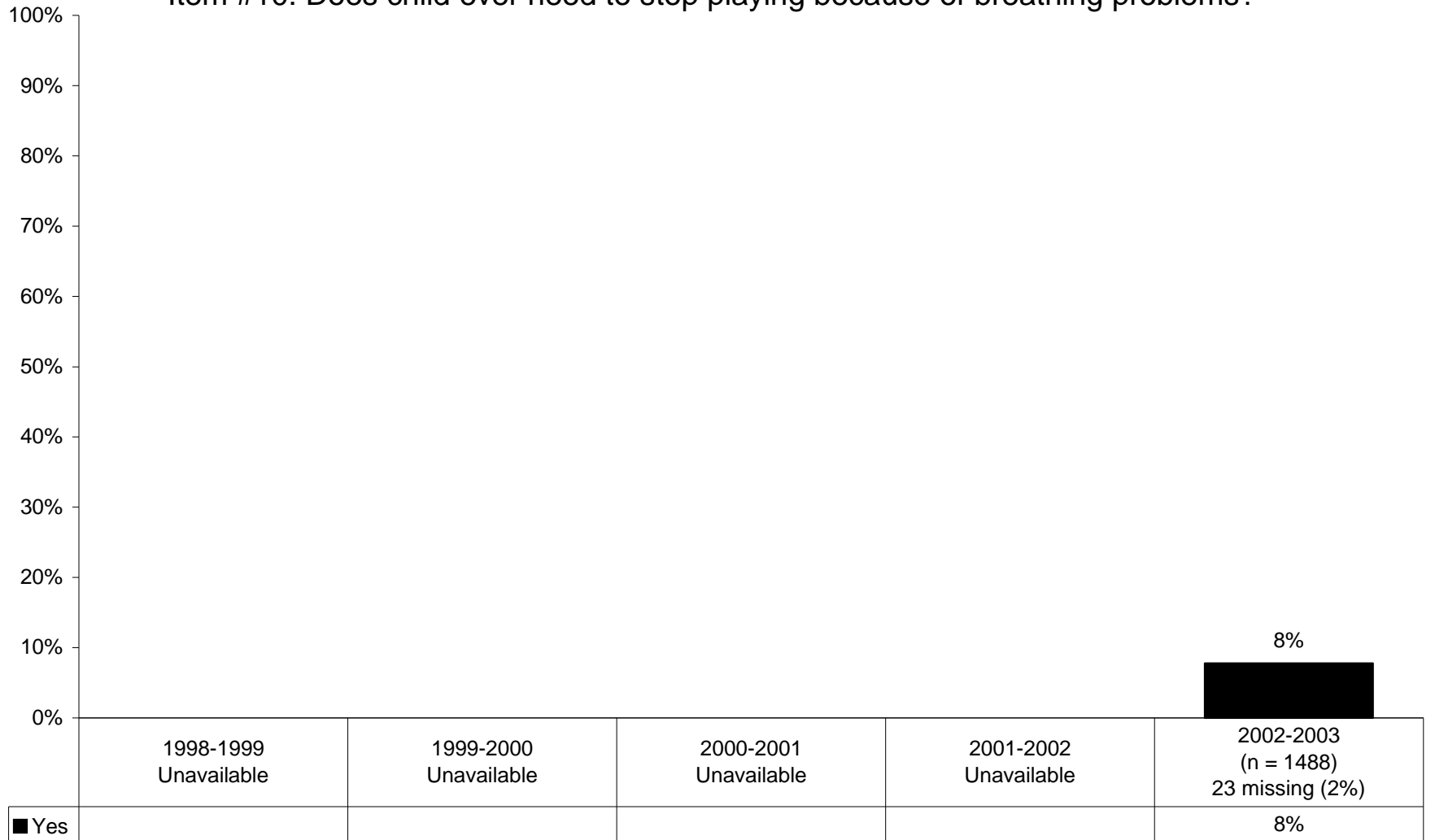
Item #9: Last dental visit



	1998-1999 (n = 1478) 52 missing (4%)	1999-2000 (n =3049) 112 missing (4%)	2000-2001 (n =2707) 89 missing (3%)	2001-2002 (n =3047) 82 missing (3%)	2002-2003 (n = 2168) 64 missing (3%)
Within last 6 Months	46%	46%	49%	47%	44%
Within past year	20%	21%	21%	22%	23%
More than 1 year ago	11%	10%	11%	11%	12%
Never	23%	22%	19%	20%	21%

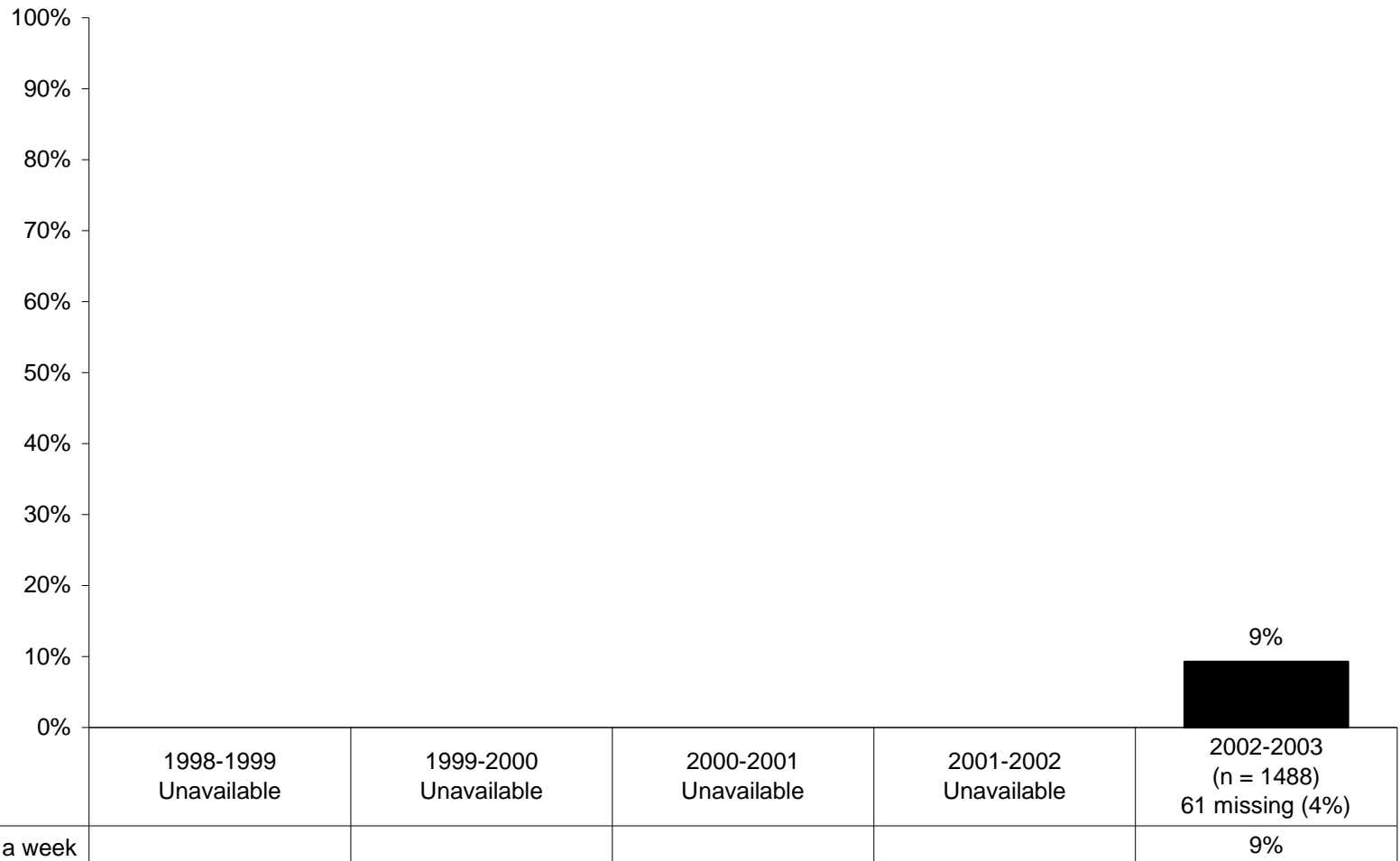
General Health Information

Item #10: Does child ever need to stop playing because of breathing problems?



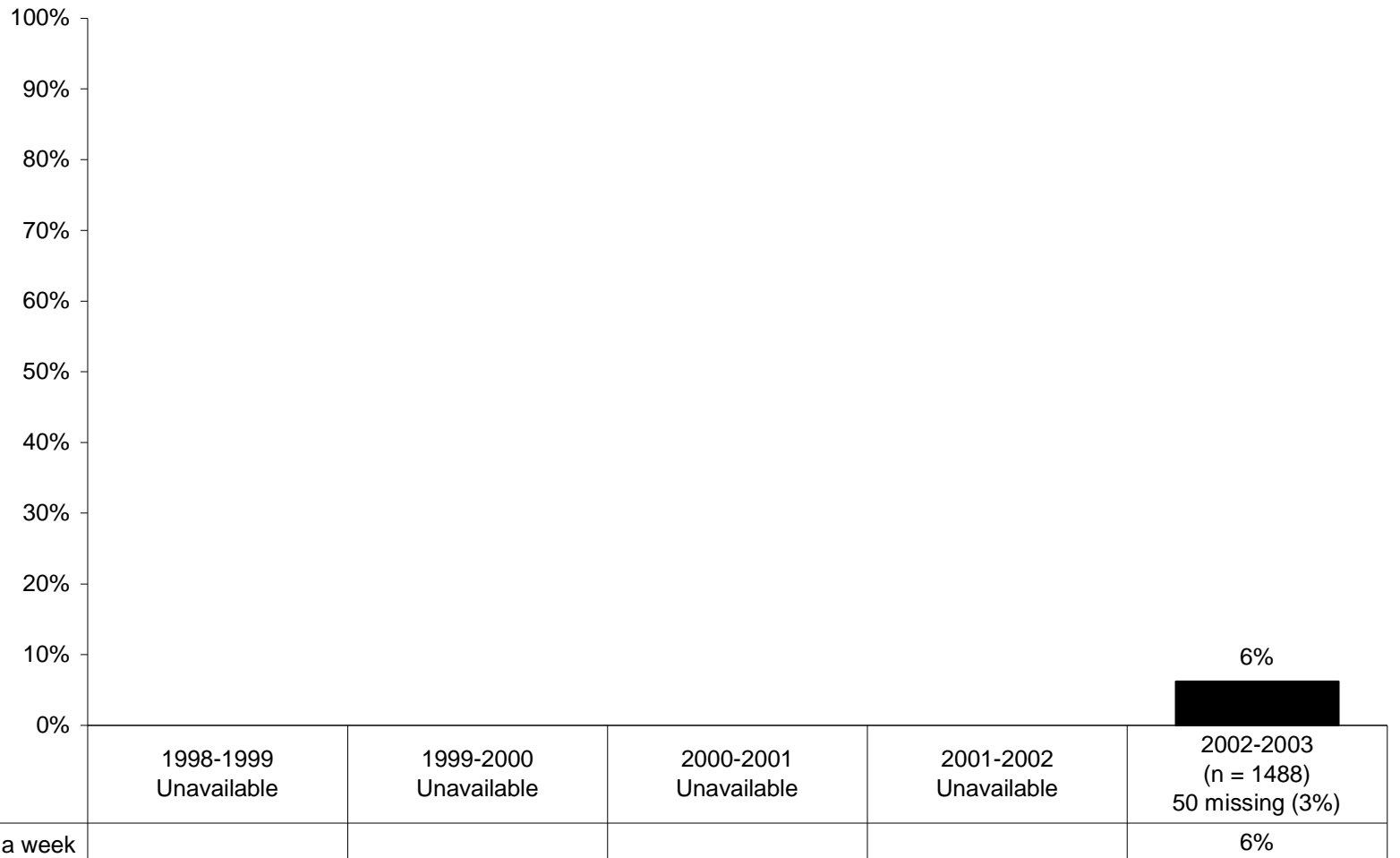
General Health Information

Item #11: How many days a week does child have wheezing, coughing, or shortness of breath?



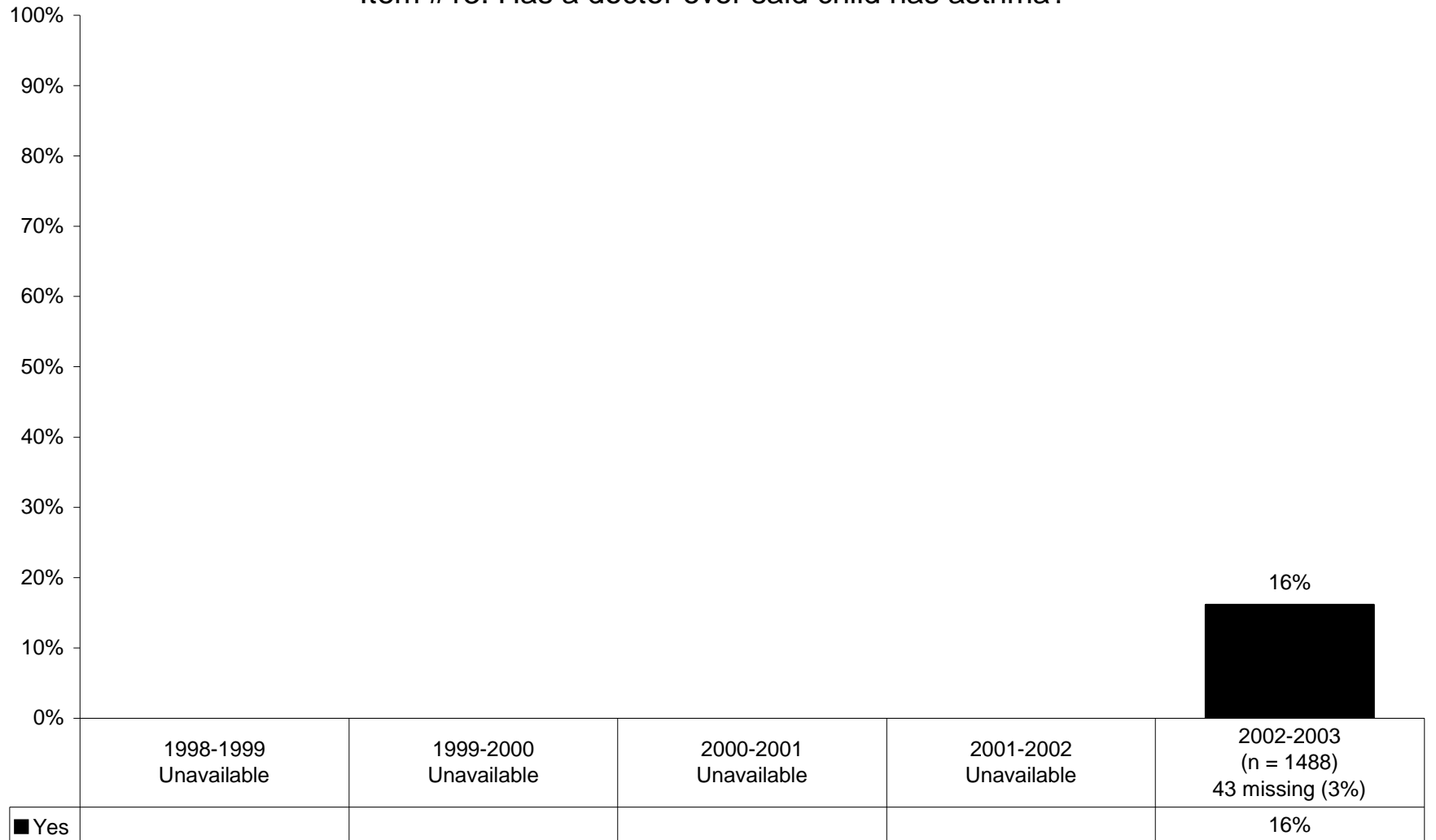
General Health Information

Item #12: How many days a week does child wake up from sleep because of wheezing, coughing, or shortness of breath?



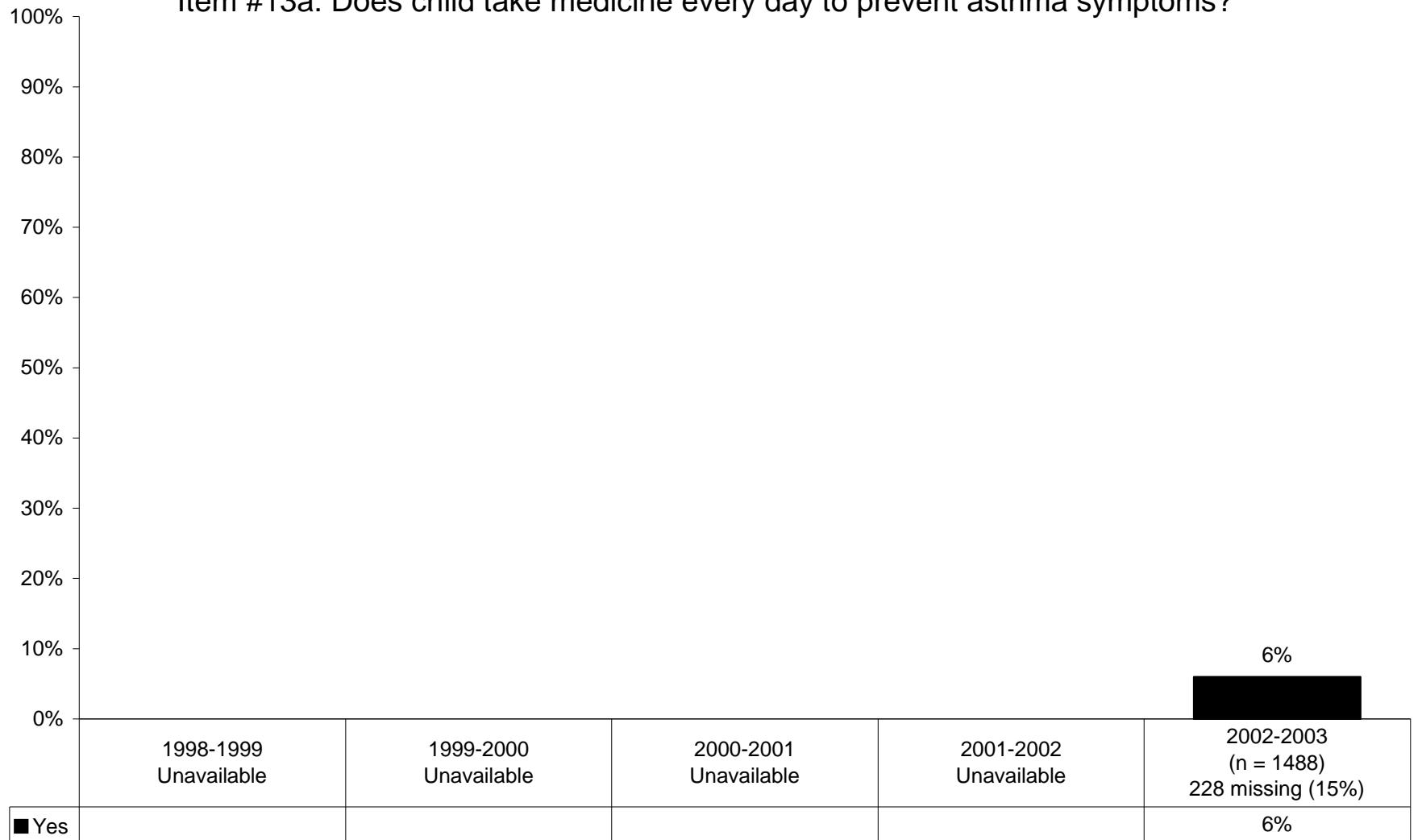
General Health Information

Item #13: Has a doctor ever said child has asthma?



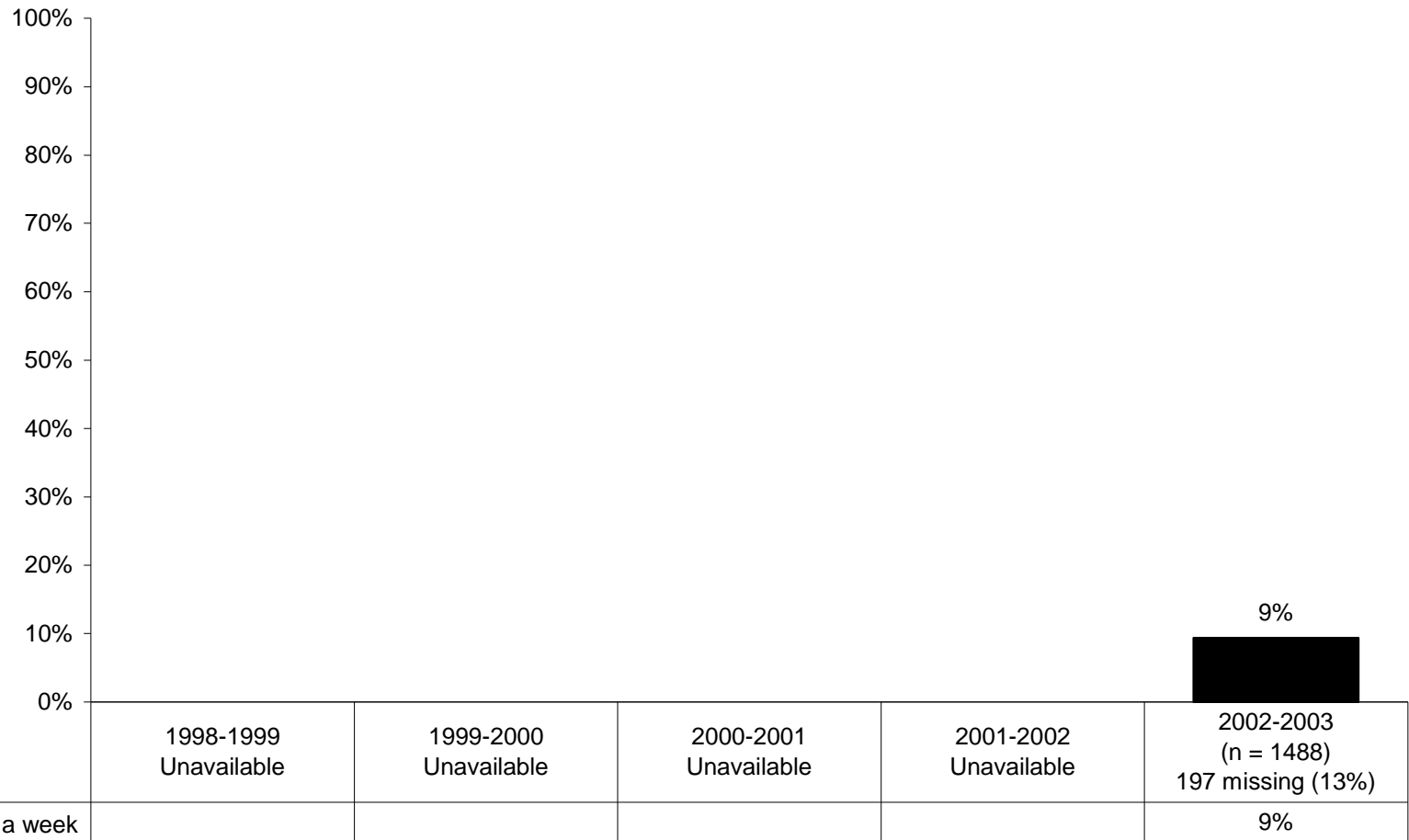
General Health Information

Item #13a: Does child take medicine every day to prevent asthma symptoms?



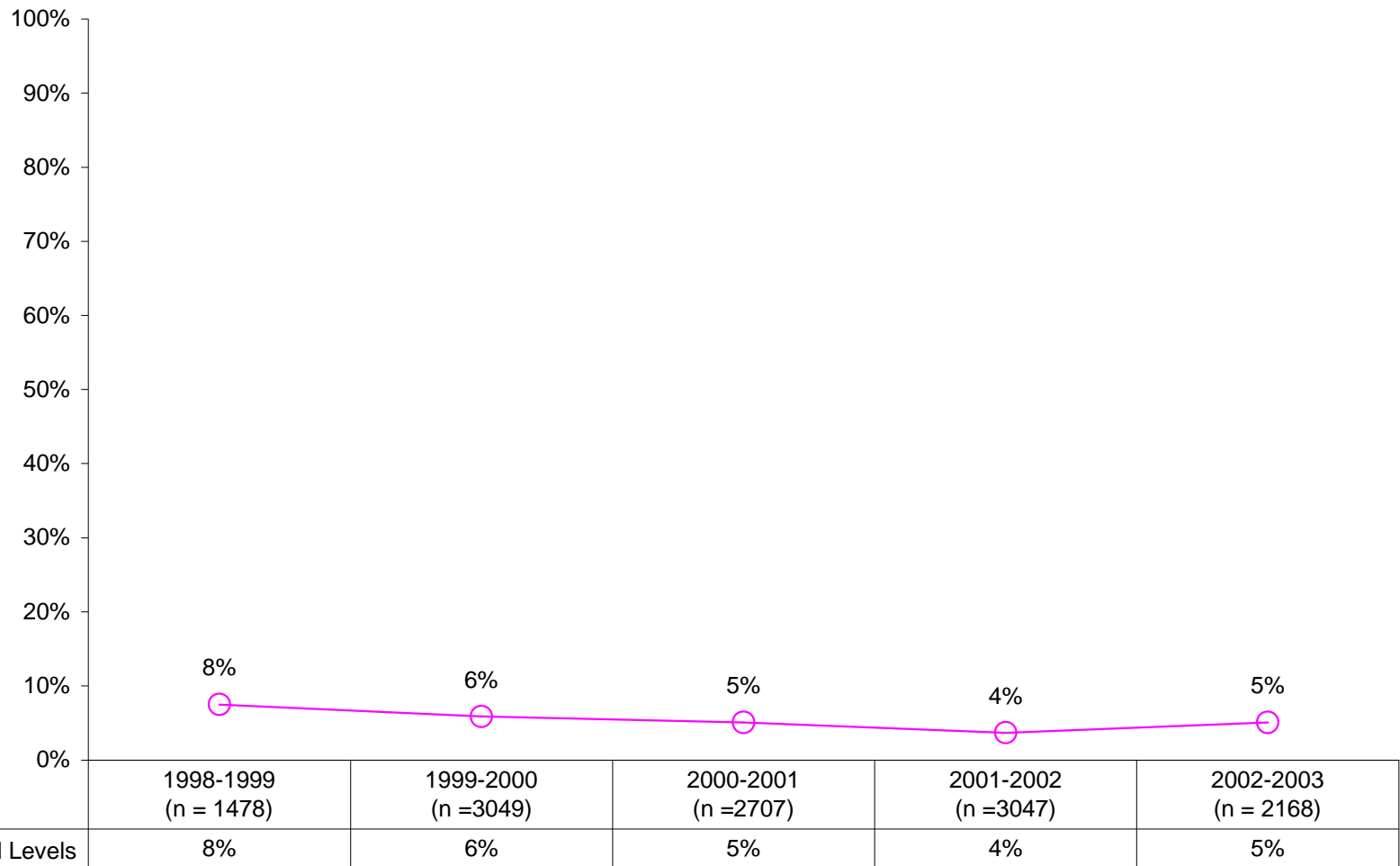
General Health Information

Item #13b: How many emergency medical visits due to asthma in the last 12 months?



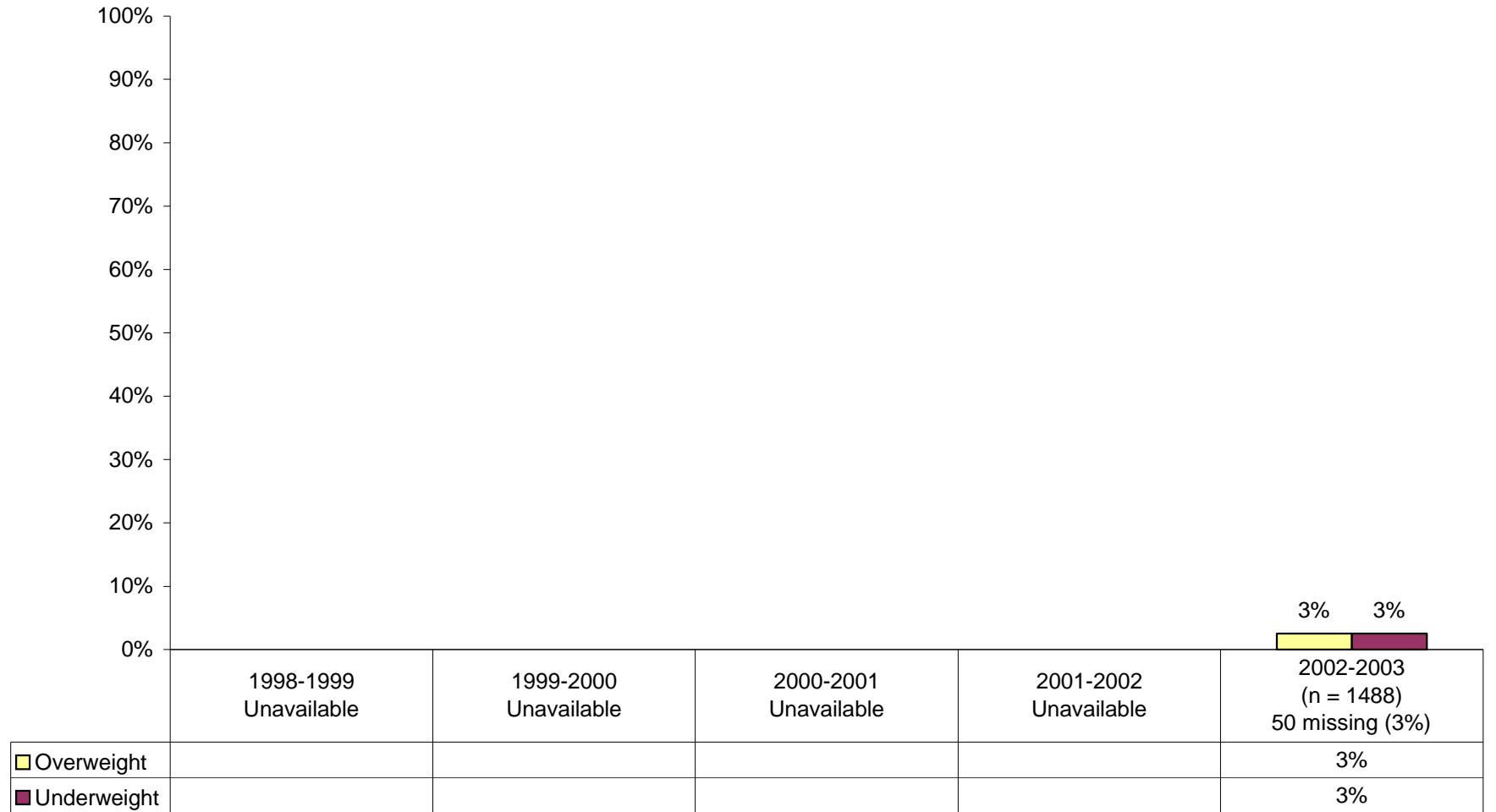
General Health Information

Item #15: High Lead level



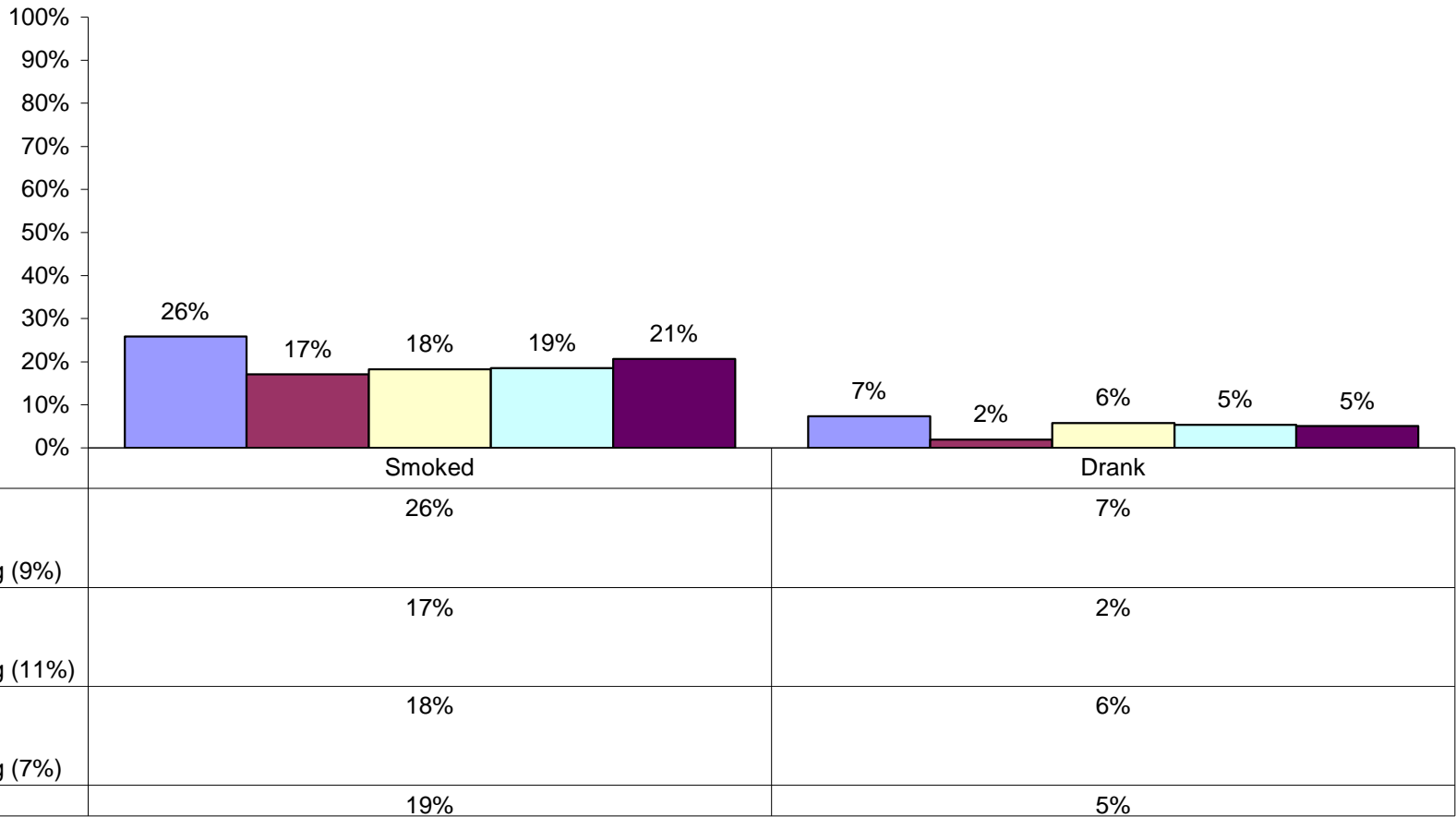
General Health Information

Item #15: Weight problems



General Health Information

Item #16: Tobacco Use During Pregnancy and Alcohol Use During Pregnancy



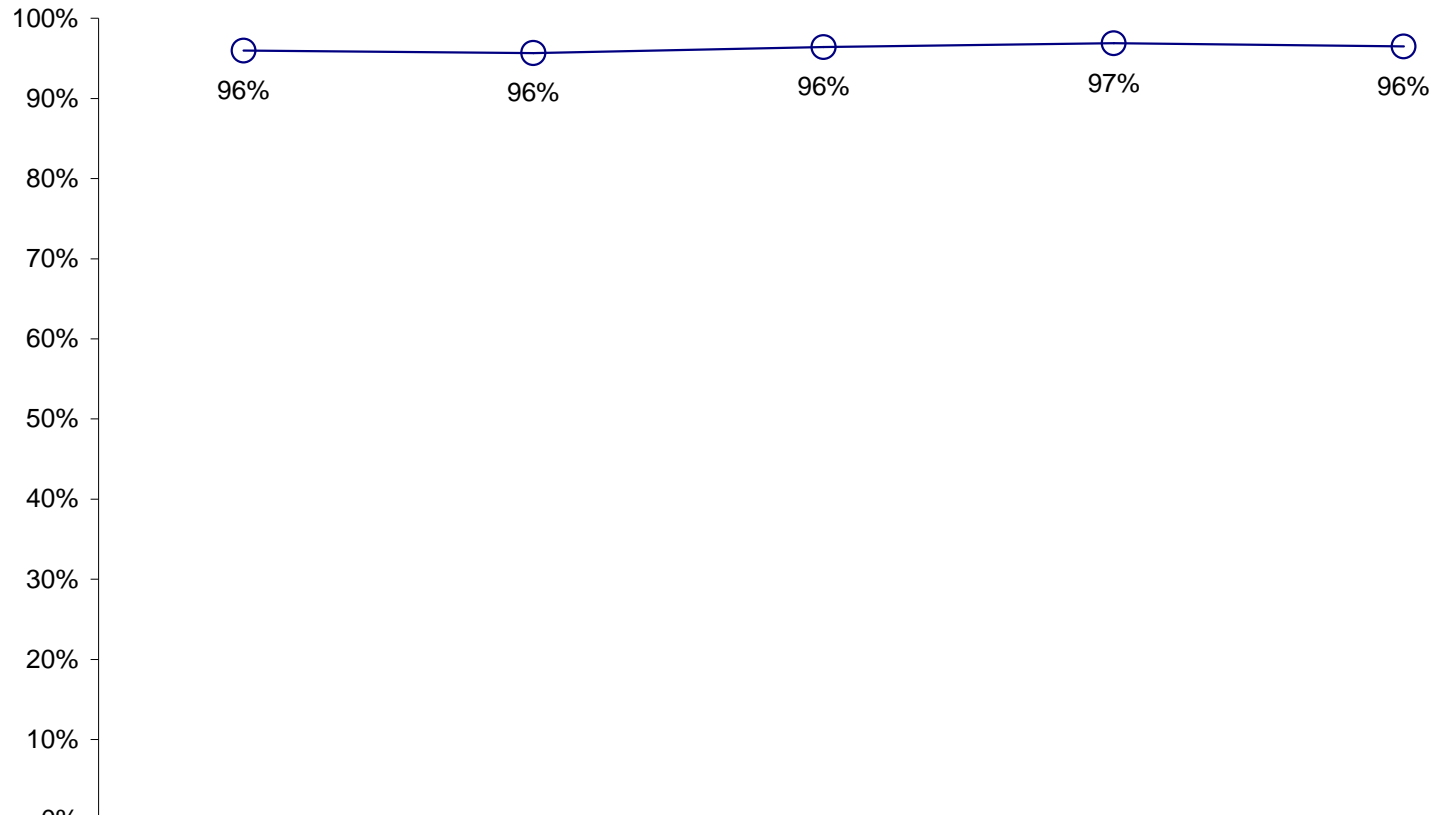
General Health Information

Item #17: How many people in child's home smoke?



General Health Information

Item #18: Parent's Overall Rating of Child's Health



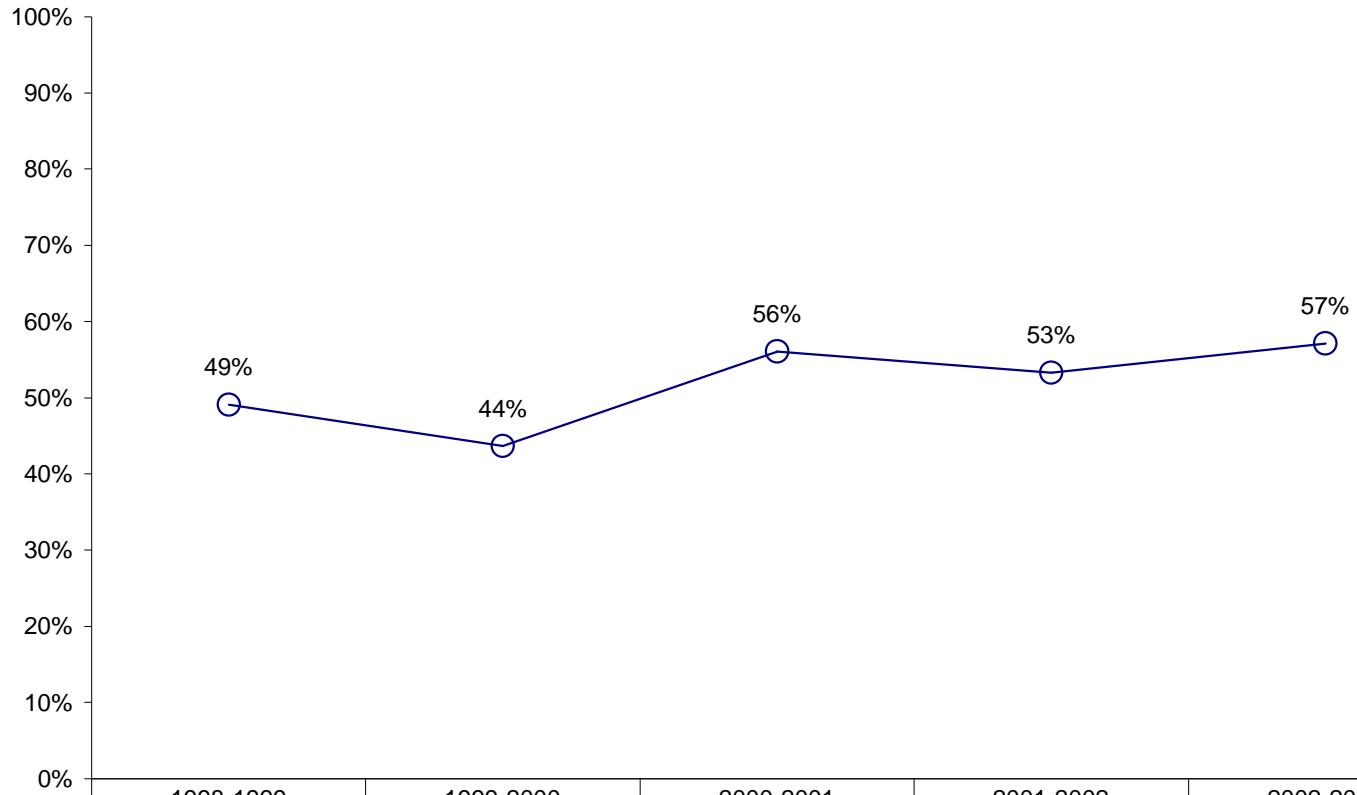
	1998-1999 (n = 1478) 115 missing (8%)	1999-2000 (n =3049) 149 missing (5%)	2000-2001 (n =2707) 138 missing (5%)	2001-2002 (n =3047) 139 missing (5%)	2002-2003 (n = 2168) 97 missing (4%)
—○— Good or Excellent	96%	96%	96%	97%	96%

APPENDIX C

Life Experiences Charts

Life Experiences

Item #1: Has child gone to a library?

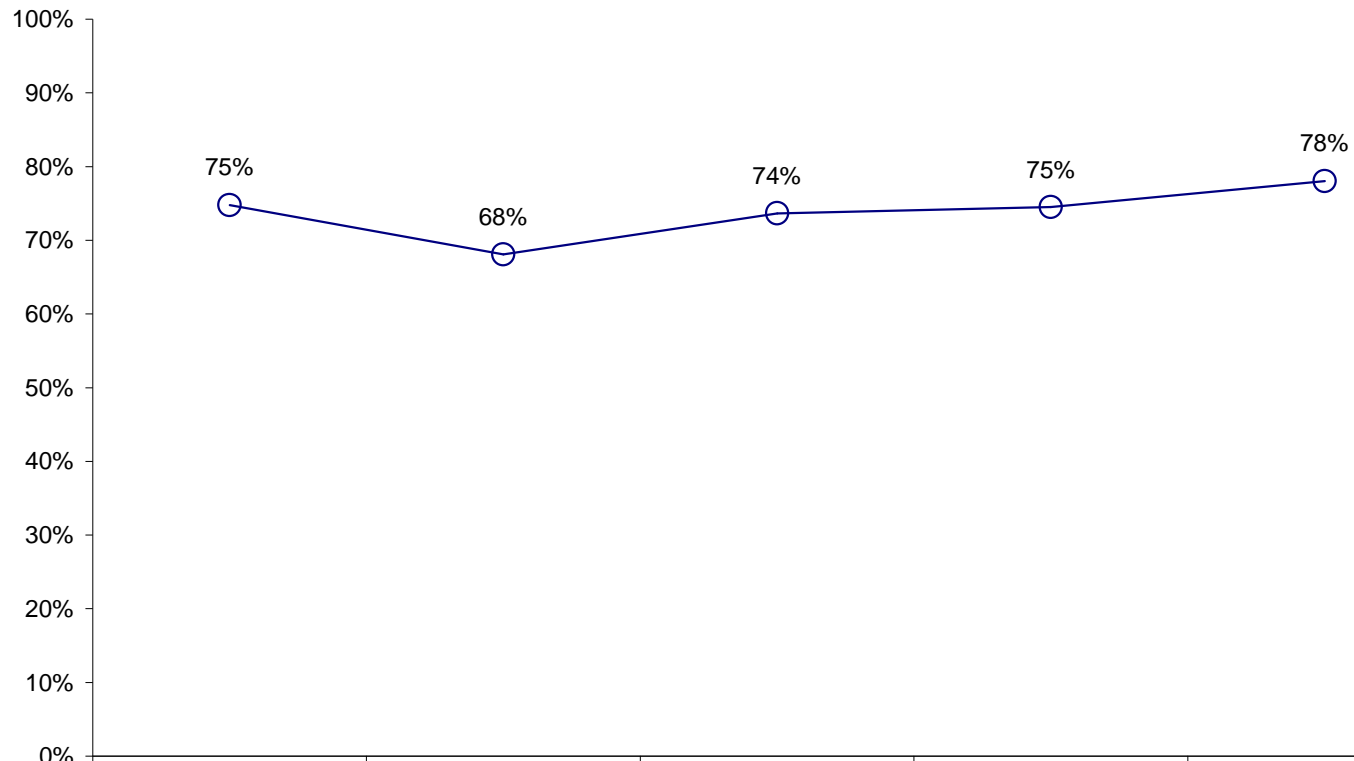


	1998-1999 (n = 1478) 60 missing (4%)	1999-2000 (n =3049) 365 missing (12%)	2000-2001 (n =2707) 92 missing (3%)	2001-2002 (n =3047) 88 missing (3%)	2002-2003 (n = 2168) 80 missing (4%)
—○ 3 or More Times	49%	44%	56%	53%	57%

z

Life Experiences

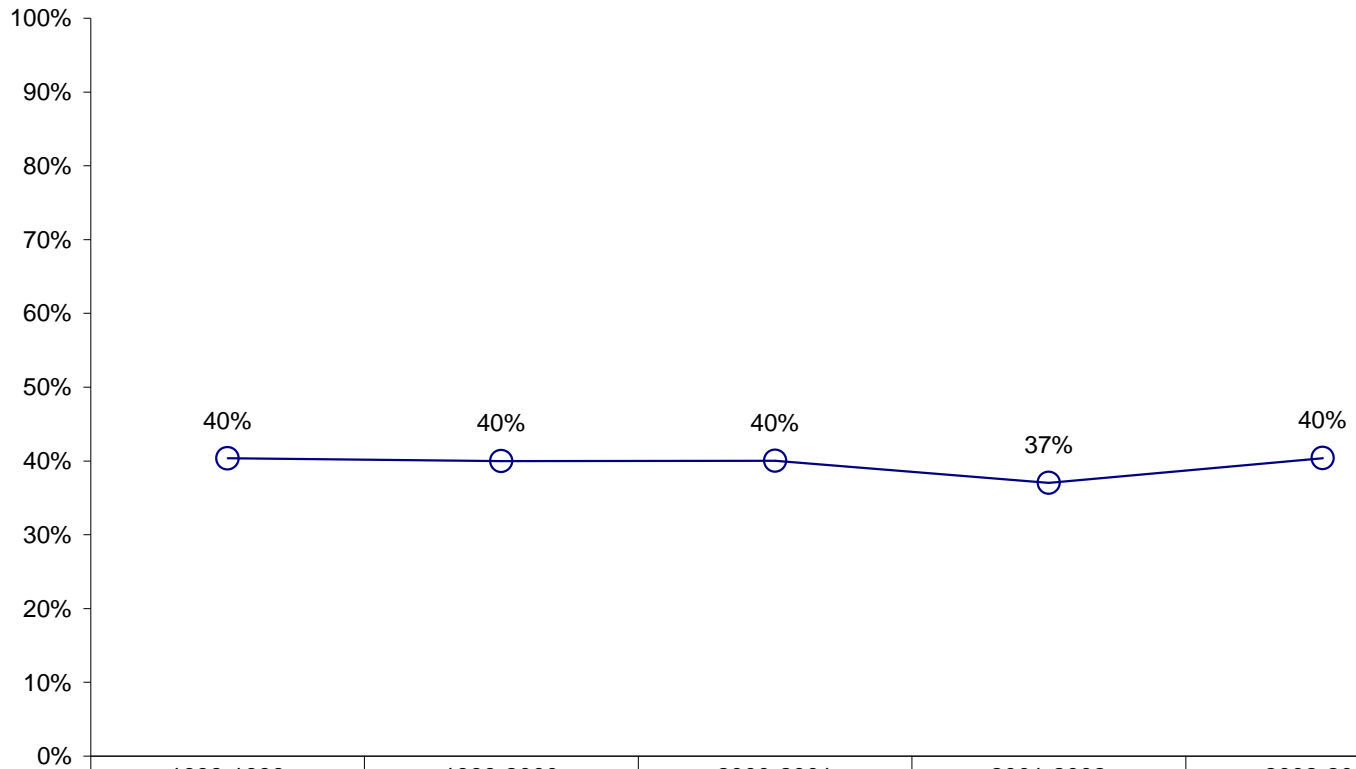
Item #2: Has child gone on an outing?



	1998-1999 (n = 1478) 68 missing (5%)	1999-2000 (n = 3049) 391 missing (13%)	2000-2001 (n = 2707) 105 missing (4%)	2001-2002 (n = 3047) 105 missing (3%)	2002-2003 (n = 2168) 86 missing (4%)
—○— 3 or More Times	75%	68%	74%	75%	78%

Life Experiences

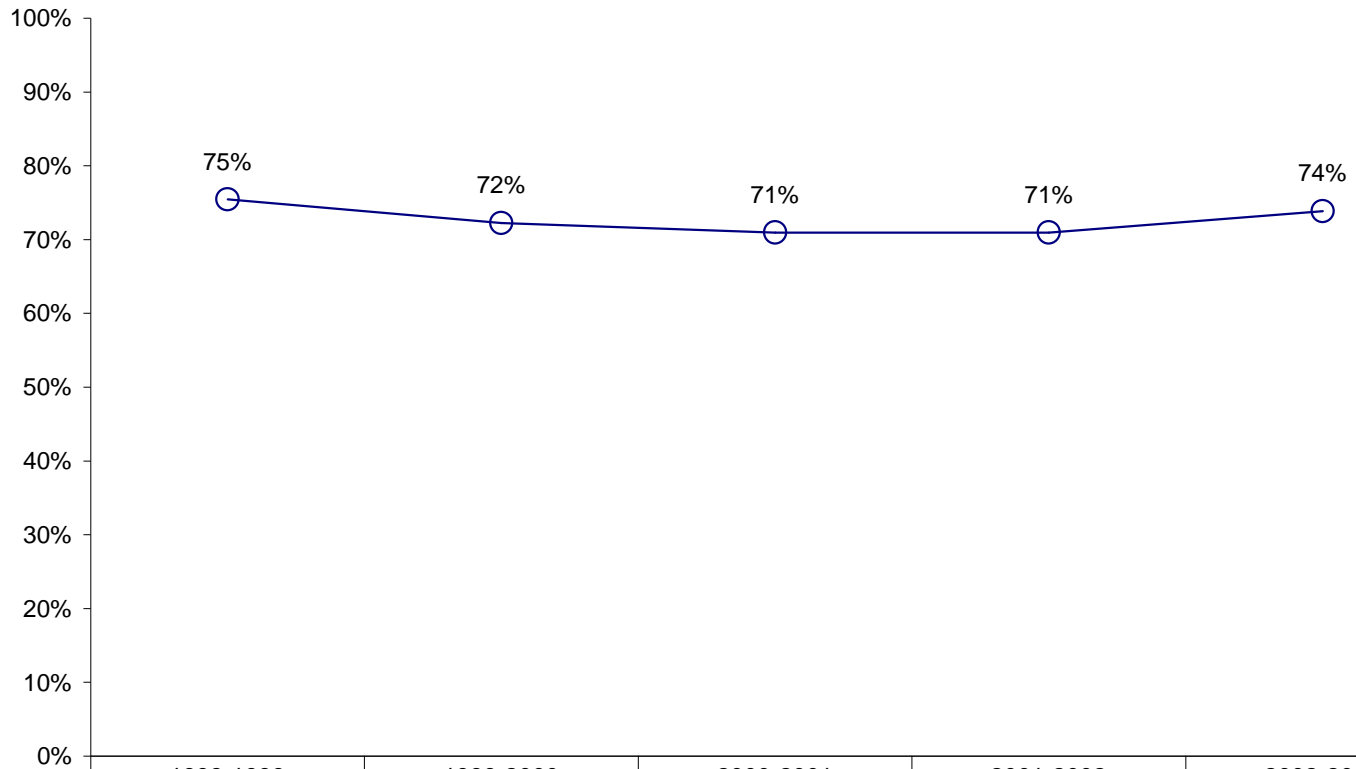
Item #3: Has child moved to another home in past 6 months?



	1998-1999 (n = 1478) 92 missing (6%)	1999-2000 (n = 3049) 420 missing (14%)	2000-2001 (n = 2707) 174 missing (6%)	2001-2002 (n = 3047) 133 missing (4%)	2002-2003 (n = 2168) 132 missing (6%)
—○— 1 or More Times	40%	40%	40%	37%	40%

Life Experiences

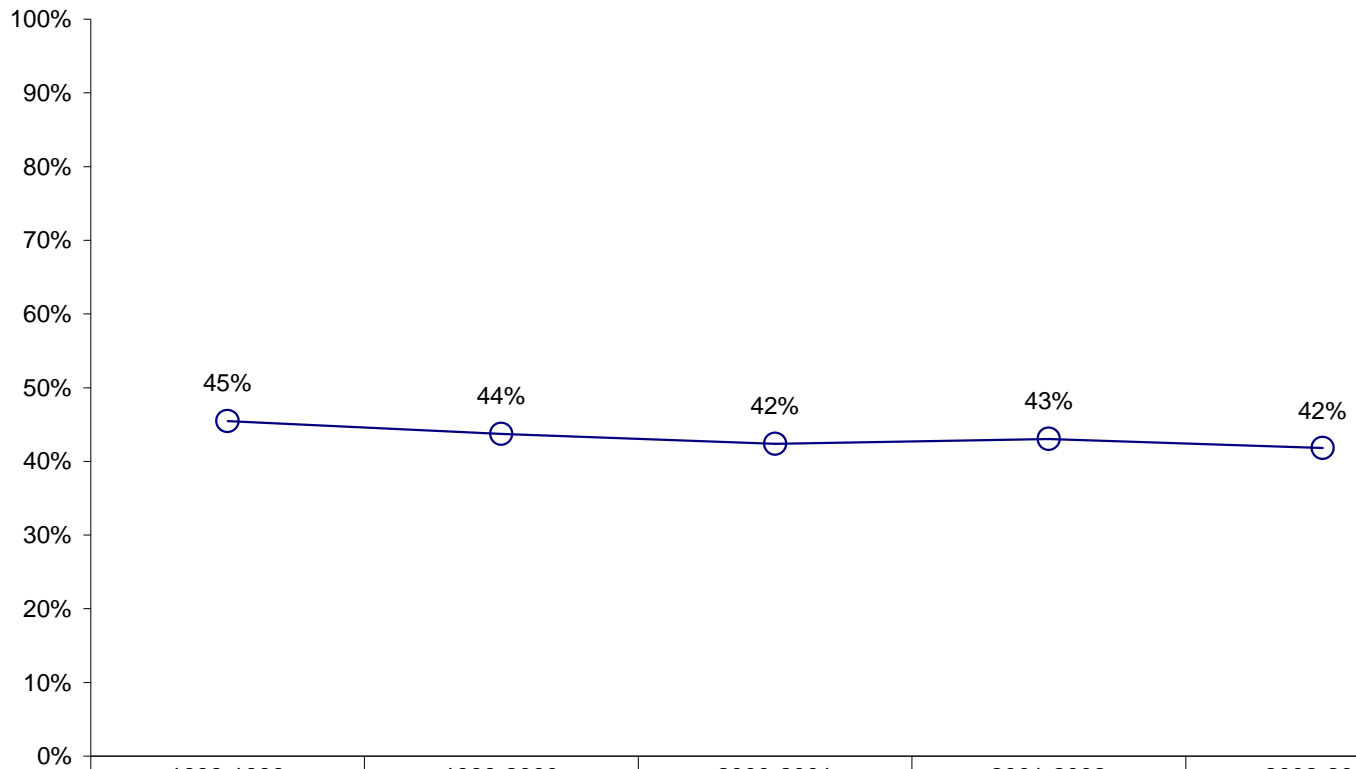
Item #4: Has child ever moved from one home to another home?



	1998-1999 (n = 1478) 118 missing (8%)	1999-2000 (n = 3049) 465 missing (15%)	2000-2001 (n = 2707) 168 missing (6%)	2001-2002 (n = 3047) 173 missing (6%)	2002-2003 (n = 2168) 143 missing (7%)
—○— 1 or More Times	75%	72%	71%	71%	74%

Life Experiences

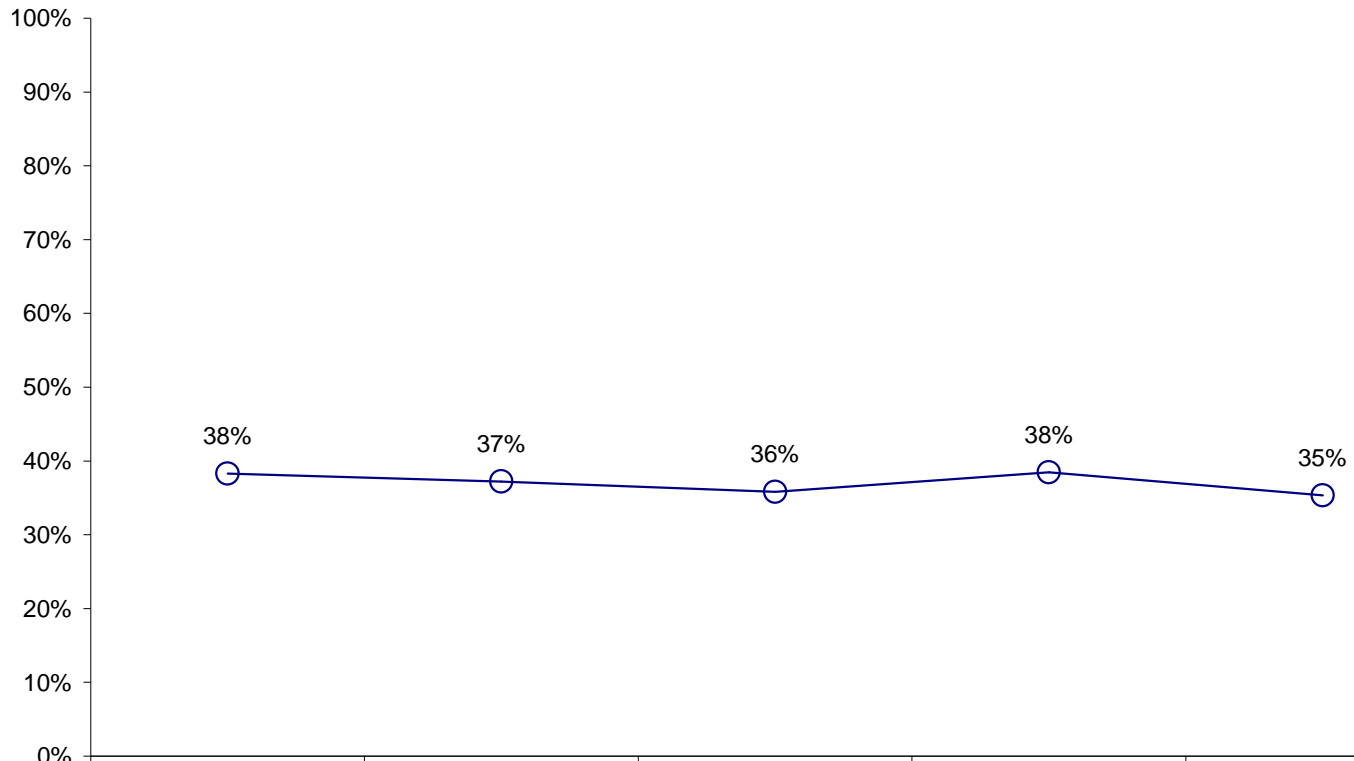
Item #5: Has child ever seen a close family member very sick?



	1998-1999 (n = 1478) 87 missing (6%)	1999-2000 (n = 3049) 413 missing (14%)	2000-2001 (n = 2707) 149 missing (6%)	2001-2002 (n = 3047) 142 missing (5%)	2002-2003 (n = 2168) 136 missing (6%)
—○— 1 or More Times	45%	44%	42%	43%	42%

Life Experiences

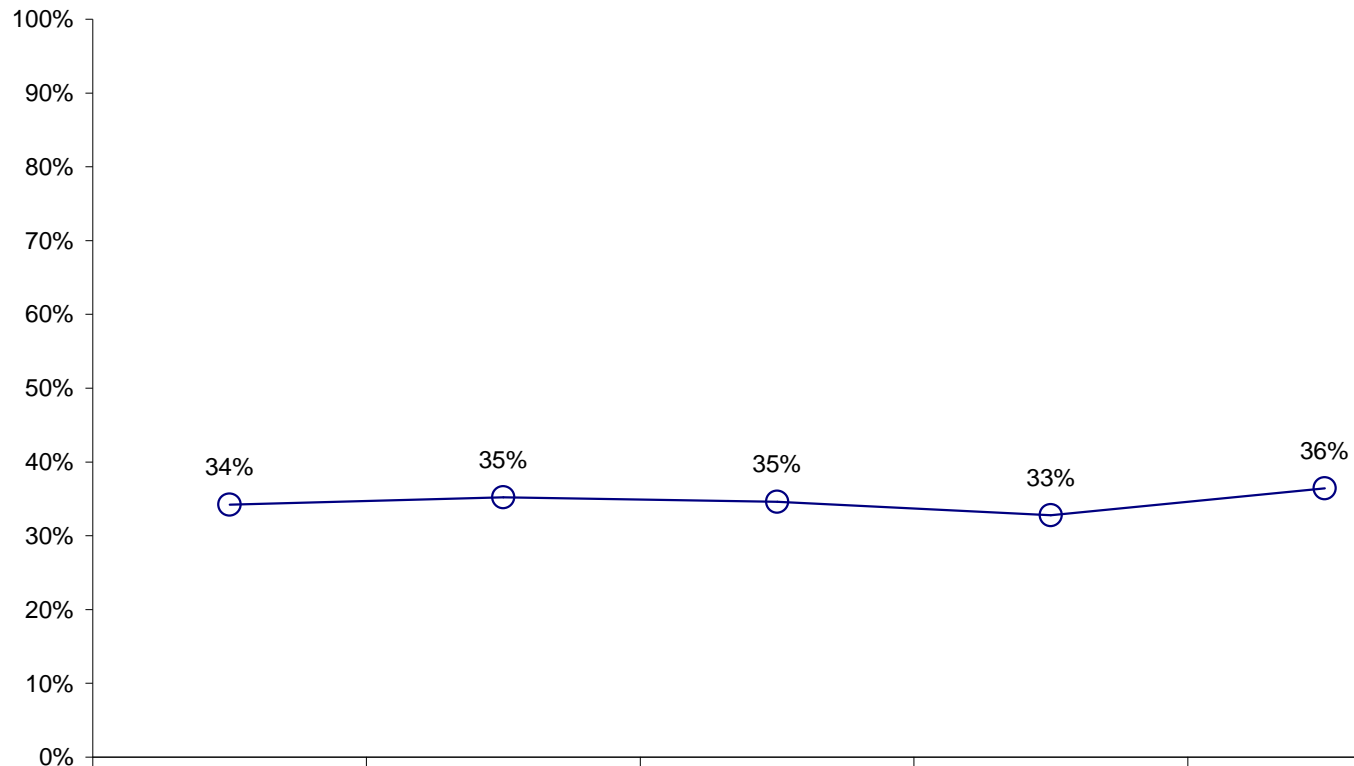
Item #6: Has child ever experienced the death of a close family member or friend?



	1998-1999 (n = 1478) 81 missing (5%)	1999-2000 (n = 3049) 393 missing (13%)	2000-2001 (n = 2707) 137 missing (5%)	2001-2002 (n = 3047) 154 missing (5%)	2002-2003 (n = 2168) 118 missing (5%)
—○ 1 or More Times	38%	37%	36%	38%	35%

Life Experiences

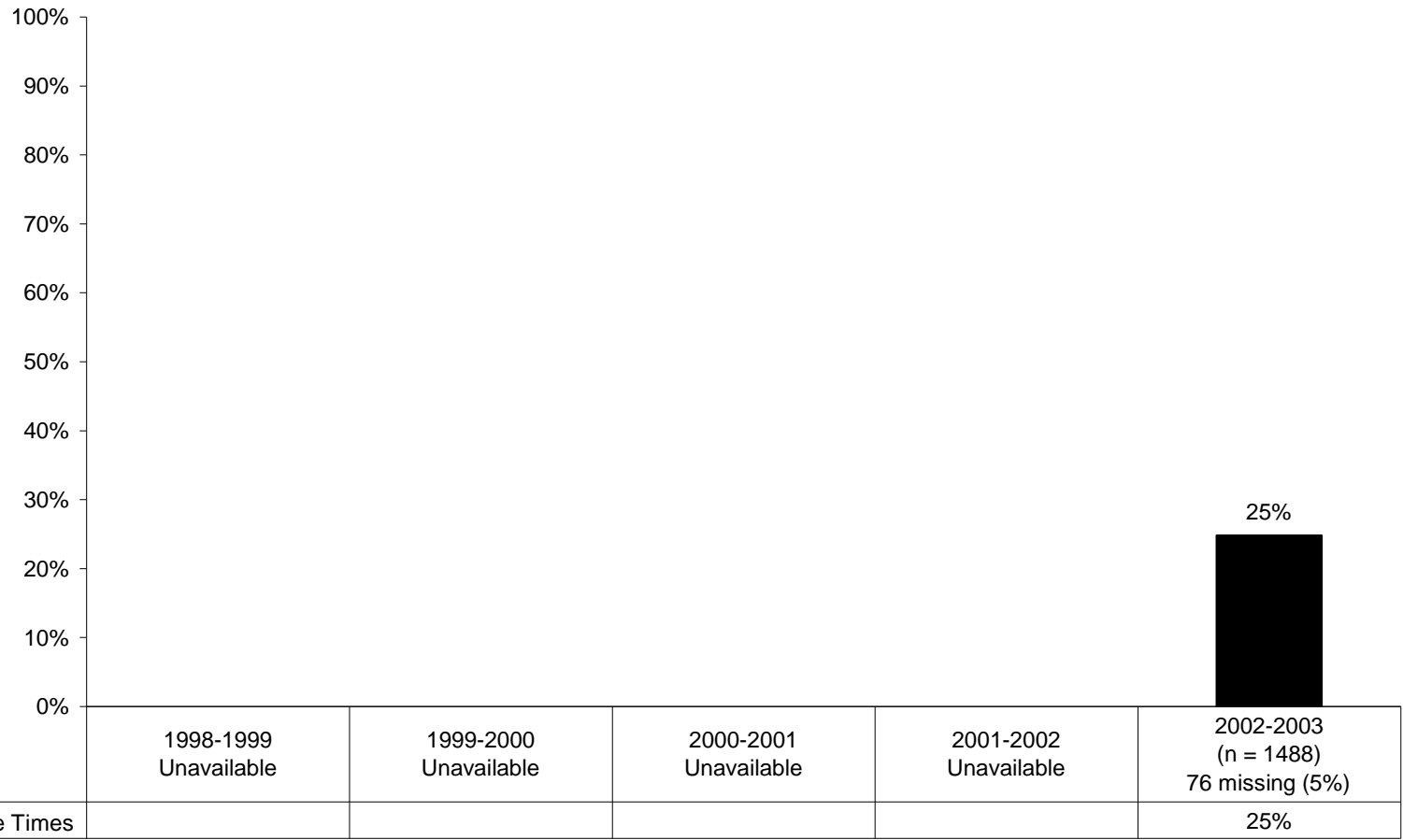
Item #7: Has child ever experienced parents' separation or divorce?



	1998-1999 (n = 1478) 89 missing (6%)	1999-2000 (n = 3049) 396 missing (13%)	2000-2001 (n = 2707) 130 missing (5%)	2001-2002 (n = 3047) 128 missing (4%)	2002-2003 (n = 2168) 95 missing (4%)
—○ 1 or More Times	34%	35%	35%	33%	36%

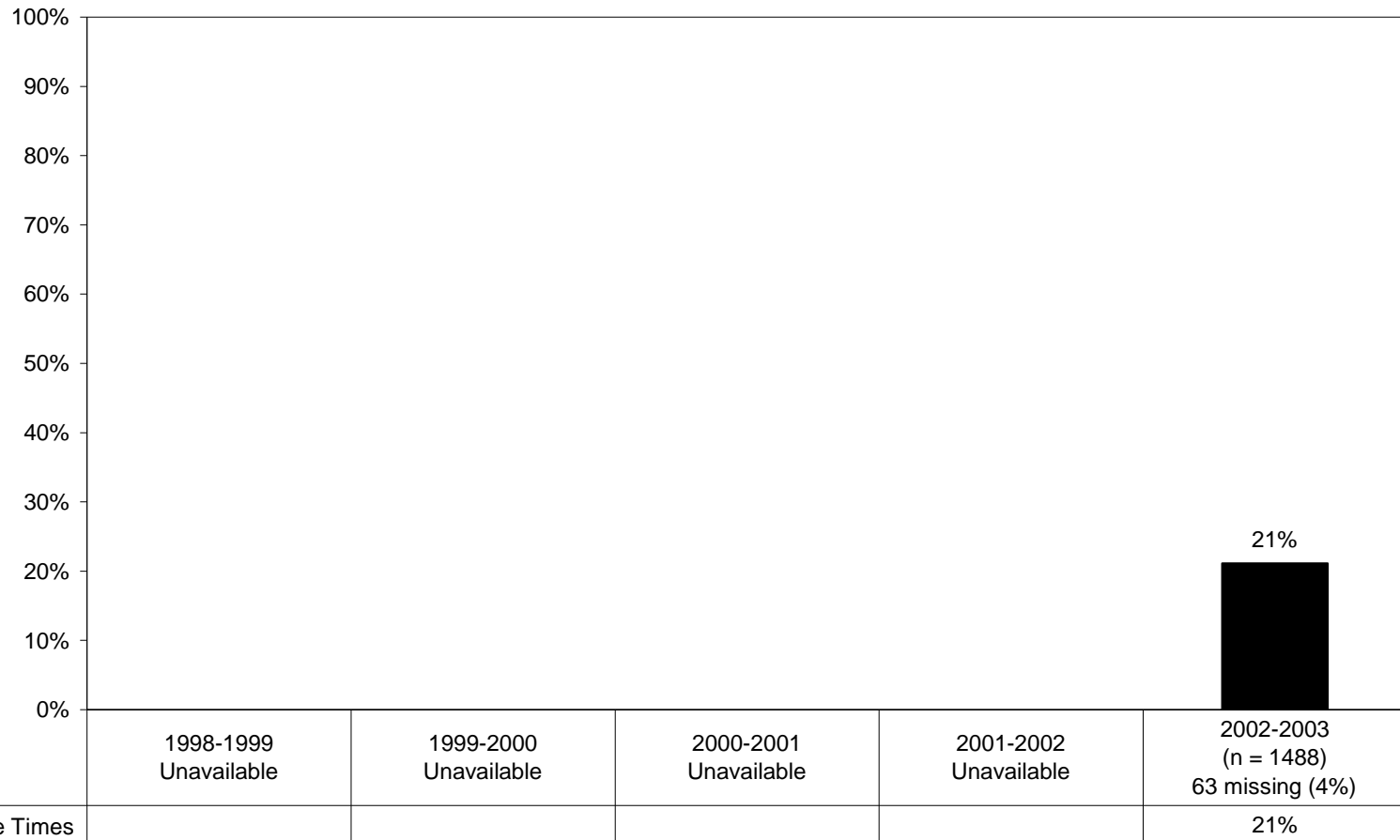
Life Experiences

Item #8: Has child ever experienced a parent who is depressed?



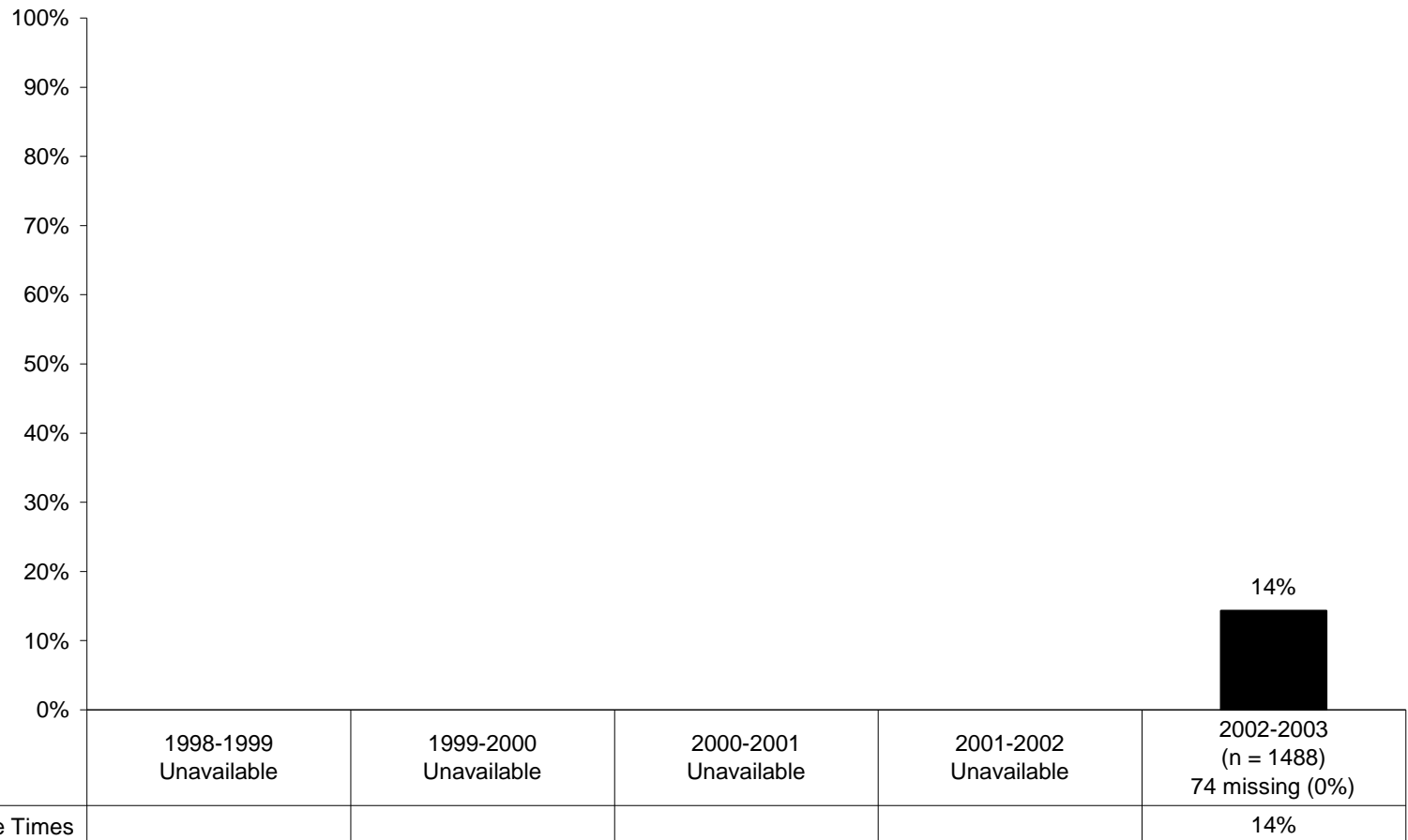
Life Experiences

Item #9: Has child ever witnessed violence in the neighborhood?



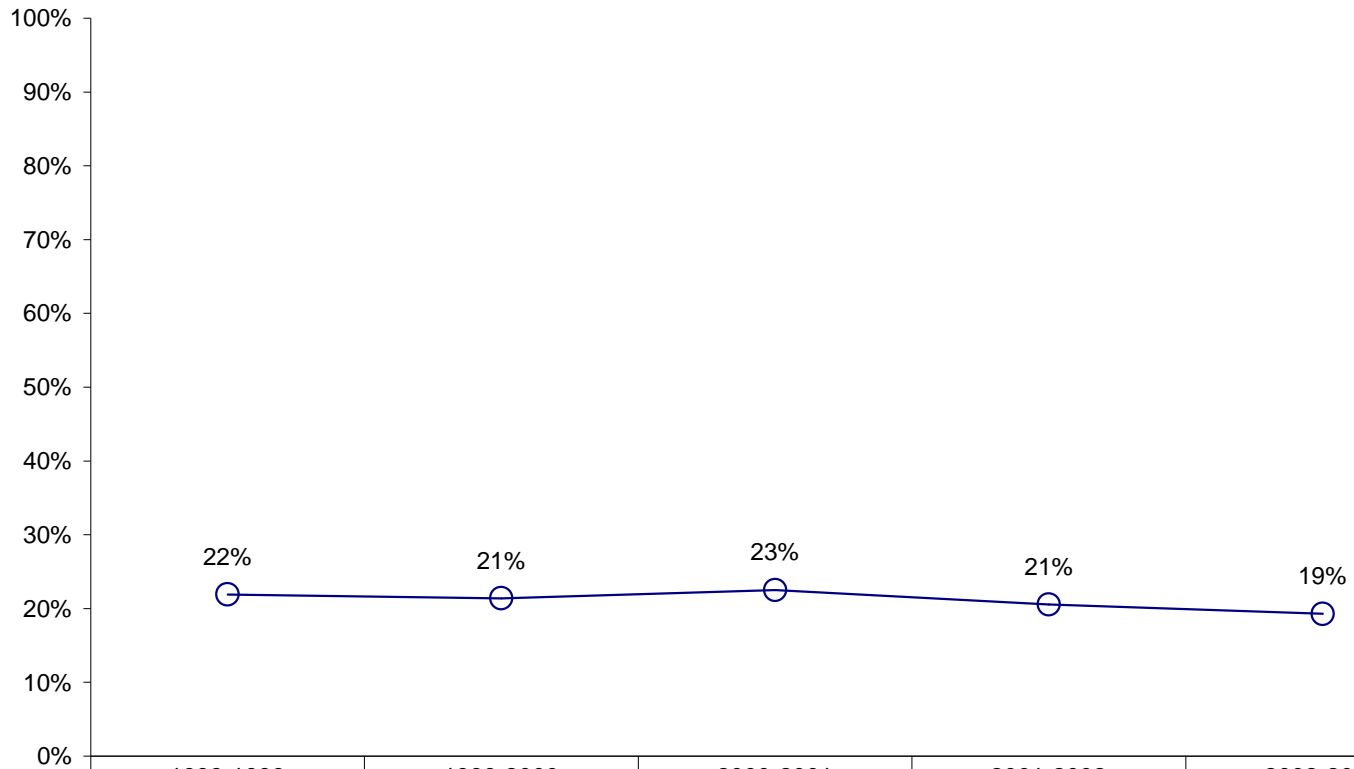
Life Experiences

Item #10: Has child ever witnessed violence at home?



Life Experiences

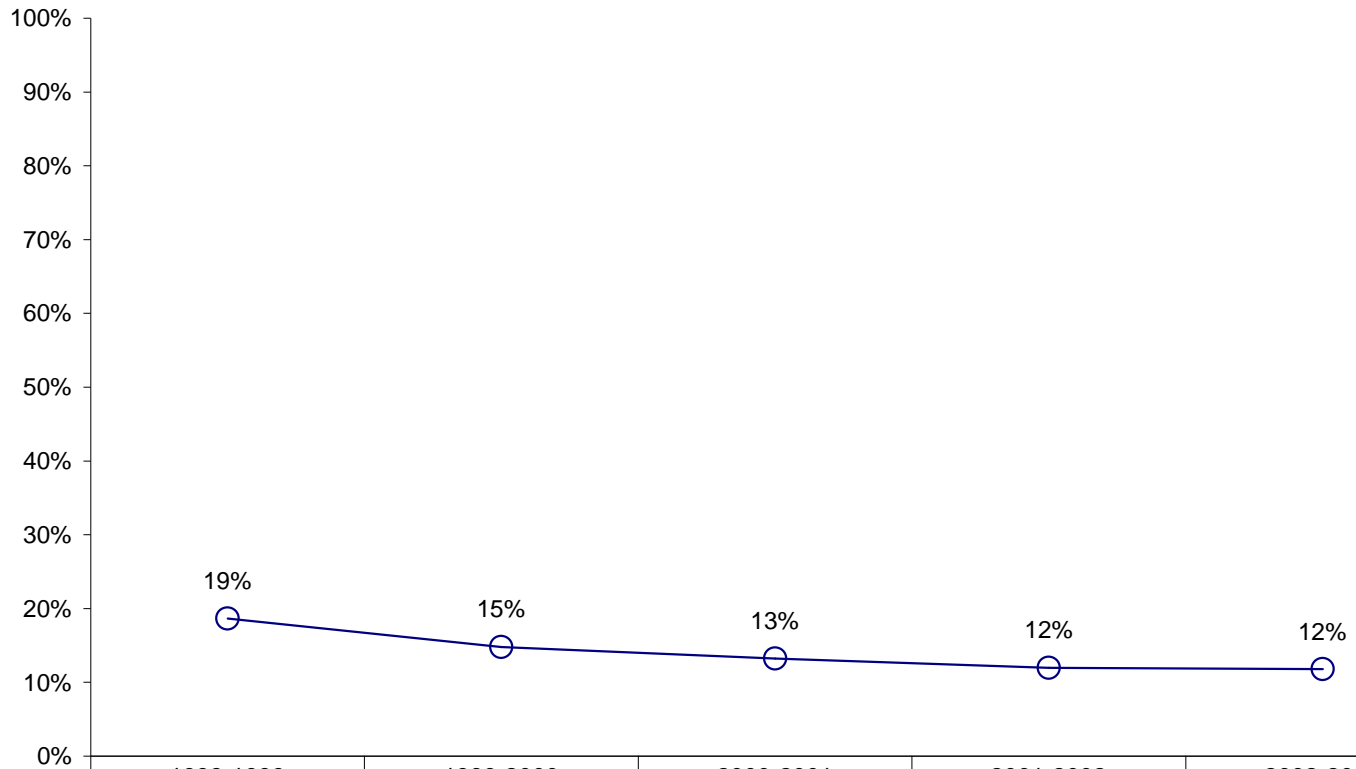
Item #11: Has child ever been away from parents for more than a month?



	1998-1999 (n = 1478) 96 missing (6%)	1999-2000 (n = 3049) 400 missing (13%)	2000-2001 (n = 2707) 143 missing (5%)	2001-2002 (n = 3047) 125 missing (4%)	2002-2003 (n = 2168) 104 missing (5%)
—○ 1 or More Times	22%	21%	23%	21%	19%

Life Experiences

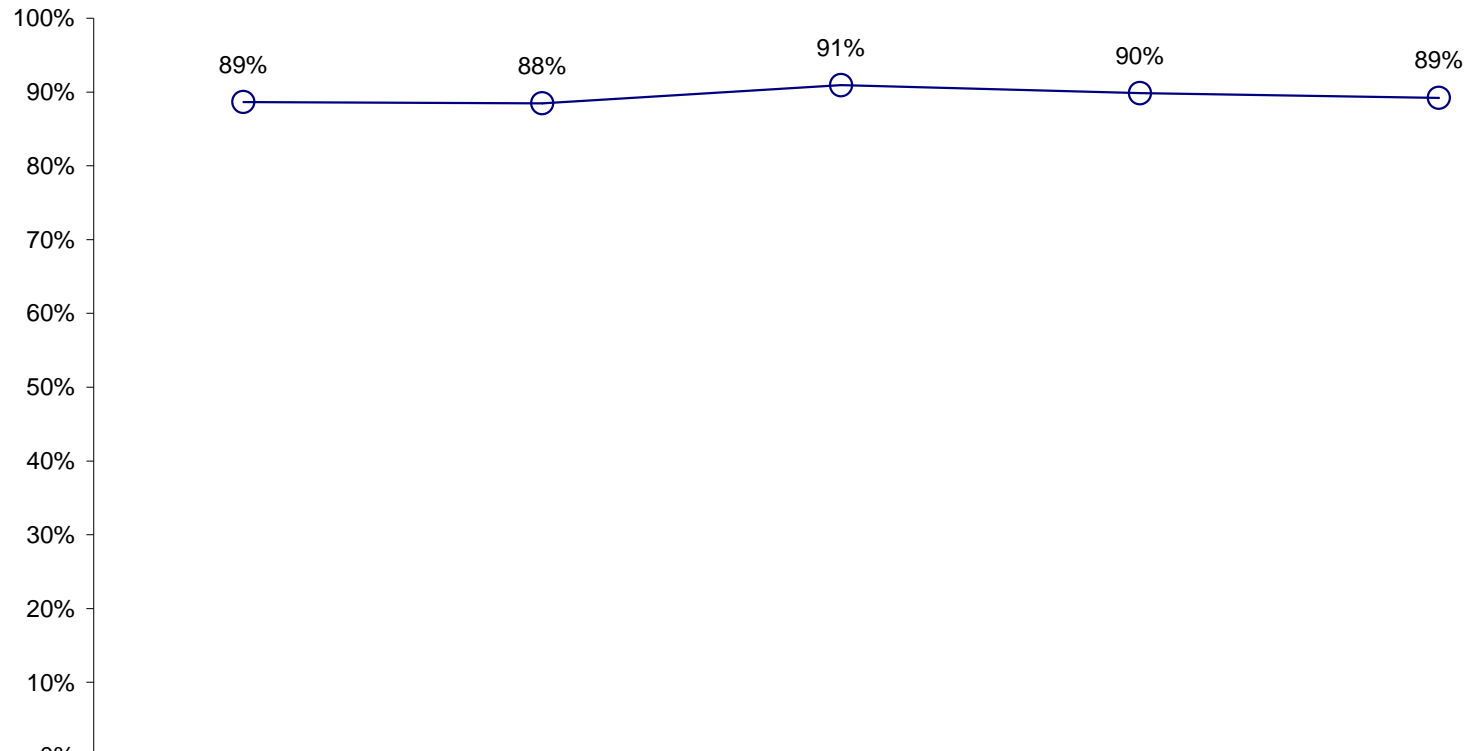
Item #12: Has child ever seen a family member with a drug or alcohol problem?



	1998-1999 (n = 1478) 141 missing (10%)	1999-2000 (n = 3049) 414 missing (14%)	2000-2001 (n = 2707) 146 missing (5%)	2001-2002 (n = 3047) 154 missing (5%)	2002-2003 (n = 2168) 115 missing (5%)
—○— 1 or More Times	19%	15%	13%	12%	12%

Life Experiences

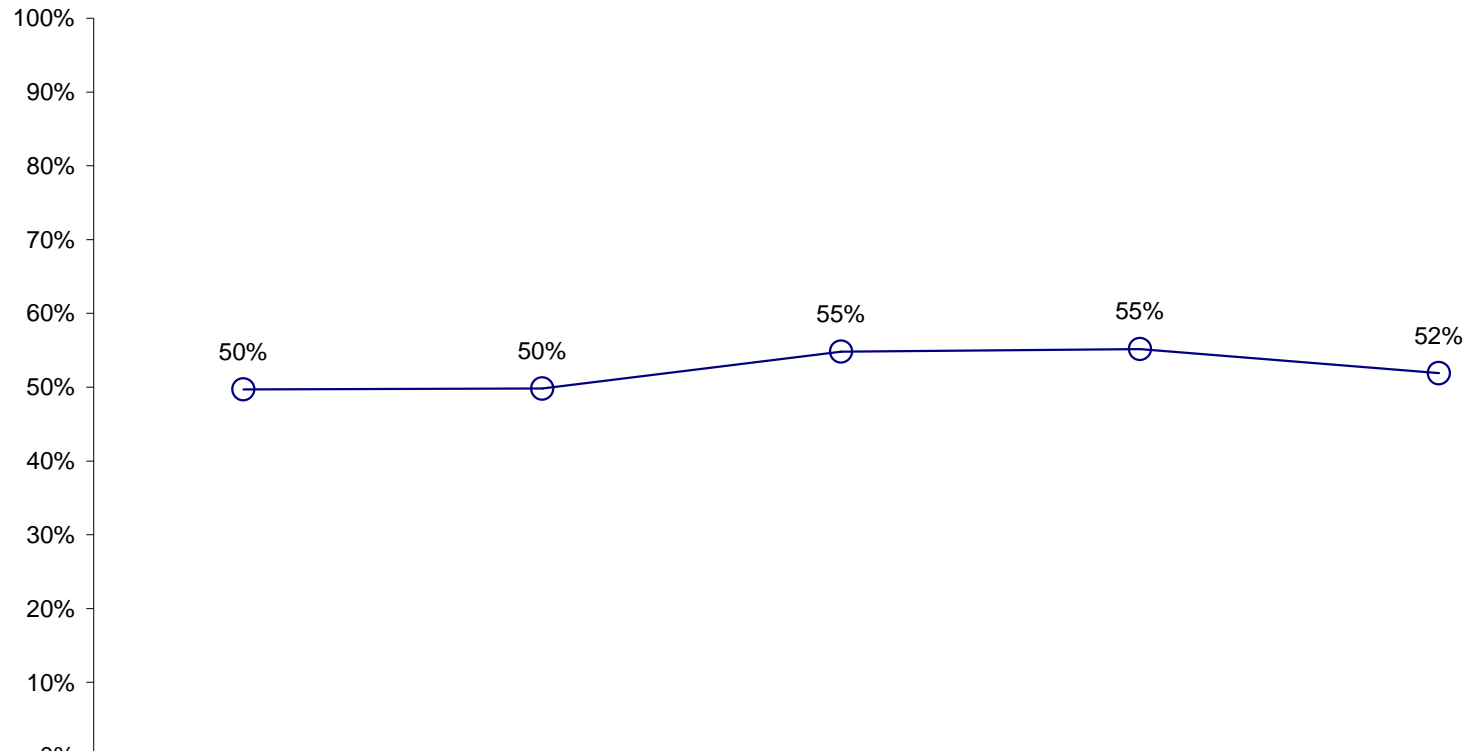
Item #13: Has child have a 'mother' who regularly spends time with him/her?



	1998-1999 (n = 1478) 96 missing (6%)	1999-2000 (n =3049) 425 missing (14%)	2000-2001 (n =2707) 151 missing (6%)	2001-2002 (n =3047) 143 missing (5%)	2002-2003 (n = 2168) 114 missing (5%)
—○ Daily	89%	88%	91%	90%	89%

Life Experiences

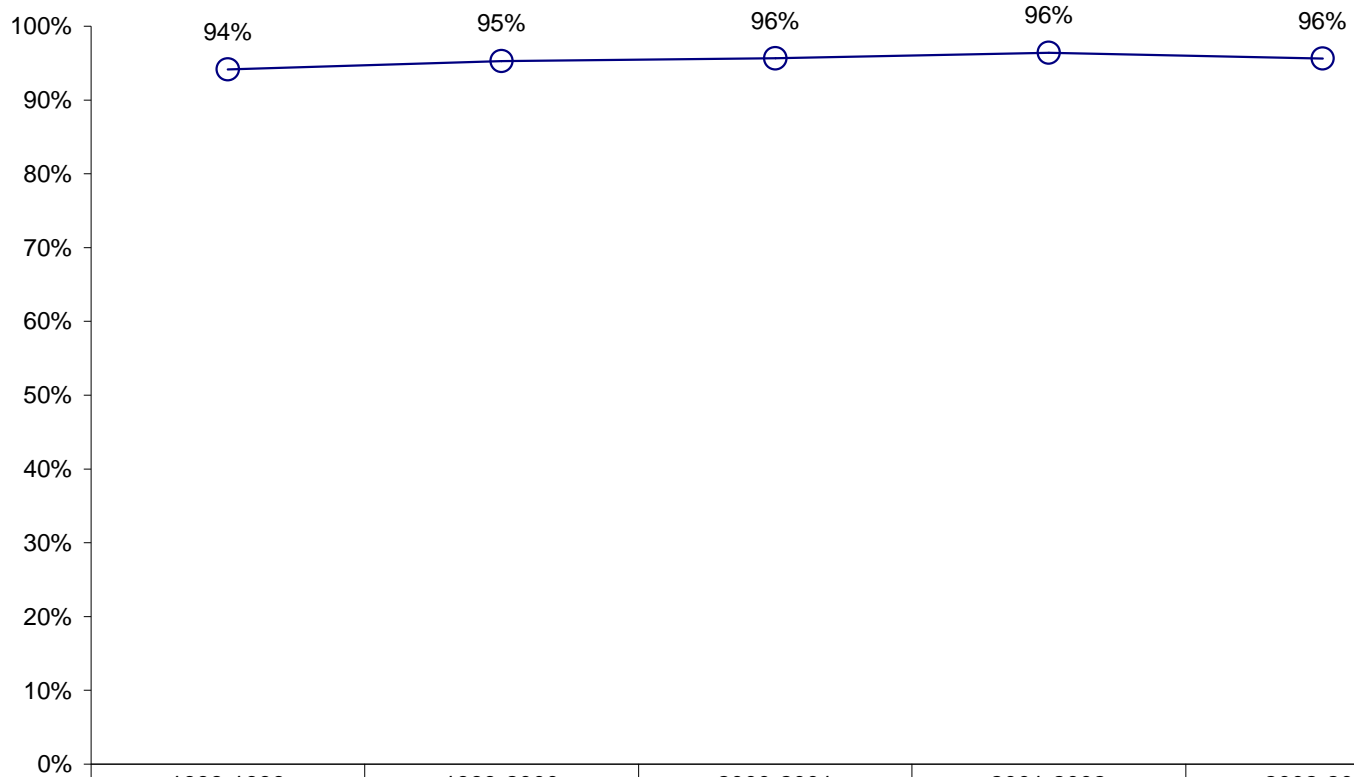
Item #14: Has child have a 'father' who regularly spends time with him/her?



	1998-1999 (n = 1478) 109 missing (7%)	1999-2000 (n =3049) 476 missing (16%)	2000-2001 (n =2707) 194 missing (7%)	2001-2002 (n =3047) 196 missing (6%)	2002-2003 (n = 2168) 173 missing (8%)
—○ Daily	50%	50%	55%	55%	52%

Life Experiences

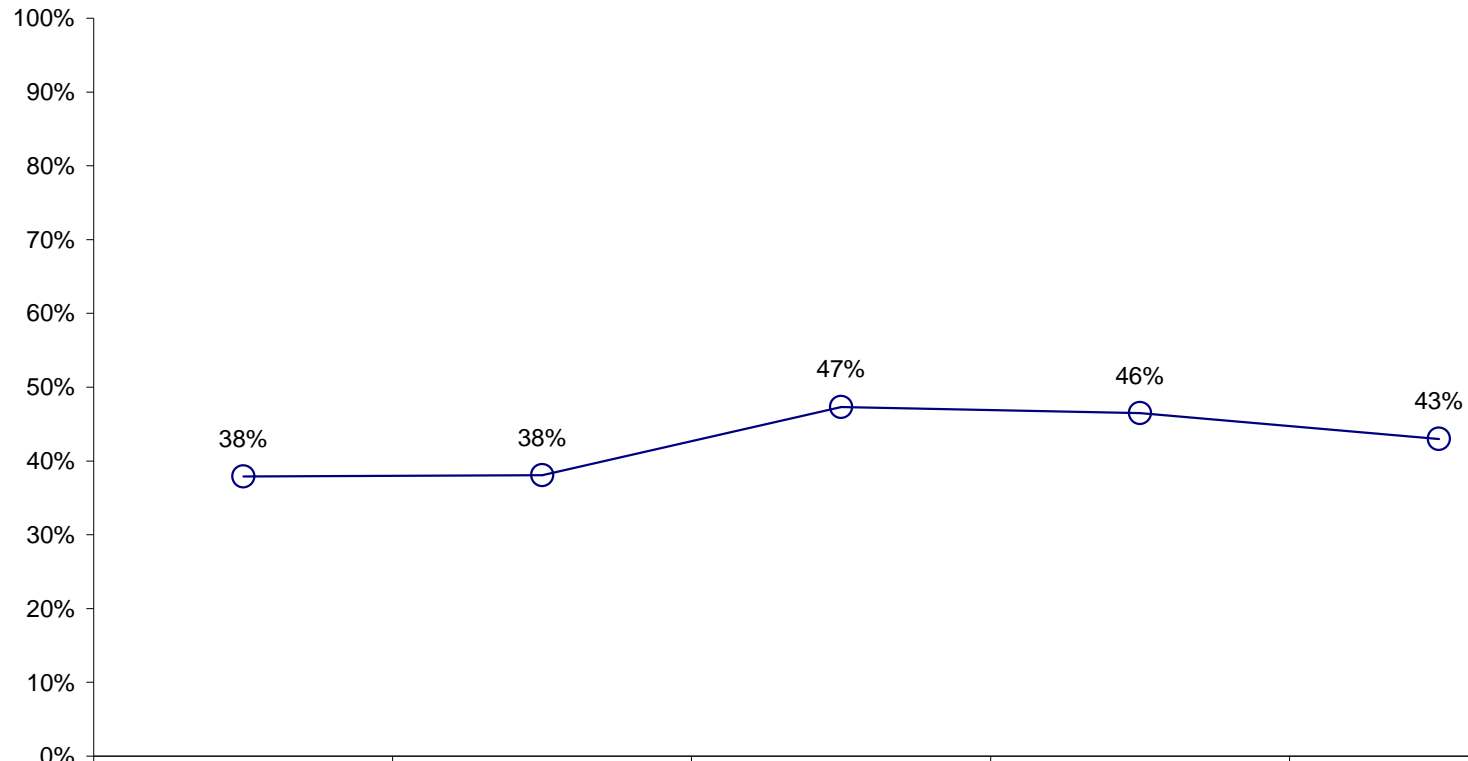
Item #15: Does child have a warm, close relationship with any adults?



—○ 1 or More Adults

Life Experiences

Item #16: How often does an adult read to this child?

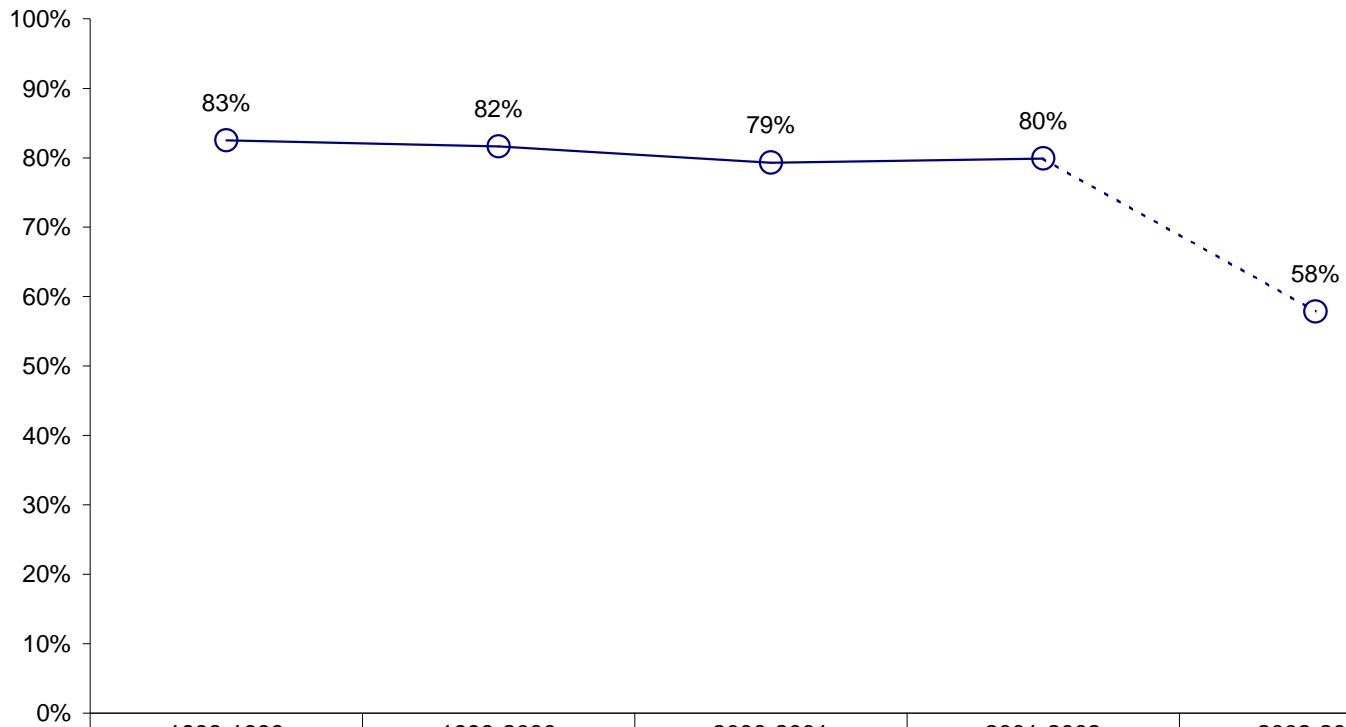


	1998-1999 (n = 1478) 133 missing (9%)	1999-2000 (n = 3049) 512 missing (17%)	2000-2001 (n = 2707) 229 missing (8%)	2001-2002 (n = 3047) 214 missing (7%)	2002-2003 (n = 2168) 169 missing (8%)
—○ Daily	38%	38%	47%	46%	43%

Life Experiences

Item #17: How much television does child watch daily?

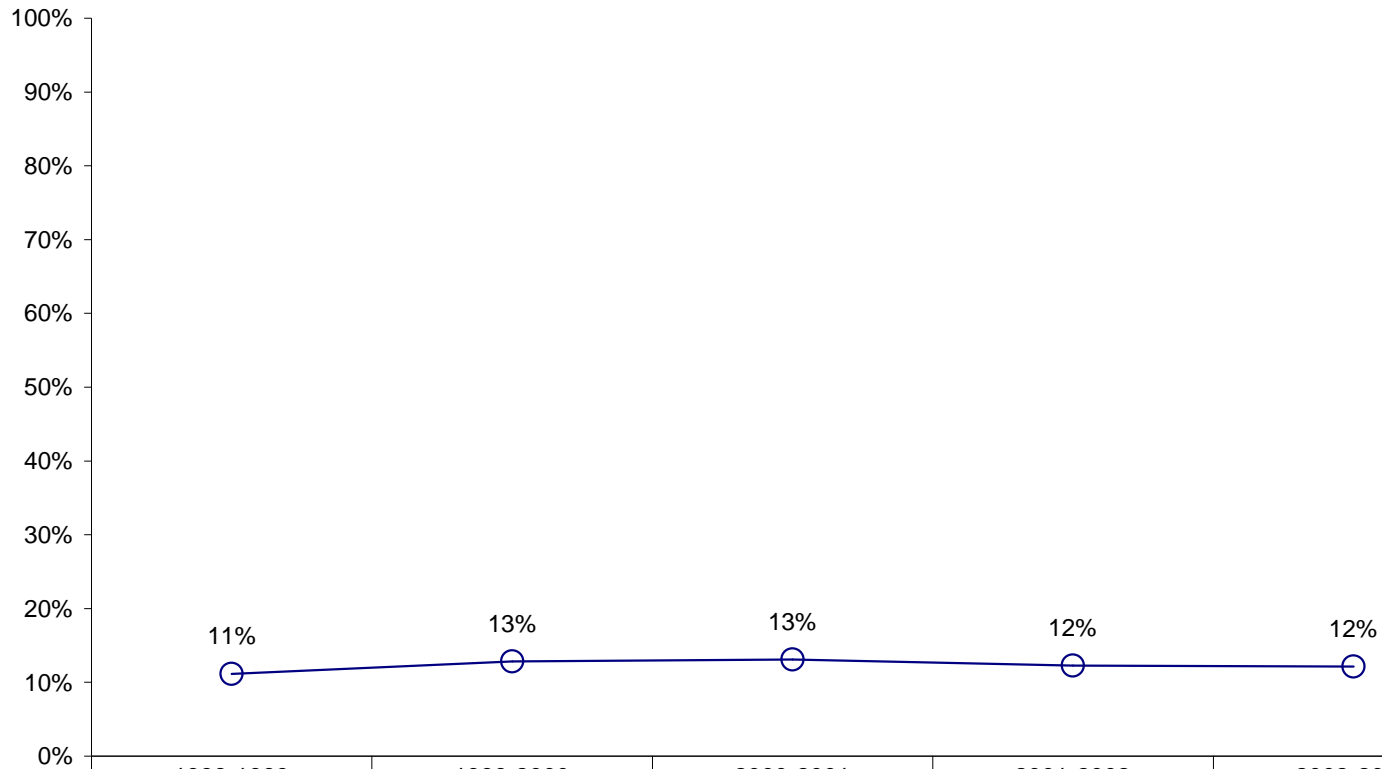
(*Note: PACE 2.0: 3 or more hours as compared with PACE 1.2: 2 or more hours)



	1998-1999 (n = 1478) 111 missing (8%)	1999-2000 (n = 3049) 453 missing (15%)	2000-2001 (n = 2707) 206 missing (8%)	2001-2002 (n = 3047) 186 missing (6%)	2002-2003 (n = 2168) 144 missing (7%)
—○— 3 or More Hours*	83%	82%	79%	80%	58%

Life Experiences

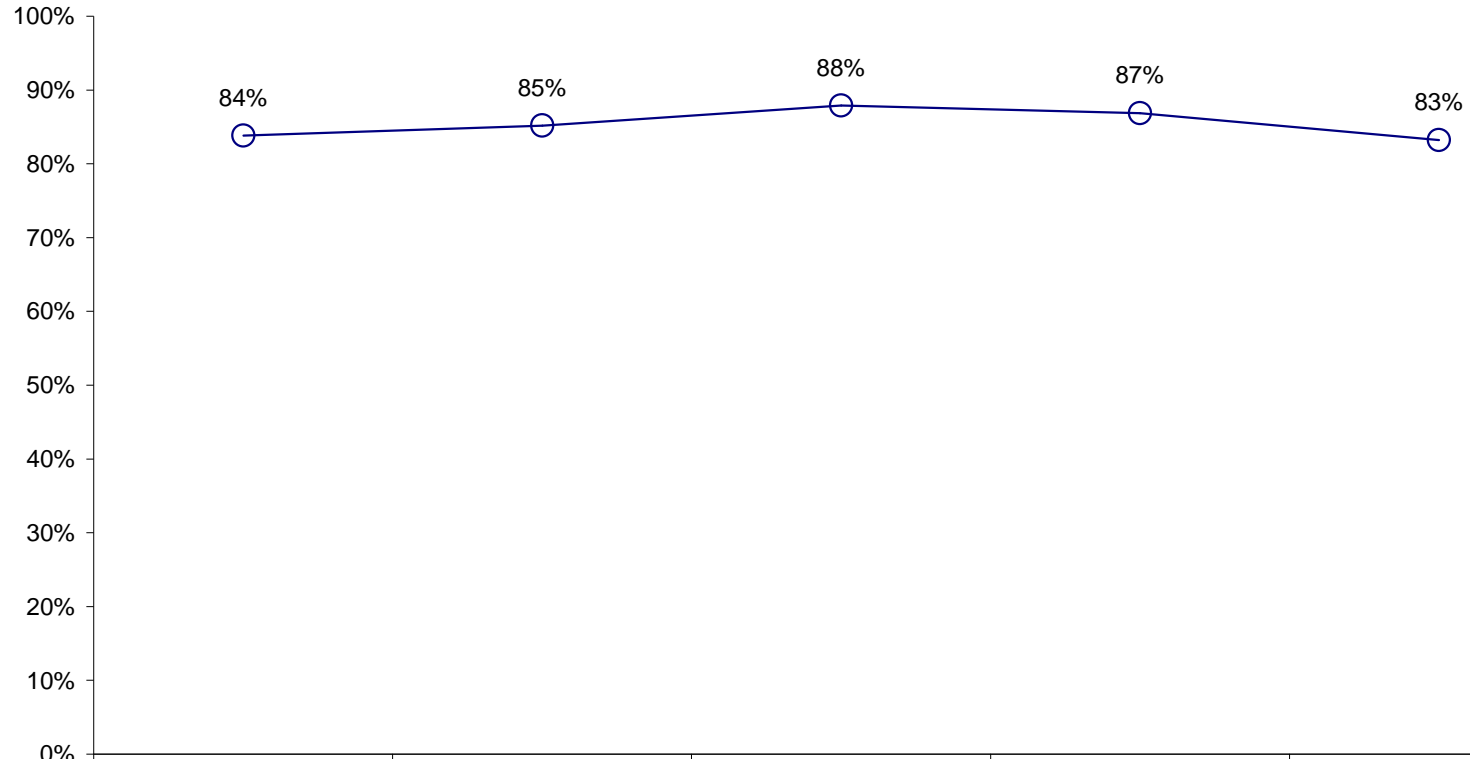
Item #18: What time does (will) child go to bed on school nights?



	1998-1999 (n = 1478) 84 missing (6%)	1999-2000 (n = 3049) 381 missing (12%)	2000-2001 (n = 2707) 138 missing (5%)	2001-2002 (n = 3047) 138 missing (5%)	2002-2003 (n = 2168) 103 missing (5%)
—○— 9 pm or Later	11%	13%	13%	12%	12%

Life Experiences

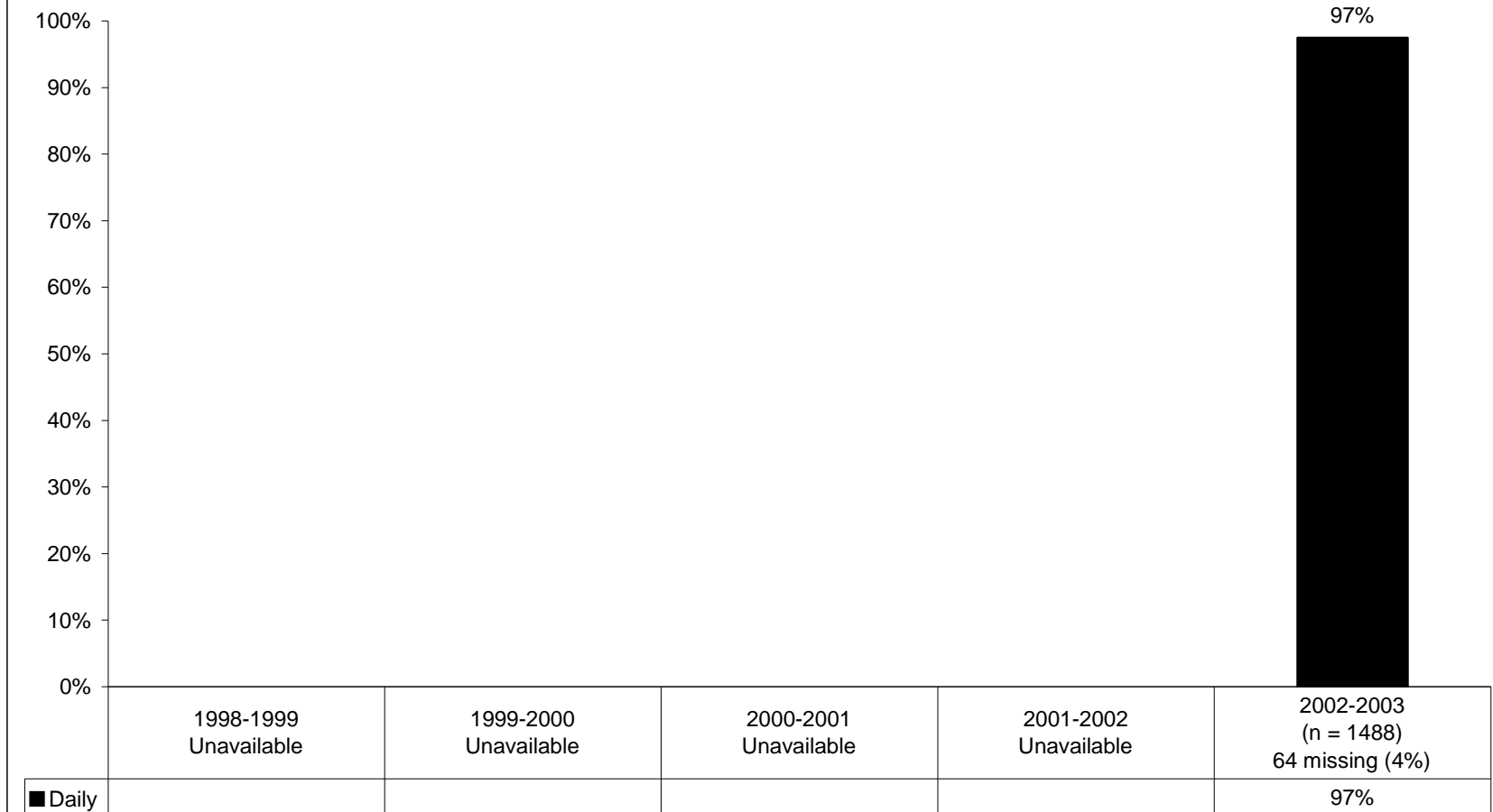
Item #19: How often does child eat breakfast?



	1998-1999 (n = 1478) 88 missing (6%)	1999-2000 (n =3049) 402 missing (13%)	2000-2001 (n =2707) 125 missing (5%)	2001-2002 (n =3047) 104 missing (3%)	2002-2003 (n = 2168) 81 missing (4%)
—○ Daily	84%	85%	88%	87%	83%

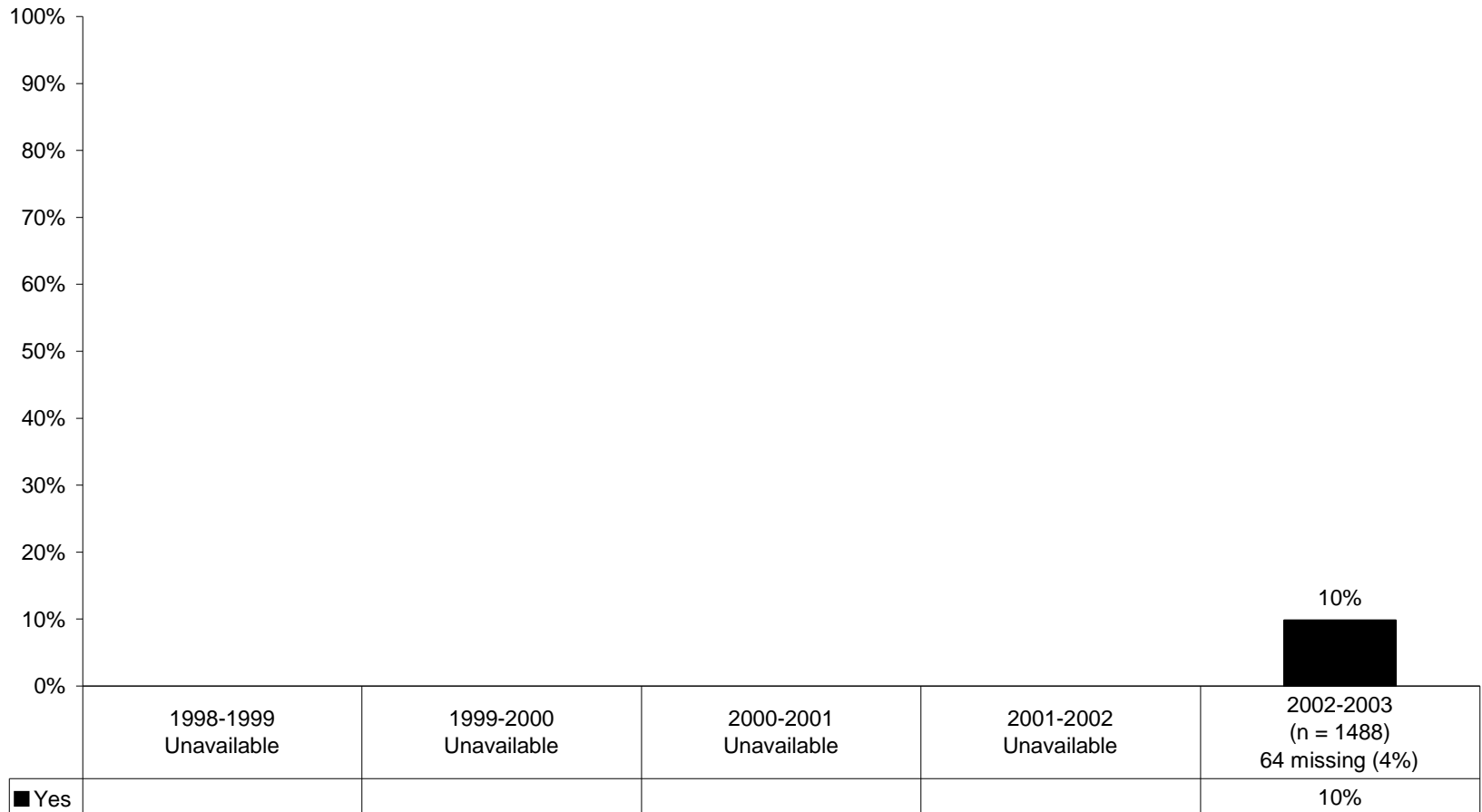
Life Experiences

Item #20: Does child have enough food to eat?



Life Experiences

Are other agencies or professionals involved with child?



APPENDIX D

Scales Tables and Charts

PACE (2002-2003)
Fine Motor, Gross Motor and Sensory Functioning
Statistics for Kindergartners

Item Level

Item in Subscale	Item #	Description	n	Missing	Mean	Standard Deviation
fm	1	Hold a pencil with his/her fingers for writing?	1261	34	3.3	0.81
fm	2	Draw or copy shapes like squares?	1238	57	2.9	0.97
fm	3	Zip his or her coat by self?	1244	51	3.3	0.89
fm	4	Cut out simple shapes, like a house, with scissors?	1233	62	2.7	1.02
gm	5	Run?	1246	49	3.7	0.63
gm	6	Balance on one foot without support?	1241	54	3.5	0.74
gm	7	Go down steps one foot after the other without holding a railing?	1243	52	3.6	0.71
gm	8	Catch a small ball, like a tennis ball?	1251	44	3.2	0.88
	9	Trip and fall?	1805	58	1.7	0.65
	10	Avoid touching slimy or goeey things like play-dough, mud, or glue?	1768	95	1.7	0.87
	11	How often is your child super aware of different sounds?	1203	92	3.2	0.95
	12	How often is your child a picky eater?	1168	127	2.2	0.95
	13	Would you like to talk with someone about your childs coordination?	1237	58	1.2	0.54

Subscales

		n	Mean	Standard Deviation	Cronbach's Alpha
fm	Fine Motor	1266	3.1	0.75	0.83
gm	Gross Motor	1264	3.5	0.61	0.83

**PACE (2002-2003)
School Skills
Statistics for Kindergartners**

Item Level

Item in Subscale	Item #	Description	n	Missing	Mean	Standard Deviation
l	1	Listen to books being read?	1258	37	3.3	0.87
l	2	Listen to and follow directions?	1799	64	3.1	0.85
pl	3	Read his/her own written name?	1231	64	2.6	1.18
pl	4	Read numbers up to 12?	1240	55	2.6	1.15
pl	5	Identify written alphabet letters by self?	1233	62	2.4	1.13
pl	6	Read simple written words?	1768	95	1.6	0.96
pl	7	Count 20 things?	1225	70	2.7	1.13
pl	8	Write the numbers from 1 to 12?	1772	91	1.8	1.02
pl	9	Write his or her first and last name by self?	1780	83	2.2	1.16
l	10	Repeat sentences when asked to?	1234	61	2.9	1.00
l	11	Retell a story that was just read aloud?	1225	70	2.6	1.05
l	12	Know the words to at least one song or rhyme by heart?	1230	65	3.2	0.94
l	13	Remember things?	1784	79	3.4	0.79
l	14	Learn new things?	1695	168	3.4	0.78
	15	Does your child need extra help to learn new things?	1743	120	1.7	0.74

Subscales

		n	Mean	Standard Deviation	Cronbach's Alpha
l	Learning	1828	3.2	0.69	0.89
pl	Pre-Literacy	1827	2.2	0.87	0.89

PACE (2002-2003)
Social, Emotional, and Behavioral Functioning
Statistics for Kindergartners

Item Level

Item in Subscale	Item #	Description	n	Missing	Mean	Standard Deviation
pps	1	Makes friends easily	1244	51	3.4	0.60
sa	2	Gets nervous easily	1231	64	2.3	0.84
nps	3	Fights with other children	1220	75	1.9	0.80
to	4	Completes things he/she starts	1224	71	3.0	0.66
pps	5	Has many friends	1224	71	3.2	0.72
sa	6	Is withdrawn	1191	104	1.7	0.78
nps	7	Hurts others	1230	65	1.5	0.67
to	8	Has a short attention span	1204	91	3.0	0.91
pps	9	Talks easily with other children	1218	77	3.3	0.75
sa	10	Worries alot	1219	76	1.8	0.76
nps	11	Bothers other children	1213	82	1.7	0.75
to	12	Concentrates well	1209	86	3.0	0.74
	13	Is irritable, touchy or prickly	1193	102	1.9	0.82
	14	Is an easy child	1204	91	3.1	0.73
	15	Has a very high activity level	1170	125	3.1	0.83
	16	Does your child need extra help with his/her behavior?	1771	92	1.4	0.64

Subscales

		n	Mean	Standard Deviation	Cronbach's Alpha
nps	Negative Peer Social	1254	1.7	0.60	0.73
to	Task Oriented	1255	3.0	0.59	0.63
pps	Positive Peer Social	1256	3.3	0.55	0.69
sa	Shy Anxious	1254	2.0	0.62	0.61

**PACE (2002-2003)
Life Experiences
Statistics for Kindergartners**

Item Level					
Item #	Description	n	Missing	Mean	Standard Deviation
1	Gone to a library?	1799	64	3.1	1.13
2	Gone on an outing (e.g., zoo, museum, etc.)?	1795	68	3.7	0.73
3	Moved from one home to another in the last 6 months?	1754	109	1.6	0.86
4	Moved from one home to another during his/her life?	1744	119	2.5	1.11
5	Seen a close family member or friend very sick?	1756	107	1.7	0.94
6	Experienced the death of a close family member or friend?	1774	89	1.5	0.83
7	Experienced parents separation or divorce?	1790	73	1.5	0.75
8	Experienced a parent who is depressed?	1232	63	1.4	0.72
9	Witnessed violence in the neighborhood?	1245	50	1.3	0.75
10	Witnessed violence at home?	1234	61	1.2	0.63
11	Been away from parent(s) for more than a month?	1780	83	1.3	0.75
12	Seen a family member with a drug or alcohol problem?	1776	87	1.2	0.65
13	A mother who regularly spends time with him/her?	1770	93	3.8	0.76
14	A father who regularly spends time with him/her?	1716	147	2.9	1.25
15	A warm close relationship with any adult(s)?	1738	125	3.5	0.81
16	How often does an adult read to this child?	1719	144	3.3	0.74
17	How much TV does your child watch each day?	1743	120	2.5	0.83
18	What time does (will) your child go to bed on school nights?	1781	82	2.0	0.54
19	How often does your child eat breakfast?	1247	48	3.7	0.62
20	Does your child have enough food to eat?	1240	55	4.0	0.27

*No Subscale for Life Experiences