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Effects of Childcare on Child Development

Time in Care, Group Size, and the Teacher-Child Relationship

Thesis for the degree of Philosophiae Doctor

Trondheim, May 2013

Norwegian University of Science and Technology
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Department of Psychology



NTNU – Trondheim
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Norsk sammendrag

Tittel: Effekter av barnehage på barns utvikling: tid i barnehage, gruppe størrelse og førskolelærer-barn relasjonen

Det finnes få norske studier som har undersøkt hvilke konsekvenser omfattende bruk av barnehage for barn mellom 1 og 6 år kan ha for deres utvikling. Slik kunnskap er viktig for videre utvikling av barnehage tilbudet og for samfunnsmessige prioriteringer. Hovedtyngden av forskningen på dette området kommer fra USA, en sosial og politisk kontekst svært forskjellig fra den norske.

Målet for denne avhandlingen var å undersøke mulige effekter av barns ulike barnehageerfaringer i løpet av de 4.5 første leveårene, på sosial og emosjonell tilpasning ved 4.5 og 6 års alder. Det ble lagt spesiell vekt på hvor mange timer barna hadde vært i barnehagen, gruppestørrelse og kvaliteten på førskolelærer-barn relasjonen. I arbeidet inngikk også en valideringsstudie av The Student Teacher Relationship Scale (STRS). Mellom 714 og 935 barn, trukket fra den longitudinelle populasjonsstudien Tidlig Trygg i Trondheim (TTiT), deltok i studien. Utvalget var representativt for 4 og 6 åringer i Norge.

Resultatene viser at det foreligger lite støtte for at barn flest påvirkes negativt av mye tid i barnehage, gruppe størrelse og kvaliteten på førskolelærer-barn relasjonen. Men resultatene indikerer heller ikke at barn flest profitterer på å gå i barnehage. Tid i barnehage og gruppe størrelse hadde hverken negative eller positive konsekvenser for barnas sosiale kompetanse og problem atferd ved 4.5 års alder. Mer tid i barnehage hang sammen med en noe mer negativ førskolelærer-barn relasjon. Videre viste resultatene at en positiv førskolelærer-barn relasjon i barnehagen hang sammen med bedre sosiale ferdigheter i første klasse. Denne sammenhengen forekom kun hos barn med lav eller middels relasjonell risiko (det vil si utrygg/desorganisert tilknytning til sine foreldre). Studien støtter opp om validiteten av STRS i en norsk barnehagekontekst.

English abstract

Title: Effects of childcare on child development: time in care, group size, and the teacher-child relationship.

There are a limited number of Norwegian studies investigating the possible consequences of extensive childcare use between ages 1 and 6 years for children's development. Such knowledge is important in terms of furthering the childcare services provided and for governmental priorities. Research in this area mainly emanates from the USA, a social and political context very different from the Norwegian one.

The aim of this thesis was to examine the effects of various nonparental childcare experiences during the first 4.5 years of life on children's socioemotional adjustment at 4.5 and 6 years of age. Time in care, group size and the quality of the teacher-child relationship were especially targeted. The thesis also comprised a validation study of The Student Teacher Relationship Scale (STRS). Between 714 and 935 children drawn from the longitudinal population study Trondheim Early Secure Study (TESS), participated in the study. The sample was representative of Norwegian 4 and 6-year olds.

The results indicate that there is little evidence that most children are affected negatively by extensive time in childcare, group size and the quality of the teacher-child relationship. At the same time, the results do not indicate that most children benefit from attending childcare. Time in care and group size had no negative or positive consequences for the children's social competence and problem behavior at 4.5 years of age. More time spent in care was weakly associated with a more negative teacher-child relationship. Furthermore, the results indicated that a positive teacher-child relationship in childcare was associated with better social skills in first grade. This was only true for children with low or intermediate levels of relational risk (i.e. insecure/disorganized attachment to their parents). Finally, the study supports the validity of the STRS in a Norwegian childcare-context.

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Elisabet Solheim

List of papers

Paper I (Study I)

Solheim, E., Berg-Nielsen, T. S., & Wichstrøm, L. (2012). The Three Dimensions of the Student-Teacher Relationship Scale: CFA Validation in a Preschool Sample. *Journal of Psychoeducational Assessment, 30*, 250-263.

Paper II (Study II)

Solheim, E., Wichstrøm, L., Belsky, J., & Berg-Nielsen, T. S. (2012). Do Time in Childcare and Peer Group Exposure Predict Poor Socioemotional Adjustment in Norway? *Child Development*. In press, available online by February 28th 2013.

Paper III (Study III)

Solheim, E., Berg-Nielsen, T. S., Lydersen, S, and Wichstrøm, L. (2012). Teacher-Child Relationships and the Development of Social Skills from Preschool to First Grade: The Moderating Role of Attachment Disorganization. *Resubmitted*

Abbreviations

ASEBA	Achenbach System of Empirically Based Assessment
AUDIT	Alcohol Use Disorders Identification Test
CBQ	Children's Behavior Questionnaire
CFA	Confirmatory factor analysis
CFI	Comparative Fit Index
CS	Complex Sample
DSM	Diagnostic and Statistical Manual of Mental Disorders
EC	Effortful Control
EPC	Expected Parameter Change
FAD	Family Assessment Device
FIML	Full Information Maximum Likelihood
ICC	Intra Class Correlation
ILO	International Classifications of Occupations
IWM	Inner Working Models
MCAST	Manchester Child Attachment Story Task
MI	Modification Indices
MIMIC	Multiple Indicators, Multiple Causes: CFA with covariates
MLR	Maximum Likelihood Estimator
NA	Negative Affectivity
NICHD ECCRN	National Institute of Child Health and Development Early Child Care Research Network
NICHD SECCYD	National Institute of Child Health and Development Study of Early Child Care and Youth
OECD	Organization for Economic Co-operation and Development
PAPA	Preschool Age Psychiatric Assessment

PPVT-III	Peabody Picture Vocabulary Test
RMSEA	Root Mean Squared Error of Approximation
SD	Standard Deviation
SE	Standard Error
SES	Socioeconomic Status
STRS	Student Teacher Relationship Scale
SSRS	Social Skills Rating System
SU	Surgency
SDQ	Strengths and Difficulties Questionnaire
TLI	Tucker-Lewis Index
TRF	Teacher Report Form
WLSMV	Weighted Least Square Estimator
WRMR	Weighted Root-Mean-squared Residual

1.0 INTRODUCTION

1.1 Focus

The aim of this thesis was to examine the effects of various nonparental childcare experiences during the first 4.5 years of life on children's socioemotional adjustment at 4.5 and 6 years of age. The primary focus was on the quantity of care (i.e., how many hours a given child had spent in care from the care was initiated to the assessment) and group size (i.e., how many other children were present in the child's childcare group) as predictors. As part of the childcare experience, children's relationship with professional caregivers was especially targeted.

Before the main analyses were undertaken, a methodological adaptation of The Student Teacher Relationship Scale (STRS; Pianta, 1996, 2001), a widely used measure to assess the quality of the caregiver-child relationship, was required. The psychometric properties of the scale were examined, and the scale was adapted to the Norwegian preschool population using confirmatory factor analysis. Subsequently, we examined the effects of quantity of care and groups size on the children's socioemotional adjustment at 4.5 years of age. Lastly we explored the effect of the child-caregiver relationship on children's social skills development from 4.5 to 6 years of age and examined the possible moderating effect of disorganized representations of the parent-child relationship.

The data in this dissertation were drawn from a longitudinal population-based research project, the Trondheim Early Secure Study (TESS), which was launched in 2007 with the broader scope aim of investigating psychosocial adjustment and development in a preschool population. The results of the current dissertation were based on multi-method, multi-informant data from wave I (T1) and II (T2) of the TESS project.

1.2 Childcare in a historic and cultural context

Decisions and arrangements regarding children's care and supervision are among the oldest problems that have been faced by human societies. Whereas the young of most mammals become nutritionally independent at the time of weaning, humans are dependent on their parents into adulthood. Humans have therefore long been forced to develop complex and extended alliances and agreements with others to ensure the survival of both themselves and their offspring (Belsky, Lerner, & Spanier, 1984; Lamb & Ahnert, 2006). However, the requirement for parents in industrialized countries to leave their children from an early age in the care of *paid* care providers, rather than neighbors or kin, is novel (Lamb & Ahnert, 2006).

1.2.1 The childcare transition

In most developed Western societies, since the 1960s there has been a steady increase in the number of children who spend many of their waking hours outside of their home, away from their parents, in the care of professional caregivers. Today, nonparental care has become a normative experience for infants, toddlers and preschoolers in most industrialized countries, although there are broad inter- and intra-cultural differences in the types of care that are received and in the ages at which most children begin receiving such care. According to a report published by UNICEF in 2008, "*Today's rising generation in the countries of the OECD is the first in which a majority are spending a large part of their early childhoods not in their own families but in some form of childcare*" (UNICEF, 2008 p. 3). In 2011, Norwegian children who were under the age of six spent nearly as many of their waking hours in the care of professionals as the care of their parents or extended family (Statistics Norway, 2012b, 2012d). Within a relatively brief period of time, the responsibility for early childcare, once defined as the primary responsibility of the parents or the extended family, has been redesigned as a joint venture between parents and professional caregivers (Kvelling, 2008;

Leira, 2006; Statistics Norway, 2009). This drastic change in the manner in which we care for our children has been termed “The childcare transition” (UNICEF, 2008).

Although similar developmental processes have taken place in most industrialized countries, the Scandinavian countries hold a unique position in the history of nonparental care given the active role played by the state in providing universally accessible, state-funded child-care centers (Grødem, 2008). Moreover, what sets the Scandinavian countries apart is their comprehensive and planned national family policy (Grødem, 2008; Leira, 2006). As the current study took place in Norway, only the historical process of nonparental childcare utilization in the Scandinavian context will be considered.

1.2.2 Childcare in Norway – a historical review

In the 1960s and 70s it was difficult for policy makers and parents to digest that nonparental childcare should be for all children. In 1964, only 2% of children aged zero to six attended nonparental childcare; in 1980 this figure was 21% (Grødem, 2008). Until the passing of the Norwegian Kindergarten Act in 1975, nonparental childcare in Norway was primarily used by social services when parents were determined to be inadequate as care providers (Grødem, 2008). The popular opinion, not just in Norway, was that children were better off at home and cared for by their mothers (Aanderaa, 2008; Lamb & Ahnert, 2006). In the 1980s these views began to change, paralleling an increased state effort to support the dual-earner/dual-career family by means of providing state funded childcare facilities and by expanding paid parental leave to 18 weeks (Grødem, 2008). Since the 1980s, as can be seen in Figure 1 (Statistics Norway, 2012c), there has been a steady increase in the number of children who attend child-care. There has been a progression from providing child-care to the

few as a way to compensate for adequate parental functioning to providing universal, state-sponsored care for all children between the ages of one and five years.

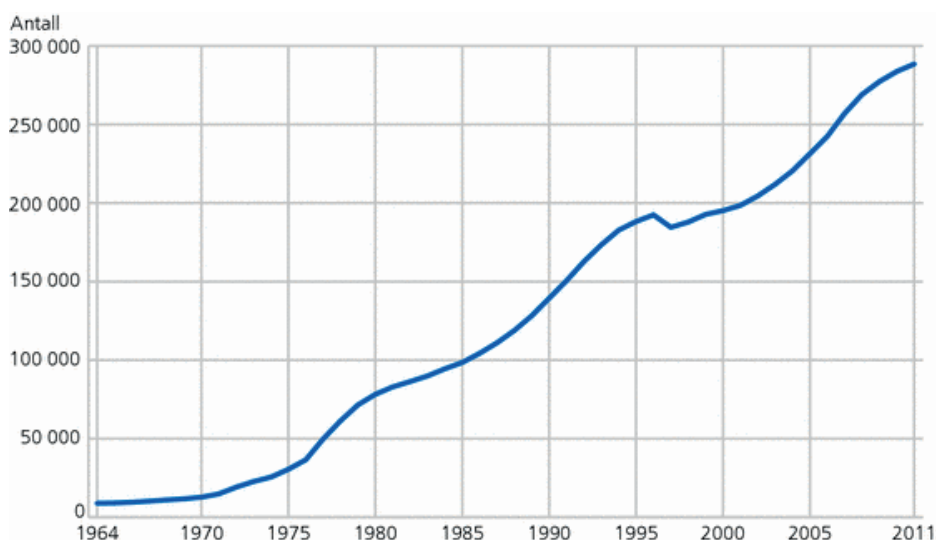


Figure 1 Number of children in childcare 1964 – 2011

In 2005, 76% of children from one to five years of age attended nonparental childcare (Statistics Norway, 2006). This was also the year when a political goal was established to provide universally accessible nonparental care for all children beginning at the age of one (Ministry of Education, 2007). This goal set the stage for a new law in 2009, which provided all children the right to enroll in state-sponsored childcare near the time of their first birthday (Ministry of Education, 2008; NOU 2009 :18). This law, along with the state subsidizing childcare to ensure a maximum monthly fee of 2,330 NOK (\$388), has led to a substantial increase in the number of children, especially under the age of three, who are enrolled in center-based care (Statistics Norway, 2012b). In Norway, 79.5% of all one- to two-year-old

children and 96.5% of all three- to five-year-old children totaling 282,737 children, experienced nonparental, out-of-home childcare in 2011. These children typically spent 35 to 40 hours or more per week in childcare following the initiation of care, and these high levels of childcare continued until the children entered school at approximately six years of age (Statistics Norway, 2012d).

There is however, a downside of this seemingly happy and successful adventure. As the number of new childcare facilities has risen, the number of qualified staff has not kept up. In 2011 there were a total of 88,823 professional caregivers employed in the childcare facilities. Only 28,761 of these caregivers, approximately 32%, had the required bachelor degree in preschool education or an equivalent professional training. To meet the increasing requirements of staff in the child-care facilities, the government has given an increasing number of dispensations from the educational requirements since 2006 (see Figure 2) (Statistics Norway, 2012a). In 2006, 1,330 (8%) of child-care staff who were supposed to meet the educational requirements were on dispensation; by 2010 this number had risen to 3,620 (16%) (Statistics Norway, 2011). Therefore, Norway, unlike Sweden and Denmark, is far from reaching the standards that are suggested by the UN in terms of childcare quality. According to these standards, 80% of all childcare staff should be trained, and 50% of the staff should be tertiary educated with relevant qualifications (UNICEF, 2008). Thus, Norway lags far behind several other European countries in the number of educated staff.

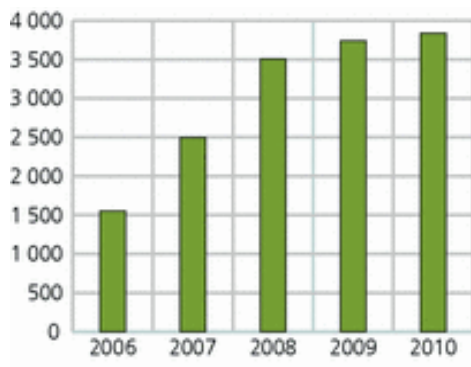


Figure 2 Number of childcare employees who have been given dispensation from the educational requirements between 2006 and 2010.

Nevertheless, most parents express positive attitudes towards letting, even one-year-olds be cared for in childcare centers. As Norway is close to reaching the goal of universal childcare access for all children between one and five years of age, it appears that parents' views on the preferred form of care – at home or center care – are also changing. According to a recent report from Statistics Norway, parents' attitudes towards nonparental childcare have changed dramatically. In 2002, 41% of mothers said that full-time childcare was the best way to care for three-year-olds. In 2010, 72% said the same. In comparison, 9% of mothers in 2002 said that the best way to care for their one-year-old children was full-time childcare; in 2010 this percentage had risen to 18% (Kitterød, Nymoén, & Lyngstad, 2012). At the same time, we know that 70.9 % of all one-year-olds were in childcare in 2011, and the majority of these children were in childcare for 40 hours or more (Statistics Norway, 2012d). This apparent inconsistency may, at least in part, be explained by parents who feel torn between work obligations and the long hours that their children must spend in childcare (Undheim & Drugli, 2012). It has been suggested that one way parents can cope with this cognitive dissonance is by altering their perception of what constitutes a child's basic needs (Broberg &

Hwang, 1992). When infants' needs can be interpreted as "in tune" with those of adults' (i.e., "my infant needs to go to childcare to develop optimally"), less conflict will be experienced by parents. In societies where very early out-of-home care is becoming increasingly common, such as in Norway, parents will then tend to emphasize infants' needs for nonparental stimulation, the educational value of early socialization with other adults and peers, and children's needs to be independent of their parents very early in life (Broberg & Hwang, 1992).

1.2.3 The childcare transition – driving forces

Lamb and Sternberg (1992 p. 4) compared childcare in 18 countries over five different continents and concluded that there was no country "in which the basic demand for nonmaternal childcare has not been driven by economic forces". Norway and the other Scandinavian countries are no exception. According to the UN, the great change in how economically advanced countries care for their children is driven by economic pressures on governments; more women in the workforce boosts GDP, increases income from taxes, and reduces welfare costs (UNICEF, 2008).

In Norway, the welfare state has increasingly taken responsibility for the care of the young and the elderly that previously was undertaken by the family (Statistics Norway, 2009). The expansion of the Scandinavian welfare state and rapid industrialization during the 1970s produced a national labor shortage in Norway. This in turn meant increased demand for women's labor. At the same time, the traditional family was changing, with single motherhood becoming more common. Thus the requirement and possibility for women to become breadwinners increased (Leira, 2006). Between 1972 and 1986 the percentage of women in the work force increased from 42% to 60% (Statistics Norway, 2009). Today,

Norway has one of the highest employment rates for women among the OECD countries, with 75.6% of the women between the ages of 15 and 64 years in the work force. Only Denmark has a higher rate of employed women (Statistics Norway, 2012c). However, until the 1990s, the rising labor market participation of mothers in Norway made only a modest impact on the provision of governmentally funded childcare services for children under the age of three (Leira, 2006).

Gender equality has been another important driving force in the childcare transition. In Scandinavia, equality considers not only labor market participation and economic independence, but also work vs. family arrangements. Nordic reproduction policies, and particularly the care of young children, have thus been reformulated as central to the promotion of gender equality (Ellingsæter & Leira, 2006). In Norway, state sponsoring of childcare services, in addition to prolonged periods of parental leave that are designated to fathers on a use-or-lose basis, have been seen as important steps in ensuring gender equality by fostering working mothers and caring fathers (Grødem, 2008; Leira, 2006).

Apart from the fostering of gender equality, another political ideology has also been important for the development of the provision of universal access to center care in Norway. This state-funded provision is considered to be an important vehicle for social equalization and is intended to provide young children from disadvantaged families with a nurturing, challenging, and inspiring environment (Ministry of Education, 2007).

In summary, the change from parental care or care provided from kin or others close to the family to childcare facilities run by professional caregivers has been termed “the childcare transition”. This transition was not based on research evidence or consultation with experts on child development but was primarily based on policy makers’ decisions, ideologies and the

welfare state's economic requirements. Child development researchers were not consulted until after the transition but then as evaluators of professional childcare.

1.3 The effects of nonparental care on child development

Whatever the underlying motivating forces, nonparental childcare has become an important part of how children are cared for in developed Western societies and is presumably here to stay. Acknowledging this, more than four decades of childcare research has attempted to answer important questions such as the following: Is nonparental childcare beneficial or detrimental to child development? Does spending time in nonparental care constitute a risk for insecure parent-child attachment? What are the child-related outcomes that are typically affected by childcare experience? Does high-quality nonparental care provide a valuable formative experience in terms of children's cognitive development? What is the impact of nonparental childcare on social competence and behavior problems? What follows is a review of the available research into the effects of nonparental childcare on child development.

1.3.2 Findings from four decades of childcare research

Except for the focus on the caregiver-child relationship and an early focus in childcare research on attachment and possible detrimental effects on the mother-child relationship research on the effects of nonparental care has been mostly atheoretical, rather than conceptually driven. Although the grounding in developmental theory may sometimes be lacking most scholars appreciate that research on childcare and its possible effects must take into account the social and political context in which children develop (Lamb & Ahnert, 2006;

Love et al., 2003). Over the years there has been an expanding recognition of the number of social structures that impinge on individual psychological functioning (Bronfenbrenner, 2005; Bronfenbrenner & Ceci, 1994). Furthermore social interaction with adults and peers is now recognized as a critical component of all behavioral development, both normal and abnormal. And as children spend almost as many hours in childcare as they do with their parents (Kitterød et al., 2012; Statistics Norway, 2012d), professional caregivers become important socializing agents, alongside parents and peers (Kvello, 2008).

The majority of the research on nonparental childcare has been conducted in the United States (Jaffee, Van Hulle, & Rodgers, 2011; NICHD Early Child Care Research Network, 1997a, 2006); however, important research findings from other countries such as the UK, Canada, Australia, Israel, Germany and the Scandinavian countries will also be considered (Ahnert & Lamb, 2001; Andersson, 1992; Bekkhus, Rutter, Maughan, & Borge, 2011; Borge, 1995; Campbell, Lamb, & Hwang, 2000; Côté, Borge, Geoffroy, & Rutter, 2008; Gupta & Simonsen, 2007; Sagi, Koren-Karie, Gini, Ziv, & Joels, 2002; Sylva et al., 2007; Zachrisson, Janson, & Nærde, in press). Although Scandinavian countries hold a leading role in providing universally accessible childcare, research examining the effects of childcare experience on developmental outcomes emanating from these countries is scarce. In Norway, in particular, this type of research, with the notable exception of a cohort study by Borge (1995), has only begun to be undertaken in the last four or five years and very few results have been published in peer reviewed journals (Bekkhus et al., 2011; Lekhal, Zachrisson, Wang, Schjølberg, & von Soest, 2011; Zachrisson, Dearing, Lekhal, & Toppelberg, in press; Zachrisson, Janson, et al., in press). The current thesis is thus a contribution in starting to fill this considerable void.

1.3.2.1 Is nonparental childcare beneficial or detrimental to child development?

Initially, in the 1970s, concerns regarding the impact on nonmaternal care were framed as questions regarding whether nonmaternal care is detrimental to child development or not. In a widely cited early study, Blehar (1974) concluded that two- and three-year olds in full-time nonmaternal care, when compared to peers who were exclusively cared for at home, appeared insecurely attached to their mothers. Others consistently failed to replicate these findings (see Lamb & Ahnert, 2006). In 1978, Belsky and Steinberg published a review that summarized the then present state of childcare research (Belsky & Steinberg, 1978). These authors concluded that experience in high-quality center based childcare has neither salutary nor deleterious effects upon the intellectual development of the child. This report also concluded that such care is not disruptive to the emotional bond between the mother and the child and increases the degree to which the child interacts with peers, both positively and negatively. This was interpreted by both the public and researchers as giving nonmaternal care the “green light”, despite Belsky and Steinberg’s cautions regarding the generalizability of these conclusions. In the 1970s research was primarily conducted within high-quality university childcare centers that were designed for research purposes and which were not representative of most substitute-care environments. Given that no long-term studies had been conducted by 1978, Belsky and Steinberg’s review dealt only with immediate or short-term effects. The studies were further limited to the direct effects of the care experience on the individual child and consequently ignored important questions concerning the broader impact of day care on parents, the family and social institutions (Lamb & Ahnert, 2006).

There is no simple or singular way to summarize the major findings of the decades of research that followed. I have chosen to organize them in terms of main developmental outcomes: attachment security, cognitive development, social competence and problem

behavior. Childcare findings over the last 50 years have been the subject of heated debate. In terms of attachment and cognitive outcomes, debate has cooled in more recent years, as research findings are less contradictory. For two primary reasons the main focus of this thesis is on social competence and behavioral problems. First, childcare research that attempts to answer how social competence and behavior problems are affected by childcare experiences, is still characterized by dissent. Moreover, it is increasingly recognized that childcare findings in one country do not necessarily hold across different sociopolitical contexts and countries (van Ijzendoorn & Tavecchio, 2003). Thus, we need studies from different countries to fully understand the manner in which child development is affected by the “childcare transition”.

In the following sections I will summarize the research on attachment and cognitive outcomes before considering the effects of childcare on social competence and behavioral problems.

1.3.2.2 Does spending time in nonparental childcare constitute a risk for insecure parent-child attachment?

Beginning in 1986, a series of reports again fanned fears that nonparental care, especially when initiated in the first year of life, may adversely affect child-parent attachment and thus related aspects of psychosocial development (e.g. Belsky, 1986). However, in a meta-analysis published the year after, Phillips, McCartney, Scarr, and Howes (1987) concluded that there were no significant differences in attachment security between childcare-reared and home-reared children. Belsky (1988) countered this in his review of four studies where he concluded that more than 20 hours of care per week in the first year could be considered to be a risk factor in terms of insecure infant-mother attachment. These findings were echoed by Clarke-Stewart (1989), who reviewed 17 studies that were published between

1978 and 1988 where the Strange Situation Procedure (SSP) had been used to measure attachment security. Notwithstanding these empirical findings, pointing to the problem of selection bias and criticizing the sole reliance on the SS as a measure of attachment, Clarke-Stewart concluded that childcare should and could not be considered to be a risk factor for child development. Subsequent studies concluded that overall, full-time nonparental childcare, even when initiated in the first year of life (although after six months) was not associated with increased insecure attachment (Burchinal, Bryant, Lee, & Ramey, 1992; Lamb, Sternberg, & Prodromidis, 1992).

These earlier studies had several important limitations. Overall, the available research failed to take selection effects into account (see the section below discussing this shortcoming). Moreover, and perhaps most importantly, much of the research did not take into consideration the quality of the childcare. In response to these important limitations and to address the heated debate regarding how the ongoing social change may affect child development, the NICHD Study of Early Child Care and Youth (NICHD SECCY) was established in 1987. The NICHD SECCY has a large and diverse sample (N=1364), a longitudinal design, and includes child, maternal, family and childcare factors. This study includes measures of quality of childcare, the amount of childcare (quantity), the age of entry into childcare and the type of care, allowing for these different aspects of the childcare experience to be examined separately, additively and interactively (see Belsky, 2006). The results from the NICHD SECCY indicated that quality, quantity, age of entry, stability and type of care had no main effects on infant-mother attachment security. However, children whose mothers were less sensitive were more likely to be insecurely attached to them, especially when the children spent long hours in care and the childcare was of poor quality (NICHD Early Child Care Research Network, 1997a, 2001).

A subsequent meta-analysis of 59 studies revealed no significant effect of childcare on the security of child-mother attachment (Erel, Oberman, & Yirmiya, 2000). Interestingly, the meta-analysis revealed that the year of publication was positively related to the magnitude of the difference in attachment classification; over time there has been an increase in the findings indicating that nonmaternal care does not pose a risk in term of insecure infant-mother attachment. However, reminding us that these conclusions may vary with the context in which child-care effects are studied, the Israeli Haifa Study reported that center-care in and of itself did, in fact, increase the likelihood of infants developing insecure attachments to their mothers compared to their home-reared peers (Love et al., 2003; Sagi et al., 2002).

1.3.2.3 Can nonparental childcare experience enhance children's cognitive development?

A part from some early researchers who reported that childcare had negative or no effects on cognitive development (Brooks-Gunn, Han, & Waldfogel, 2002; Erel et al., 2000; Vandell & Corasaniti, 1990), the vast majority of researchers report positive effects (NICHD Early Child Care Research Network, 2000b, 2003b). Nevertheless, such positive effects are typically associated with high quality center-care (Burchinal, Peisner-Feinberg, Bryant, & Clifford, 2000; Clarke-Stewart, Gruber, & Fitzgerald, 1994; NICHD Early Child Care Research Network, 2000a, 2000b, 2002b), and the gains appear to be most prominent for children at developmental risk (Caughy, DiPietro, & Strobino, 1994; Loeb, Bridges, Bassok, Fuller, & Rumberger, 2007; Love et al., 2003; Vandell, 2004).

Scandinavian researchers have also consistently reported positive effects of nonparental care in the realm of cognitive-linguistic development. In a longitudinal Swedish study of 119 children followed from their first year of life until the age of 13 years, children entering either center or family day care before their first birthday generally performed better

in school when 8 and 13 years (Andersson, 1989, 1992). In contrast to other findings that the cognitive benefits are largest for children beginning childcare between the age of two and three years (Loeb et al., 2007), Andersson reported that beginning care before the child's first birthday, but after the age of six months, was associated with better functioning. Another Swedish study, The Longitudinal Göteborg Child Care Study, reported similar results (Broberg, Wessels, Lamb, & Hwang, 1997), as did a more recent Swedish study (Sundell, 2000).

There is a small number of recent Norwegian studies worth mentioning, adding to this line of positive findings. In a longitudinal study of the long-term impact of the introduction of universally accessible care in Norway in the 70s Havnes and Mogstad (2009) investigated the long-term consequences for children enrolled in such care in the 70s between the ages of three and six years. These authors found that childcare had strong positive effects on children's educational attainment and labor participation and also reduced welfare dependency. Using survey data from the Norwegian Mother and Child Cohort Study (MoBa) (n =19,919) Lekhal et al. (2011) reported that children attending center care full time at age three exhibited less late talking than children attending center care part-time. However, no such effects were observed when the children were 1.5 years or for children attending family day care.

In summary, there is little debate today in the childcare literature concerning the effects of nonparental care on cognitive-linguistic child outcomes. Findings from such diverse countries as the USA, UK, Sweden and Norway all indicate that high quality childcare may have beneficial effects for children's cognitive development.

1.3.2.4 What is the impact of nonparental childcare on social competence and behavior problems?

Given the increasing awareness of the importance of nonfamilial socializing agents in promoting or undermining children's social and emotional functioning (Eisenberg & Fabes, 1998), it is not surprising that researchers have examined the impact on nonparental care on socioemotional development. This is an area of childcare research where debate, controversy and inconsistent findings still exist.

Since the early concerns raised by Belsky (1988) and others that early, extensive and continuous care was associated with poorer social functioning, aggression and noncompliance (Belsky & Eggebeen, 1991; Vandell & Corasaniti, 1990), such evidence has continued to accumulate over the years. As a result, more time in care and center care in particular, has been associated with poorer social competence and more externalizing behavior. Most notably were the findings from the NICHD SECCYD (Belsky, Vandell, et al., 2007; McCartney et al., 2010; NICHD Early Child Care Research Network, 2003a, 2005; Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010). Similar findings have been reported in the UK (Neighbourhood Nurseries Initiative Research Team, 2007), Canada (Baker, Gruber, & Milligan, 2008; Côté et al., 2008), Switzerland (Averdijk et al., 2011), Australia (Yamauchi & Leigh, 2011) and other US samples (Loeb et al., 2007). In the Canadian study Baker, Gruber and Milligan (2008) analyzed a natural experiment that was created in Quebec, Canada, when a reform introduced subsidized and universally accessible childcare. Rigorous analyses revealed that the increased childcare usage negatively affected the socioemotional development and health of children.

However, some researchers have also reported positive effects of childcare on social competence and behavior problems (Borge, Rutter, Côté, & Tremblay, 2004; Côté et al., 2007). Again, such positive effects are observed primarily for children who are at risk when

entering high-quality nonparental care. Nevertheless, other studies have failed to identify any quantity-of-care effects, either positive or negative, on socioemotional outcomes (Barnes, Leach, Malmberg, Stein, & Sylva, 2010; Jaffee et al., 2011; McCartney, Scarr, Rocheleau, Phillips, & Abbott-Shim, 1997).

While the NICHD SECCYD has reported the negative effect on externalizing behaviors to be independent of childcare quality, highlighting the role of quantity and type of care (Belsky, Vandell, et al., 2007), later analyses from the same study have found that quality does matter and moderates the effects of quantity and type of care on social and behavioral outcomes (McCartney et al., 2010; Vandell et al., 2010). The importance of quality has been highlighted by others as well (Love et al., 2003; Votruba-Drzal, Coley, Maldonado-Carreno, Li-Grining, & Chase-Lansdale, 2010). However, after the early studies in the 1980s where quality of care was largely ignored, the more recent focus on the way the quality of care mediates the effects on nonparental childcare on young children may have led researchers to overstate the demonstrated importance of quality of care (Lamb & Ahnert, 2006). Just as quality clearly makes a difference, it is also clear that the effects of quality may be considerably less profound than expected, at least in regard to behavioral outcomes (Belsky, 2002; Belsky, Vandell, et al., 2007; NICHD Early Child Care Research Network, 2003a).

Despite the nature of reported childcare findings, virtually all developmental scholars agree that childcare and its effects occur within a societal and cultural context. Thus, the generalizability of childcare findings from one country to another is questionable. In Scandinavian countries and countries like Japan, where structural childcare quality is regulated by the government, one finds positive or no effects of even extensive time in center care on social and behavioral outcomes (Andersson, 1989, 1992; Anme & Segal, 2004; Campbell et al., 2000). This is in contrast to what has been reported in other countries.

Studying a Swedish sample, Campbell, Lamb and Hwang (2000) found that children who enrolled in out-of-home childcare between 1.5 and 3.5 years of age and who spent more days but fewer hours each day in childcare were more socially competent than other children. An older and oft-cited report by Andersson (1992) indicated that children entering nonparental childcare before the age of one but after the age of six months were rated by teachers as more socially competent at 13 years of age than other children, controlling for home background, child gender and intelligence. More recently, Bohlin, Hagekull and Andersson (2005) reported that time spent in nonparental care between one and four years of age had a positive effect on social competence at 8 years of age. However, these authors did not control for any family or child background factors.

In contrast to these findings are those from an earlier Norwegian study by Borge and Melhuish (1995). These authors monitored a cohort of 120 children from a single rural Norwegian community and observed that after controlling for child IQ, socioeconomic status (SES) and gender, 10-year-old children who spent more time in nonparental care during their first four years of life manifested more behavioral problems than their peers. Moreover, the children who were enrolled in nonparental care *after* age four manifested fewer behavioral problems than other children, and this beneficial effect was most pronounced for those children who scored higher on behavioral problems at the time of childcare enrollment. A more recent Danish reported associations between more than 30 hours of care per week at age three and behavioral problems at age seven (Gupta & Simonsen, 2007).

A recent report published by the Norwegian National Institute of Health using questionnaire data from 12,875 mothers participating in the MoBa study, indicated that boys enrolled in childcare before the age of 18 months exhibited more problem behavior at age five, after controlling for a host of family and child background factors (Schjølberg, Lekhal,

Vartun, Helland, & Mathiesen, 2011). The same effect was only observed for girls who spent more than 40 hours a week in care. The effects were small but significant. Bekkhus et al. (2011), using the data from the same study (n=16,865) reported that children who were enrolled in group care were more aggressive at age three compared to children in maternal care. Again, the effects were very small. In contrast, preliminary results from the Behavior Outlook Norwegian Developmental Study (BONDS), an ongoing longitudinal study of 1,157 children, reported no difference at age three in terms of aggression, oppositional behavior, or prosocial behavior (i.e., both adjusted and unadjusted for confounding factors) (Zachrisson, Backer-Grøndahl, Nærde, & Ogden, 2012). Thus, children in center care were just as aggressive and socially competent as children who were cared for at home. However, the results also indicated that group size mattered. There was a negative association between teacher-reported social competence and group size, with children in larger groups exhibiting significantly poorer social competence. Lately Zachrisson, Dearing, et al. (in press), using data from the MoBa study (n=75,271, including 17,910 siblings) observed a nonlinear association between maternal-reported externalizing behavior at 18, and 36 months and childcare hours. However, when a more conservative adjustment for selection bias was employed (i.e., sibling-fixed effects), these associations disappeared.

In summary, the effects of nonparental childcare on children's socioemotional development are still heavily debated especially in terms of the role played by the quantity and type of care. As research on these outcomes is in its infancy in Norway, debate has been particularly heated. Given that childcare research emanating from Norway is largely lacking and cross-cultural generalizations are questionable, the current thesis adds to the international childcare literature in important ways. This thesis adds to the available literature by investigating the generalizability of the findings from the largest, most comprehensive study

that exists today, the NICHD SECCYD. Using the same instruments to measure the main predictors and outcomes, diverging findings cannot be explained by methodological differences.

1.3.3 Selection bias

Families who use early childcare most likely differ in many ways from those who do not, with the same being true of families who use childcare for varying amounts of time or who begin using childcare earlier or later in the child's life (Belsky, 2006). Yet, one of the perhaps most potentially damaging shortcoming in the childcare literature on maternal employment, childcare and child outcomes, has been the failure to adequately address such selection bias (Hill, Waldfogel, Brooks-Gunn, & Han, 2005).

It was to overcome this limitation and to answer to these critics that the NICHD Study of Early Child Care (NICHD SECC) was set up in 1987. Control for background factors was central to the design of the study (Belsky, 2006; McCartney et al., 2010; NICHD Early Child Care Research Network, 2003a). Those factors that were determined to potentially be confounding were economic factors, maternal personality and beliefs on maternal employment, the number of children in the family, maternal education, and child ethnicity (NICHD Early Child Care Research Network, 1997b). It should be noted that ethnicity and child sex were the only child characteristics that were investigated.

The cultural and sociopolitical context will necessarily influence parental choice of childcare; thus, confounding factors in one country may not necessarily be the same within a different cultural context. In Anglo-American countries such as the US, where most childcare research has been conducted, adequate to high-quality childcare is expensive and often of

limited availability, except for programs that target children who are economically disadvantaged (UNICEF, 2008). In the US, where only a small proportion of center care cost is covered by public funding (Waldfogel, 2001) socioeconomic factors, including maternal employment have proven to be strong predictors of center care utilization (e.g. Fuller, Holloway, & Liang, 1996; Jaffee et al., 2011; NICHD Early Child Care Research Network, 1997b). In the UK, Sylva et al. (2007) reported that higher socioeconomic status, including maternal education predicted center care utilization when children were 10 months. Others have found maternal education to be a strong predictor even after controlling for other socioeconomic factors (Fuller et al., 1996; Vandebroek, De Visscher, Van Nuffel, & Ferla, 2008). In contrast, in the NICHD SECC, the effect of maternal education on nonmaternal childcare utilization was found to be accounted for by economic and maternal personality factors (NICHD Early Child Care Research Network, 1997b). In Canada lower socioeconomic status (i.e., maternal unemployment) predicted lower participation in higher quality center care (Geoffroy et al., 2012). Similar findings emerged in a Belgium study, where children from higher-income families were more likely to be enrolled in high quality care (Vandebroek et al., 2008)

In Norway, where high-quality center care is heavily subsidized to ensure universal access, socioeconomic selection factors may be less influential. There is a lack of studies addressing these issues in a Nordic context; thus, little is known regarding the factors predicting center care utilization in Norway. Some recent findings suggest, however, that socioeconomic factors matter in Norway as well. Zachrisson, Janson, et al. (), reported that socioeconomic factors such as poor housing and maternal reception of social benefits, significantly reduced the likelihood of center care utilization prior to 18 months. Parental preferences for center care utilization were a much stronger predictor however, significantly

increasing the odds for utilization prior to 18 months. A preliminary report using the same data found that children who were not in center care at three years of age came from families with lower socioeconomic status (i.e., lower parental education, poorer housing, and maternal reception of social benefits) (Zachrisson et al., 2012). Similarly, based on questionnaire data from 24,259 mothers in the MoBa study, Bekkhus et al. (2011) reported that number of siblings, higher maternal and paternal education, and higher family income all predicted group care utilization. In summary it appears that, similar to the situation in the US and other European countries, children in Norway from more advantaged families are more likely to be in center care, although overall parental preferences appear to be a stronger predictor than socioeconomic factors.

Ethnic or racial background has also been related to the utilization of nonparental care both in the US (Jaffee et al., 2011; NICHD Early Child Care Research Network, 1997b; Pungello & Kurtz-Costes, 1999) and Europe (Vandenbroeck et al., 2008). The NICHD Early Child Care Research Network (1997b) reported that African American children tended to spend more hours in nonmaternal care than both their Hispanic American and European American peers. Jaffee et al. (2011) found that Hispanic children were more likely to be cared for at home by the age of three than their black and white peers. Vandenbroeck et al. (2008), reported that ethnic minority families in Belgium were less likely to use center care. In contrast to these findings, Sylva et al. (2007) reported no differences among ethnic groups in center care utilization. In Norway, non-Western immigrants are less likely to choose center care for their children both prior to and after 18 months of age (Zachrisson, Janson, et al.)

In terms of maternal psychological well-being, depression has been related to childcare utilization. For example, Brooks-Gunn, Han, and Waldfogel (2010) reported elevated levels of maternal depression in mothers who were employed in the child's first year.

Others have not observed any associations between depression and childcare utilization (Bekkhuis et al., 2011; NICHD Early Child Care Research Network, 1997b; Zachrisson, Janson, et al.). However, Zachrisson, Janson, et al. () reported a marginally significant interaction between maternal education and maternal depression and anxiety, indicating that children of then mothers with low education entered center care earlier if mothers had higher levels of depression and anxiety.

At the child level, it has been suggested that both gender and temperament may influence the timing and quantity of childcare entry. For example, Harrison and Ungerer (2002) reported that the mothers of irritable boys, but not girls, were likely to have returned earlier to work (i.e., nonmaternal care for their children) than mother's with boys who were rated as less irritable. Sylva et al. (2007) also observed that children with a more difficult temperament spent more time in nonmaternal care at the ages of three and 10 months. Contrasting these findings, Jaffee et al. (2011) found that children who initiated nonmaternal care by age 3 had lower difficult temperament scores. In Norway however, no associations between gender, temperament and childcare utilization have been found (Bekkhuis et al., 2011; Zachrisson, Janson, et al.). Lastly, first-born children appear to be more likely to enter nonmaternal childcare (Jaffee et al., 2011; Sylva et al., 2007).

Today, it is widely appreciated that childcare experiences are not randomly assigned, and most studies control for an extensive array of background factors, such as those just discussed, to adjust for selection bias. Nevertheless, as made clear by the previous discussion concerning social and behavioral outcomes, findings are inconsistent despite the control for background factors, even within one sociopolitical and cultural context. For example, findings from the MoBa study in Norway showed small but significant negative effects of spending time in childcare in terms of child aggression (Bekkhuis et al., 2011). In contrast, another

Norwegian study (i.e., BONDS) reported no childcare effects on child social and behavioral outcomes, positive or negative. Both studies controlled for a wide range of background factors such as child temperament, gender, ethnicity, birth weight, congenital syndromes, poor housing, welfare beneficiary status, maternal age, partnership status, maternal education, paternal education, maternal work, maternal mental health, and number of siblings (Zachrisson et al., 2012). It appears that the failure to control for background factors do not, at least not alone, explain the divergent findings.

The challenge of selection bias is not only a matter of which potentially confounding factors to control for but also a matter of the statistical method that is used to do so (Hill et al., 2005). Scholars have recently become appreciative of the limits of the traditional, covariate-informed regression models that are routinely used to both analyze observational data and draw causal inferences. Thus, a variety of econometric approaches (e.g., fixed effects and propensity scoring) are becoming increasingly common in non-experimental research. On the basis of an early observational report (from the NICHD SECCYD) in which time in care was demonstrated to be associated with elevated levels of externalizing problems (NICHD Early Child Care Research Network, 1998, 2003a), McCartney et al. (2010) pursued several increasingly stringent strategies for evaluating the causation underlying the putative effect of quantity of care on problem behavior in children aged 4.5 years. Although the investigators provided additional evidence linking the time spent in childcare to externalizing behavior, this evidence weakened and ultimately became insignificant as increasingly conservative statistical methods were employed. The study by Jaffee et al. (2011), applying a sibling design comparing children within the same family with different childcare experiences, found similar results that were based only on *maternal* reports of child behavior. Similarly, also based on maternal report, Zachrisson, Dearing, et al. (in press), found that more hours in care predicted

higher levels of externalizing behaviors in a large Norwegian sample using conventional approaches to handling selection bias. The finding, however, was not robust to using sibling and individual fixed-effects models to handle selection bias.

Nevertheless, negative childcare effects have proven to be robust to statistical rigorous methods for handling selection bias. Yamauchi and Leigh (2011) used a large-scale Australian dataset with propensity score matching and bias estimation to address the issue of nonrandom childcare selection. This study detected negative effects of early and extensive center-based childcare on the behavioral outcomes of children from a relatively high socioeconomic status. Moreover, the effects remained (but were somewhat attenuated) when the child-adult ratio was included in the equation. A study by Baker, Gruber and Milligan (2008) analyzed a natural experiment created in Quebec, Canada, when a reform introduced subsidized and universally accessible childcare. Rigorous analyses revealed that the increased childcare usage negatively affected the socioemotional development and health of children. Thus, even when more stringent and sophisticated analytical approaches are employed to resolve the issue of selection bias, evidence remains suggest that quantity and type of care are associated with certain behavioral risks.

1.3.4 Beyond the parent – the importance of professional caregivers in children’s lives

Enrollment in nonparental childcare offers opportunities for children to form relationships with adult care providers and increases opportunities for relationships with peers and other children. Given that the quality of the caregiver-child relationship can be seen as one of the most, if not the most important aspects of childcare quality, thus the current thesis focuses specifically on this relationship. Relationships with care providers merit attention because they significantly affect children’s development (see for example Pianta, Hamre, &

Stuhlman, 2003; Pianta & Stuhlman, 2004). This does not imply, however, that we do not acknowledge the importance of the relationships that children form with peers and other children (for a review on childcare and relationship with peers, see Lamb & Ahnert, 2006). Parents play and continue to play the most important role in terms of influencing their children's development. This is also true for children who are enrolled in daily nonparental childcare (NICHD Early Child Care Research Network, 2003c). Given that nonparental care is now a normative experience for most toddlers and preschoolers, and in certain countries for infants as well, it is not surprising that researchers in the last two decades have increasingly focused on the importance of caregiver or teacher-child relationships and their impact on child development (Birch & Ladd, 1998; Pianta, 1992; Pianta, 1997; Pianta et al., 2003; Pianta, Nimetz, & Bennett, 1997).

The teacher-child or caregiver-child relationship, hereafter referred to as the teacher-child relationship, can be assessed from the teacher's perspective, the child's perspective and by means of observation (Pianta et al., 2003). Observational measures are often time-consuming and expensive. Given that we in the TESS had a sample of nearly 1,000 children, attending close to 250 different childcare facilities, and given the children's young age, we chose to assess teacher-child relationship quality from the teacher's perspective. To do so, we used the STRS (Pianta, 2001). What sets this measure apart is that it focuses on the teacher's feelings about and the perceptions of the child's *relational behavior* towards them. This scale has been used in Norway with elementary school aged children (Drugli & Larsson, 2006; Drugli, Larsson, & Clifford, 2007) but its validity in a Norwegian preschool sample has not been examined. Thus, by examining the validity of the STRS in a Norwegian preschool sample, the research reported in this thesis adds to the existing literature on teacher/caregiver-child relationships.

The study of caregiver- or teacher-child relationships has been guided by attachment theory. Researchers using the Strange Situation (Ainsworth et al., 1978) and Attachment Q-set (AQS; Waters, 1995) to examine the quality of the security of the relationship between children and their care providers, have found that children form attachment relationships with nonparental care providers (Davis, 2003; Pianta et al., 1997). Even Ainsworth (1978) mentioned early teacher-child relationships and conceptualized them as “secondary attachment bonds”. These relationships can fulfil the important functions of providing children with a secure base from which to explore their surroundings, and of supporting them in times of stress (Goossens & van IJzendoorn, 1990; Pianta, 1992). A secure attachment to a care provider is also hypothesized to buffer children’s physiological reaction in times of stress (Dettling, 2000). The primary findings from studies that have investigated attachment to nonparental caregivers were summarized in a meta-analysis by Ahnert, Pinquart, and Lamb (2006). These authors reported that, although secure relationships to caregivers were less common than secure relationships with mothers or fathers, children formed attachment relationships with their caregivers that could be described using methods that were originally developed to assess the parent-child attachment relationship.

Some studies report that the quality of teacher-child relationships can be at least partially predicted from maternal attachment (DeMulder, Denham, Schmidt, & Mitchell, 2000; O’Connor & McCartney, 2006; Rydell, Bohlin, & Thorell, 2005); although, other studies do not (Goossens & van IJzendoorn, 1990). This indicates that some children may develop relationships with teachers that complement the parent-child relationship, whereas other children may develop relationships that differ (Davis, 2003). Recent evidence suggests that the longer children spend in preschool and school, the weaker the association between the parent-child relationship and the teacher-child relationship (Zhang, 2011). This indicates that

a lack of prior opportunities to build adaptive relational skills may not necessarily predispose children to poor teacher-child relationships over time (O'Connor & McCartney, 2006), and that secure, socially competent children are not guaranteed a teacher with a close relationship towards them.

Research documenting the connections between teacher-child relationships and child outcomes has primarily focused on children's problematic behavioral styles (e.g., internalizing and externalizing behaviors and aggression in particular) (Birch & Ladd, 1998; Hamre & Pianta, 2001; Maldonado-Carreño & Votruba-Drzal, 2011; O'Connor, Dearing, & Collins, 2010). There is mounting however mounting support for the importance of teacher-child relationships in social development. A good relationship with teachers, defined by a combination of high levels of closeness and low levels of conflict and dependency, can provide children with the emotional security necessary to engage fully in learning activities and scaffolds the development of social, behavioral and self-regulatory competencies (Pianta, 1999). Several researchers have documented the concurrent and longitudinal association between a good teacher-child relationship and social skills during the preschool and school years (Berry & O'Connor, 2010; Birch & Ladd, 1998; Howes, 2000; Howes, Matheson, & Hamilton, 1994; Mashburn et al., 2008; Peisner-Feinberg et al., 2001; Pianta & Stuhlman, 2004). However, evidence of a positive effect of the teacher-child relationship on social skills *development* is limited given that most studies include social skills as their longitudinal outcome, and fail to control for initial social skills. Moreover, most studies has relied on teacher report for both predictor and outcome measures so that the observed associations may be an artifact of rater effects. In addition to these limitations, previous research on teacher-child relationships and social skills development has indicated only a modest effect of teacher-child relationship quality on social skills development (see Mashburn

et al., 2008; Peisner-Feinberg et al., 2001; Zhang & Nurmi, 2012). This may be because there is heterogeneity in the effects of teacher-child relationships on later social skills. Hence, some children may benefit from a positive relationship to the teacher, whereas others may not.

There is a growing body of literature examining the protective role of teacher child relationships for “at-risk” children, both in terms of behavioral risk (i.e., internalizing or externalizing behavior), child characteristics (e.g., shyness) and family risk factors (e.g., poverty, low maternal education or insecure mother-child relationships) (Arbeau, Coplan, & Weeks, 2010; Hamre & Pianta, 2005; Ladd & Burgess, 2001; Peisner-Feinberg et al., 2001; Silver, Measelle, Armstrong, & Essex, 2005). In addition, evidence suggests that the teacher-child relationship may be especially important for children at risk, or with children who already have developed behavior problems (Hamre & Pianta, 2001).

A range of child characteristics may leave at-risk children either susceptible (Belsky, Bakermans-Kranenburg, & van Ijzendoorn, 2007) or impervious (Sabol & Pianta, 2012) to the effects of the teacher-child relationship. We argue in this thesis that attachment security, and specifically different levels of attachment disorganization, form a prime candidate. Evidence suggest that attachment security may play a moderating role when it comes to the intergenerational transmission of depressive symptoms (Milan, Snow, & Belay, 2009), and the effect of parenting stress on children’s emotional and behavioral problems (Tharner et al., 2012). These studies point to the potential moderating role of attachment security, and specifically to attachment disorganization when predicting child outcomes. The potential moderating role of attachment disorganization, in the link between teacher-child relationships and social skills development has, however, not been previously studied. The present thesis will add to the existing literature on teacher-child relationship by addressing this possibility.

2.0 AIMS OF THE THESIS

The overall aim of the current thesis was to examine the effects of nonparental childcare experiences during the first 4.5 years of life on children's socioemotional adjustment at 4.5 and 6 years of age.

The aim of Study I was to establish the factorial validity of the Norwegian version of the full Student Teacher Relationship Scale (STRS; Pianta, 2001) in a preschool community sample. We examined the equivalence of factorial validity across gender and investigated the concurrent and discriminant validity of all the three STRS-subcales.

Study II aimed to determine whether the degree of exposure to nonparental childcare and large peer groups during the first 4.5 years of life in Norway would be associated with socioemotional functioning. Specifically, we sought to determine whether findings emanating from the United States would be observed in a country with different childcare conditions.

We addressed the issues of quantity of care, timing of care, and group size while controlling for type of care (i.e., center vs. family care) and child and family background factors.

The purpose of Study III was twofold. We first investigated whether positive teacher-child relationship during preschool predicted social skills in first grade beyond the effect of preschool levels of social skills. Second, we sought to determine whether the teacher-child relationship differentially affects children's development of social skills depending on preschool disorganization status.

3.0 METHODS

3.1 Study design and procedure

The participants in Study I, II and III were all drawn from the primary sample of the Trondheim Early Secure Study (TESS) which is a longitudinal study starting at preschool-age of early detection and prevention of psychiatric disorders. All of the children born in 2003/2004 living in Trondheim, Norway and their parents were invited by mail to participate in the study. Trondheim is the third-largest city in Norway, with 173,486 inhabitants and is situated in the middle region of the country. The population of Trondheim is similar to the national average on several key indicators: the average gross income per inhabitant is 99.5% of the national average; the employment rate is identical to the national rate; and 80.0% of the households are two-parent families compared to the national average of 81.4% (Statistics Norway, 2010).

3.1.1 Screening procedure

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997, 2001) was sent to each home, and the parents were requested to complete and return the form when they attended their 4-year-old's mandatory health checkup at the local health clinics. A majority of the children who were invited appeared at the checkup (97.2%). Parents with insufficient proficiency in Norwegian to be interviewed and answer questionnaires were excluded from the study. The health nurse at the clinic informed the parents regarding the study using procedures approved by the Regional Committee for Medical and Health Research Ethics. Informed, written consent was obtained from the participants, and the consent rate among eligible families was 82.1%.

The SDQ scores on the symptom scales (i.e., emotional symptoms, conduct problems, hyperactivity or inattention, and peer relationship problems) were divided into four strata using the cut off ranges of 0-4 (44.2% of the population), 5-8 (29.5% of the population), 9-11 (18.5% of the population), and 12-40 (7.8% of the population). Using a random number generator, 38.1, 49.1, 71.4 and 89.2% of children in strata 1, 2, 3 and 4, respectively, were selected to participate in the more extensive data collection at the university. Of the 1,274 children (and parents) selected, 992 parents (77.9%) were interviewed. Of these 935 (94.3%) brought their children to the University for further testing.

3.1.2 Data collection procedure

At the initial assessment (T1) parents were interviewed with a semi-structured psychiatric interview (The Preschool Age Psychiatric Assessment [PAPA] (Egger & Angold, 2004) . The same parent who completed the SDQ at the health check-up for 4-year-olds then brought the child to the university clinic in all but 14.1% of cases (in which the other parent attended). At the university clinic, the parents provided information regarding childcare history as well as the child and family background factors that served as covariates in the analyses. The children underwent extensive assessment in which also language comprehension, social emotional functioning, and attachment representation also were examined.

The parents consented to having their childcare provider complete detailed questionnaires (to be answered by the current caregiver who knew the child best) regarding the children, which included questions regarding social competence, externalizing behavior and caregiver-child relationship quality. The questionnaires were returned within 3 weeks following the university assessment. Of those families who did not wish to participate in the more extensive study, 35 of the 255 parents still gave their consent to send questionnaires to

their child's childcare center. The overall response rate from the childcare centers was 90.0% (N= 931). The drop-out rates following recruitment did not differ across the SDQ strata ($\chi^2 = 5.70$, $df = 3$, $p=.13$) or gender ($\chi^2 = 0.23$, $df = 1$, $p=.63$). A flowchart of the recruitment process can be seen in Figure 3.

When the participating children entered first grade (T2), i.e., two years after T1, the parents and children were invited back to the university clinic for new assessments, following the same procedures as in T1.

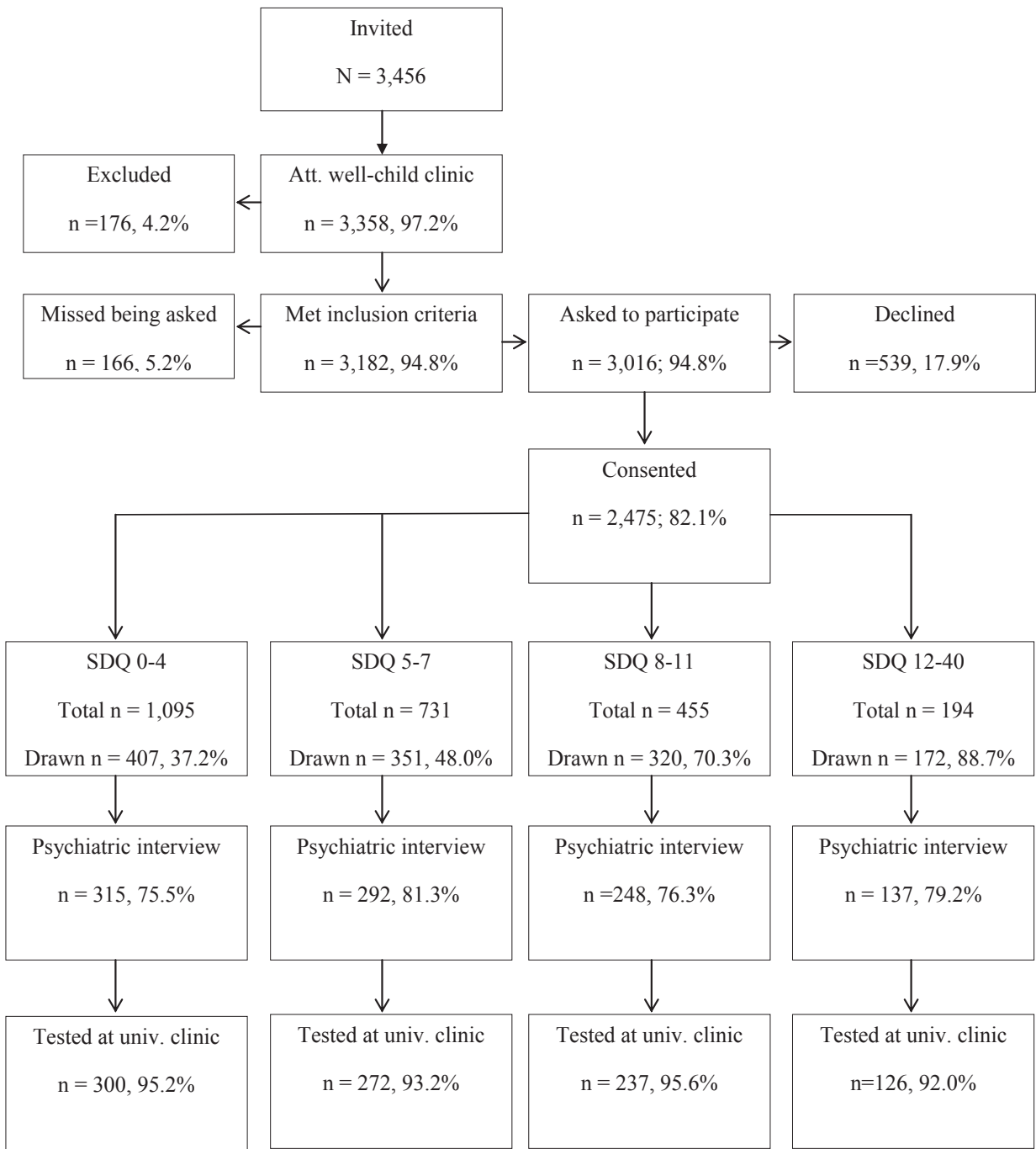


Figure 3. Flowchart of sample recruitment

3.1.3 Attrition rate

The attrition rate from T1 to T2 was 18.5% (n = 173). Longitudinal data were used in Study III; thus, drop-out analyses were performed based on the sample and measures of Study III. The sample that was analysed in Study III (n=714) was compared with the T1 sample with respect to problem behavior, the main study predictors and key demographic characteristics, including gender, parental education, and socioeconomic status. Children with a higher total problem score on the Achenbach System of Empirically Based Assessment (ASEBA) Teacher Report Form (TRF; OR = 1.01, 95% CI 1.00 to 1.02, p = .028), those who had a less positive relationship with their preschool teachers (STRS; OR = 1.02, 95% CI 1.00 to 1.04, p = .021), and those who had parents who did not live together (OR= 1.70, 95% CI 1.09 to 2.66, p = .019), had a lower educational level (OR = 1.15, 95% CI 1.06 to 1.24, p = .001), and a lower socioeconomic status (OR = 1.72, 95% CI 1.24 to 2.40, p = .001) were more likely to drop out of the study. Together, these variables explained approximately 3-4% of the variance in the drop out, indicating that drop out was only very modestly skewed in a systematic manner (Cox & Snell $R^2 = 0.027$; Nagelkerke $R^2 = 0.042$). The children's gender, social skills, disorganized attachment representations and whether the child had a diagnosis or not at enrollment, did not predict drop-out.

3.2 Participants and recruitment

Individual samples for each of the three studies included in this thesis, were drawn from the primary study sample based on the principal predictor and outcome variables that were included in each study.

The participants in Study I were 925 children (458 girls and 467 boys) with a mean age of 54.7 months (SD = 3.02), with preschool teachers who had completed the STRS. The

informant preschool teachers, 86.2% women and 13.5% men, had a mean age of 38.2 years, ranging from 22 to 70 (SD = 8.7). Overall, they had extensive experience working with children (mean = 13.3 years, SD = 8.6) and had known the child in question for an average of 18.8 months (SD = 10.95).

The participants in Study II were 935 children (455 boys and 480 girls) for which there was complete information on the study variables, and their parents, of whom 84.6% were mothers (15.4% fathers). Both the mothers and the fathers of these children were primarily of Norwegian ethnicity (91.9 %), and the majority of the parents were married (55.2%) or had lived together for more than 6 months (32.2%). Fewer than 10% of the parents were divorced or separated (9.6%), 0.3 % were widowed, 1.3% had lived together for less than six months, and 1.4 % of the parents had never lived together. The majority of the parents had a bachelor's degree or a higher university degree (65.2%). The informant caregivers were primarily women (87.1%) who had more than five years of experience working with children (82.2%). Most of the childcare informants had a teacher college degree or a bachelor's degree (73.1%). The children typically entered nonparental childcare at approximately 12 months of age (61.9%); by 24 and 36 months of age, 84% and 93% of the children had been placed in childcare, respectively, and virtually all (98.7%) were in childcare by the age of 48 months. Only 7.1% were enrolled in childcare prior to the age of 12 months.

The participants in Study III were 714 children (346 boys and 368 girls) who had valid data on at least one of the main preschool (T1) predictors (i.e. observed disorganized attachment representations and teacher rated teacher-child relationship) and data on the outcome variable (i.e. parent reported social skills) in first grade (T2). Of the parents in the sample (84.6% were mothers), 56.7% were married, 32.4% had lived together for more than 6 months, 8.1% were divorced or separated, 0.4% were widowed, 1.3% had lived together for

less than six months and 1.0% had never lived together. Informant parents had generally high socioeconomic status (i.e., leaders, higher-level professionals and lower-level professionals: 83.8%), and the majority had a bachelor's degree or higher (68.2%). Both biological mothers and fathers were mainly of Norwegian ethnicity (95.8% and 94.3%, respectively). The children's mean (SD) age was 4.6 (0.25) years at enrollment (T1) and 6.6 (0.32) years in first grade (T2). The children had attended non-parental day-care for an average (SD) of 3.5 (0.9) years (range: 0.5 to 4.5 years), with an average (SD) of 34.3(6.4) hours per week (range: 4 hours to 45 hours) at study enrollment. The informant teachers were mainly women (86.6%) who had more than 5 years of experience working with children (84.2%). Most of the informant caregivers had either a teacher's college degree or a bachelor's degree (86.8%).

3.3 Measures

A table summarizing all the measures used in the current thesis, specifying whether a given measure was treated as an outcome variable, predictor, moderator, covariate or indicator of validity in Study I, II, and III, can be found in the appendix.

3.3.1 Externalizing and internalizing behavior

The Norwegian version of The Teacher Report Form (TRF) from the preschool version (TRF/1.5 -5) of the Achenbach System of Empirically Based Assessment (ASEBA: Achenbach & Rescorla, 2000) was used to measure both externalizing and internalizing behavior. TRF is a standardized form that assesses teacher-reported behaviors, problems and competencies in children 1.5 –5 years. The reliability of the TRF has proven to be good-to-sufficient in large German and Chinese samples (Cheng & Leung, 2011; Denner & Schmeck, 2005). However, the preschool version has not been validated in a larger Norwegian sample.

The clinical scales of the TRF yield a Total Problems score (99 items), with two broadband dimensions; the Internalizing Problem scale (32 items), comprising the Anxious/Depressed, Withdrawn, Somatic Complaints, and Emotionally Reactive subscales; the Externalizing Problem scale (34 items), comprising Attention Problems and Aggressive behavior; and ultimately one remaining scale: Other Problems (33 items). The TRF also generates suggestions for DSM-IV diagnosis in its DSM-Oriented problem scales.

Teachers are requested to report on a given child's emotional and behavioral problems over the preceding six months. Each item is rated on a three point scale: 0 = "Not true", 1 = "somewhat or sometimes true"; and 2 = "Very true or often true". In Study I the broadband Internalizing and Externalizing scales were used as were the subscales for Aggressive and Withdrawn Behavior in addition to the following TRF DSM-Oriented problem scales: Affective, Anxiety and Oppositional Defiant Problems. Cronbach's alpha (α) ranged from .63 (DSM-Oriented problem scale; Anxiety) to .95 (Externalizing Behavior). In Study II, only the externalizing subscale was used ($\alpha = .95$).

3.3.2 Social competence

The children's social skills were measured using the Social Skills Rating System (SSRS; Gresham & Elliot, 1990). We used both parent and teacher reports. The SSRS parent report (39 items) consists of 4 subscales: 1) cooperation (behaviors such as helping others, sharing materials, and complying with rules and directions); 2) assertiveness (initiating behaviors such as asking others for information, introducing oneself and responding to the actions of others, such as peer pressure or insults); 3) responsibility (behaviors that demonstrate the ability to communicate with adults and regard for property or work); and 4) self-control (behaviors that emerge in conflict situations, such as responding appropriately to

teasing, and in non-conflict situations that require taking turns and compromising). The SSRS teacher report (30 items) provides three of these subscales: 1) Cooperation, 2) Assertiveness, and 3) Self Control. For both the parent and teacher reports the SSRS yields a total score that combines the subscales, and gives an overall assessment of the child's social skills.

The SSRS is a widely used instrument and has demonstrated good psychometric properties in terms of both reliability and validity (Demaray, Ruffalo, Carlson, Busse, & et al., 1995; Frey, Elliott, & Gresham, 2011; Gresham & Elliot, 1990; Humphrey et al., 2011; Muscara & Crowe, 2012; Rich, Shepherd, & Nangle, 2008; Walthall, Konold, & Pianta, 2005), although the factor structure has shown some instability over time (Van Horn, Atkins-Burnett, Karlin, Ramey, & Snyder, 2007). In the current study we used a Norwegian version of the scale adapted and validated for Norwegian samples (Langeveld, Gundersen, & Svartdal, 2012; Ogden, 2003).

In Studies I and II, we used the total score of the teacher report (Study I $\alpha=.81$; Study II $\alpha=.93$). In Study III the total score of the parent report was used (preschool: $\alpha = .89$, and first grade: $\alpha = .93$).

3.3.3 The quality of the teacher (caregiver)-child relationship

We used the Student Teacher Relationship Scale (STRS: Pianta, 2001) to evaluate the quality of the caregiver-child relationship. The STRS is the most widely used instrument in the study of teacher-child relationships for children between the ages of 4 and 9 (e.g., Belsky, 2006; Birch & Ladd, 1997; Buyse, Verschueren, & Doumen, 2011; Doumen et al., 2009; Doumen et al., 2008; Hamre & Pianta, 2001, 2005; Justice, Cottone, Mashburn, & Rimm-Kaufman, 2008; Ladd & Burgess, 1999; Meehan, Hughes, & Cavell, 2003; NICHD Early Child Care Research Network, 2003a; O'Connor & McCartney, 2007; Palermo, Hanish, Martin, Fabes, & Reiser, 2007; Rudasill, Rimm-Kaufman, Justice, & Pence, 2006; Silver et

al., 2005). Based on teacher reports, the STRS evaluates the quality of the child-caregiver relationship in terms of conflict, closeness and dependency. The closeness subscale, which consists of 11 items, measures the degree to which a teacher experiences affection, openness, and warmth with a particular child (e.g., “I share an affectionate, warm relationship with this child”). The 12 conflict items measure the level of discord within the teacher–child interaction (e.g., “This child easily becomes angry at me”). The dependency subscale that contains five items measures teachers’ perception of possessive, clingy behaviors seen in children who rely too much on teachers for help and support (e.g., “This child is overly dependent on me”). The scale also yields a total score (28 items) that reflects the overall quality of the teacher–child relationship (Pianta, 2001). A high total score indicates a positive relationship that is high in closeness and low in conflict and dependency. Each item is rated on a five point scale from 1 (definitely does not apply) to 5 (definitely applies). The STRS has been translated into Norwegian in accordance with standard translation protocol (Drugli & Larsson, 2006).

In Study I support was found for the validity of a slightly modified 25 item STRS. This version was subsequently used in Study II and III. In Study II we used the modified 10-item version of the conflict subscale to assess conflict in the caregiver-child relationship ($\alpha = .76$). In Study III we used the total score of the modified 25-item version of the STRS, to assess the overall quality of the child-caregiver relationship in preschool ($\alpha = .83$).

3.3.4 Attachment representations

The children’s preschool attachment representations were assessed using the Manchester Child Attachment Story Task (MCAST; Goldwyn, Stanley, Smith, & Green, 2000; Green, Stanley, Smith, & Goldwyn, 2000). Although the MCAST was developed relatively recently, it’s use has continuously increased over the last decade (e.g., Barone et al.,

2009; Barone & Lionetti, 2012; Futh, O'Connor, Matias, Green, & Scott, 2008; Green, 2002; Green, Stanley, & Peters, 2007; Green et al., 2000; Pasalich, Dadds, Hawes, & Brennan, 2012; Wan & Green, 2010).

The MCAST combines both representational doll-play and conversation. It focuses on a specific child-caregiver dyad, uses a range of scenarios designed to be specific and age-appropriate in eliciting attachment-related play, emphasizes the child's identification with the doll figures and induces a degree of anxiety in the child before the story's completion. In the MCAST, each child is presented with four attachment-related distress vignettes. The administrator introduces the story in each vignette using doll-play in a dollhouse. The child chooses one doll to represent her-/him-self and one doll to represent the attachment figure – in the present case the parent that brought the child to the university. The stress induction aims to mobilize specific attachment-related thoughts and behaviors in a way similar to the use of separation in the Strange Situation procedure (SSP: Ainsworth, Blehar, Waters, & Wall, 1978) or the “five adjective question” in the Adult Attachment Interview (AAI: George, Kaplan, & Main, 1996). When distress is induced in the child, the administrator hands the two dolls to the child and asks the child to finish the story (that is, the administrator asks, “What happens next?”). The doll-play is videotaped, and each vignette is coded in terms of attachment categorizations: secure (B), avoidant (A), ambivalent/resistant (C) or disorganized (D). The child is given a primary and a secondary strategy classification for each vignette and an overall attachment classification.

The MCAST was used in Study III. We created a continuous scale for each classification (secure (B), avoidant (A), ambivalent/resistant (C) and disorganized (D)). Each primary categorization for each of the four vignettes was coded as 1 (present) or 0 (absent). Each secondary classification was coded as 0.5 (present) or 0 (absent). A classification scale

was created as the mean of the primary and secondary classifications. A child obtaining a primary classification of D on two vignettes and a secondary classification of D on one vignette would thus have a D score of $(1+1+0.5)/8 = .3125$. Ten percent of the videos were recoded by raters blind to all information concerning the child and the family. All coders had the equivalent of a bachelor's degree in relevant disciplines and were trained and licensed by Jonathan Green and his team. The inter-rater reliability was $ICC = 0.71$ for the D-scale across pairs of raters.

Previous research has demonstrated the usefulness and advantage of a continuous approach when assessing young children's attachment representations (Futh et al., 2008; O'Connor, Bureau, McCartney, & Lyons-Ruth, 2011). There seems to be little difference in the predictive value of categorical versus continuous attachment measures (Schneider, Atkinson, & Tardif, 2001), and Fraley and Spieker (2003) found additional support for describing attachment in continuous rather than categorical terms.

3.3.5 Measures of childcare experience

Childcare was defined as regularly scheduled care that took place outside of the home and was provided by a non-relative to three or more children. Care provided by a nanny or by other family members was not included. The parents provided information regarding two aspects of childcare: quantity of care and group size.

3.3.5.1 Quantity of care

The parent's were asked whether their child attended childcare using five measurement intervals; 6-12, 13-24, 25-36, 37-48 and 49-60 months. For each of the five measurement

intervals, the parents retrospectively reported the number of days and hours per week that the child was in childcare. Using this information, we calculated the total number of hours each child spent in childcare from the onset of care until the university assessment. This represented a measurement that was identical to the NICHD SECCYD quantity-of-care index (NICHD Early Child Care Research Network, 2006). Although the accuracy of the parental recollections could not be directly established, prior research involving both prospective *and* retrospective reports of time spent in childcare have indicated the latter report type to be reliable (Vandell & Corasaniti, 1990; Vandell & Powers, 1983).

3.3.5.2 Group size

For each of the five measurement intervals (described above) the parents also reported how many other children were present in the childcare group. Although group size is highly stable in Norway and more likely to be accurately recollected than among parents from other countries with more variable daycare arrangements, we focused only on concurrent group size given that evidence from the United States has indicated that as opposed to time spent in childcare group size cannot be accurately recollected (Vandell & Corasaniti, 1990; Vandell & Powers, 1983). Squaring the group-size-index provided a means for evaluating nonlinear group size effects. A similar non-linear index of childcare hours was also created, but as it did not yield any effects, no further mention of it is made.

3.3.5.3 Type of care

Parents also reported on their child's current care arrangement (i.e. family daycare or center care), and a dummy variable was created where family daycare was coded as 0 and

center care was coded as 1. This variable was included in the analyses to control for differences between care arrangements (other than group size). In Norway, few children attend family daycare after reaching the age of three; and this fact was reflected in the low number of children in our sample who at T1 attended family daycare (n = 17).

3.3.6 Language skills

A Norwegian adaptation of The Peabody Picture Vocabulary Test (PPVT-III: Dunn & Dunn, 1997) provided a measure of receptive language comprehension. The adaptation was performed based on a pilot study of 17 four year-olds who completed the PPVT after its instruction had been translated into Norwegian. Based on the pilot study, a small number of alterations in word order were made to ensure that the words were presented to the child with increasing complexity/difficulty. The PPVT correlates well with other measures of vocabulary, intelligence, achievement and language, and has demonstrated satisfactory reliability and validity (Dunn & Dunn, 1997; Williams & Wang, 1997). In our sample, Cronbach's alpha was .98.

3.3.7 Covariates

3.3.7.1 Family covariates

Socioeconomic status (SES). SES was measured using a composite of three variables: 1) the highest occupational level in the household, which was coded according to the International Classifications of Occupations (ILO, 1990); 2) the educational level of the informant parent, as measured in years; and 3) the annual family income, as measured in 13 intervals of 75,000 NOK (\$12,500), ranging from no income to an income of 900,000 NOK (\$150,000) or higher. All three variables were divided into the four categories of low,

medium low, medium high and high and were scored as 1, 2, 3 and 4, respectively. These subscores were summed to create a continuous SES measure that ranged from 3 to 12. The families with the lowest scores (i.e., 5 or lower; N=112) included those with a household income below the OECD poverty threshold, parents with no secondary education, and manual workers (i.e., farmers, fishermen or unskilled workers).

Home atmosphere was assessed using a Norwegian translation of the McMaster Family Assessment Device (FAD: Epstein, Baldwin, & Bishop, 1983). The FAD is made up of seven scales: Problem Solving (5 items), Communication (6 items), Roles (8 items), Affective Responsiveness (6 items), Affective Involvement (7 items), Behavior Control (9 items) and General Functioning (12 items). In the current study we used the scale General Functioning which assesses the overall health/pathology of the family ($\alpha = .82$). The FAD has demonstrated good psychometrics properties in terms of both internal consistency and validity (Epstein et al., 1983).

To assess home atmosphere we also used two questions from the Preschool Age Psychiatric Assessment (PAPA) to generate an index of “negative verbal climate” index that pertained to negative and hostile speech from the mother to the child (e.g., “you are a mean boy” or, “you are so stupid!”). Both FAD (i.e., general functioning) and negative verbal climate were used as covariates in Study II.

Alcohol use. The current level of alcohol consumption by the mother was measured using the Alcohol Use Disorders Identification Test (AUDIT: Saunders, Aasland, Babor, Delafuente, & Grant, 1993) ($\text{Theta } (\theta) = .87$). The AUDIT is a 10-item screening instrument that is used to evaluate hazardous and harmful alcohol consumption, drinking behaviors and alcohol-related problems. The responses to each question are scored from 0 to 4, and the sum of the scores range from 0 to 40; a score above 8 indicates an alcohol problem.

Lifetime psychological problems, criminal record and ethnicity. The informant parent provided information as to whether the child's biological parents had ever experienced psychological problems (i.e., not formal psychiatric diagnoses) (yes=1, no=0). The same parent also reported as to whether the biological parents had ever been arrested (yes=1, no=0), and the ethnicity of the biological parents was coded as Norwegian=0 or not Norwegian=1.

Family status. The informant parent reported as to whether the biological parents lived together or were married at the time the child began daycare (yes=0, no=1). The same parent also reported the number of siblings for each child in the study.

3.3.7.2 Child covariates

Temperament was assessed by the Norwegian translation of The Children's Behavior Questionnaire (CBQ) for children who were 3-7 years of age (Rothbart, Ahadi, Hershey, & Fisher, 2001). The CBQ was developed to provide a differential measure of child temperament and is based on the reactive and self-regulative model of temperament (Rothbart & Derryberry, 1981). The CBQ consists of 195 items that are divided into 16 scales. The current study employed the factor solution of the CBQ, i.e., the Big 3, which consisted of the following scales: 1) Negative Affectivity (NA) ($\alpha = .88$) based on the Anger, Discomfort, Fear, Sadness and Soothability (reversed) scales; 2) Surgency (SU) ($\alpha = .92$), which is based on the Activity level, High-intensity pleasure, Impulsivity and Shyness (reversed) scales; and 3) Effortful Control (EC) ($\alpha = .84$), which is based on the Attention Focusing, Attention Shifting, Inhibitory control, Low Intensity-Pleasure and Perceptual Sensitivity scales. These scales were used as controls in Study III.

Child covariates also included gender, age at the time of assessment, prematurity status (yes=1, no=0), and birth weight as reported by the interviewed parent at the University clinic. Low birth weight was defined as weights under 2,500 g (low=1, not low=0).

3.4 Statistics

Given that we used a screen-stratified sample in all three of the studies that are included in this dissertation, we conducted weighted analyses using weights that were proportional to the inverse of the probability of selection of each subject (i.e., low screen scorers were “weighted up” and high scorers were “weighted down”). This provided unbiased general population estimates. Robust confidence intervals were estimated using the Huber-White sandwich estimator (Huber, 1967; White, 1980).

3.4.1 Study I

Confirmatory factor analysis (CFA); multigroup CFA and CFA with covariates (MIMIC; multiple indicators, multiple causes), and bivariate correlations were used to address the research questions concerning factorial and concurrent/discriminant validity, respectively. The analyses were conducted using Mplus 5.2 software (Muthén & Muthén, 1998-2007). For the bivariate correlations familywise error rates were controlled with a Bonferroni correction. The significance level was set to $p < .001$.

The initial data diagnostics indicated that the observed responses on the STRS were discrete realizations of a limited number of categories on most items. An assumption of continuity was thus broken, and the data were treated as categorical using a weighted least square estimator (WLSMV) (Flora & Curran, 2004; Nussbeck, Eid, & Lischetzke, 2006).

Three *a priori* models, a unidimensional model, a two dimensional model and a three dimensional model, were postulated and tested. The latter corresponded to the original three factor STRS. In all of the models, it was hypothesized that the measurement error associated with each item variable would be uncorrelated with each other.

After establishing the factorial validity of the STRS, several correlational analyses were conducted to investigate the concurrent and discriminant validity. These analyses were also conducted using Mplus 5.2 (Muthén & Muthén, 1998-2007). Differences between *r*'s were tested with *z*-score using Fisher's transformation of *r* (Fisher, 1915).

Full information maximum likelihood (FIML) was applied to handle missing data. In this approach Mplus uses all of the data that are available to estimate the model and does not impute values for those that are missing. Each parameter is estimated directly without prior completion of the missing data values for each individual (Muthén & Muthén, 1998-2007). Different estimation methods can be used to evaluate the goodness of fit of structural equation models, such as CFA, i.e., the extent to which the reproduced covariance matrix differs from the observed covariance matrix (Byrne, 2012; Raykov & Marcoulides, 2006). In study I, goodness of fit was evaluated by applying the *p*-value of the χ^2 goodness of fit statistics (Chi-P), the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), the root mean squared error of approximation (RMSEA) and the weighted root-mean-squared residual (WRMR). Good model fit was defined by Chi-P ≥ 0.05 , TLI ≥ 0.95 , CFI ≥ 0.95 , RMSEA ≤ 0.06 and WRMR close to 1.0 (Yu, 2002). When determining the model's goodness of fit, however, Brown (2006) posits that it is just as important to consider the model's parameter estimates as to consider the fit indices that are outlined above. Thus, we also examined model fit based on each item's R^2 , using factor loadings ($\geq .40$) as a criterion. Low R^2 for an item indicates high levels of error and is considered to be an estimate of the item's reliability (Brown, 2006). In

terms of model modification, we considered modification indices (MI) above 10 coupled with high expected parameter change (EPC) (i.e., $\geq .40$). A χ^2 difference test that is suited for analyses conducted with the WLSMV estimator was performed to compare the fit of nested CFA models (Muthén & Muthén, 1998-2007).

3.4.2 Study II

To evaluate the main effects of the quantity of childcare and group size, we used multiple block-wise regressions. The covariates were entered into the first block, and the two childcare predictors (i.e., quantity of care and group size) were entered into the second block along with the type of care as control variable. The peer group size was mean-centered before the quadratic term was created. The analyses were conducted using Mplus 5.2 (Muthén & Muthén, 1998-2007) with a robust maximum likelihood estimator (MLR). The effects on all of the outcomes were tested simultaneously. The missing data were treated with Full Information Maximum Likelihood (FIML) estimation procedure, enabling the inclusion of the entire sample (N=935) (Schafer & Graham, 2002).

3.4.3 Study III

To evaluate the main effect of the quality of the teacher-child relationship on social skills development and a possible moderating effect of children's level of attachment disorganization, we conducted multiple linear regression analyses with social skills in first grade as the outcome. The predictors were entered in a block-wise fashion in the following order: (1) the identified confounder variables along with, preschool social skills; (2) the main effect of the teacher-child relationship quality, (3) the main effect of the level of preschool attachment disorganization; and (4) the interaction between preschool teacher-child

relationship quality and level of attachment disorganization. The Teacher-child relationship quality and Attachment Disorganization were mean-centered before the interaction term was created. In addition, the Attachment Disorganization scale was reversed so that higher scores indicated lower levels of disorganization, in order to aid interpretation of the interaction. Linear regression analyses were conducted using Mplus 5.2 (Muthén & Muthén, 1998-2007) with a maximum likelihood estimator (MLR). The missing data were treated with FIML estimation procedure, enabling the inclusion of the entire sample (N=714) (Schafer & Graham, 2002).

3.5 Ethics

Written informed consent was obtained from all of the parents, and the study was approved by the Regional Ethical Committee for Medical and Health research.

4.0 RESULTS

4.1 Study I

In Study I, we examined the factorial validity and the concurrent and discriminant validity of the full STRS in a community sample of 925 preschoolers (458 girls and 467 boys). The findings from Study I confirmed the validity and factorial invariance across gender, of a slightly modified Norwegian three-factor STRS, for preschool samples. Our results demonstrated that the discriminant validity of the Conflict and Closeness subscales was satisfactory. The discriminant validity of the Dependency subscale however needs to be improved.

Considering the results in more detail, we found that the superior fit of the initial hypothesized three dimensional model was only marginal in terms of the goodness of fit criteria that are outlined above. In addition, three items (i.e., item 21, 6 and 12) had factor loadings under .40 and low ($<.40$) R^2 values. Subsequent CFAs were thus performed to identify the sources of model misfit and to establish a statistically and substantively viable model. In pursuing this goal, taking advantage of our large sample, we split the sample into strictly random halves ($N= 463$ and 462). This step allowed us to explore modifications of the STRS model in one half of the sample (sample A) and to then cross validate the final model in the second half of the sample (sample B).

By testing the three a priori models outlined for the entire sample in sample A, we first established that the three-factor solution gave the best fit to the data, although this fit was less than adequate and similar to the fit that was observed for the entire sample (CHI-P = 0.00000, CFI= 0.88, TLI = .92, RMSEA = .08, WRMR = 1.46). Next, a total of six modifications were made to the model. First of all we allowed the measurement error of items 9, 15 and 27 to be correlated, given that these items shared common themes and wordings. Secondly, we allowed a negative cross loading from item 24 (“Despite my best effort I am uncomfortable with how this child and I get along”), which is a Conflict item, to the Closeness scale. The final modifications included deleting item 6, 12 and 21 one by one, due to low factor loadings ($<.40$) and very low R^2 estimates ($<.25$). Taken together, these modifications gave the model an acceptable fit (Chi-P: 0.00; CFI: 0.94; TLI: 0.96; RMSEA: 0.06; WRMR: 1.14). This modified measurement model replicated well in the other half of the sample (Sample B: Chi-P: 0.00; CFI: 0.94; TLI: 0.96; RMSEA: 0.06; WRMR: 1.08) as well as in the entire sample (Chi-P: 0.00; CFI: 0.94; TLI: 0.96; RMSEA: 0.06; WRMR: 1.34).

To assess factorial invariance across gender, we first conducted a multigroup CFA with the modified measurement model to ensure that the posited three-factor model was acceptable for both boys and girls. We found a slightly better model fit for boys (Chi-P: 0.00; CFI: 0.94; TLI: 0.96; RMSEA: 0.06; WRMR: 1.08) than girls (Chi-P: 0.00; CFI: 0.9; TLI: 0.96; RMSEA: 0.06; WRMR: 1.14), but both were considered to be acceptable. We next conducted a simultaneous analysis of equal form (i.e., least restricted solution), which indicated that the underlying dimension of Closeness differed according to gender (χ^2 diff(1) = 5.874, $p < 0.05$).

Lastly, to further examine this gender invariance, we conducted MIMIC analyses with gender as a covariate. This revealed a significant negative effect of gender on Closeness (unstandardized estimate = -0.15, $p < 0.01$), and no effect on Dependency and Conflict, indicating that boys have a lower factor mean on Closeness than girls. We found that this was primarily due to a slightly higher factor loading among girls for item 4 on Closeness than among boys (-.56 vs. -.49).

The concurrent and discriminant validity of the modified model was also examined using correlational analyses. Generally, the three subscales correlated as hypothesized with the included behavioral measures. Dependency and Conflict correlated negatively with Social Competence and positively with problem behaviors and mental health outcomes. The opposite was true for Closeness. Moreover, Conflict exhibited significantly higher negative correlations with Social Competence than did Dependency, and higher positive associations with aggressive behavior, oppositional defiant behavior and externalizing problems. However, these observed correlational differences were only significant for boys.

4.2 Study II

In Study II, we sought to determine whether the negative effects of childcare quantity and group size on socioemotional functioning, such as those that were chronicled by the NICHD SECCYD (Belsky, Vandell, et al., 2007; NICHD Early Child Care Research Network, 2006; Vandell et al., 2010), would be identified in Norway, a country with a very different childcare system. The results suggest that time in care, and group size have very few, if any, negative or positive effects on Norwegian preschoolers' socioemotional adjustment.

Examining the findings in more detail, all of the childcare predictors proved unrelated to social competence and externalizing problems. The predictors did, however, relate to caregiver-child conflict. Specifically, larger group sizes and more time spent in childcare were associated with predicted comparatively higher levels of conflict in the caregiver-child relationship. Larger group sizes predicted more caregiver child conflict both linearly and non-linearly.

To examine the shape of the nonlinear association of group size and caregiver-child conflict, we graphed and estimated the conflict scores for the children in the groups who were within the 25th and 75th percentiles. The majority of the children were in peer groups of 18 and 20 children. The results indicated that the children in the peer groups with 15, 19, and 20 children scored highest for caregiver-child conflict. The unique explained variances (R^2) of the predictors were small. Time in care explained only 0.8% of the variability in caregiver-child conflict. Similarly, the linear and non-linear effects of group size accounted for only 0.6% and 0.8%, respectively, of the variation in caregiver-child conflict.

Follow-up analyses were conducted to determine whether early care was particularly important and tested whether the number of hours spent in childcare during the first two years of life predicted social competence, externalizing behavior and caregiver conflict at 54 months of age. No such effect of timing of care was observed.

4.3 Study III

The aim of Study III was twofold. First, we examined whether a positive teacher-child relationship in preschool predicts better social skills in first grade, over and beyond the effect of social skills in preschool and a range of covariates. Second, we examined whether attachment disorganization, measured dimensionally, based on the Manchester Child Attachment Story Task (MCAST) (Green et al., 2000) moderated the effect of the teacher-child relationship on social skills development from preschool to first grade.

In accordance with previous evidence and attachment theory, we contrast two different hypotheses in terms of how different levels of attachment disorganization may moderate the effect of teacher-child relationship quality on children's social skills development. According to the differential susceptibility hypothesis one should expect greater gains in social skills from preschool to first grade for children high on disorganization under conditions of a good teacher-child relationship and comparably lower gains under conditions of a negative quality teacher-child relationship. In contrast, according to "the impervious effect" one should expect that children with high levels of attachment disorganization, would not benefit from a positive teacher-child relationship in terms of better social skills, nor would they be negatively affected by a negative teacher-child relationship.

We found that a positive relationship with a teacher in preschool predicted social skills in first grade, beyond the effects of initial social skills, and covariates. More specifically, children having a close relationship with their teacher in preschool were more socially skilled in first grade, adjusting for the initial level of social skill in preschool. This effect, however, was dependent upon the children's disorganization status in preschool. Specifically, we found a significant interaction between attachment disorganization and teacher-child relationship quality. Our results indicated that higher-quality teacher-child relationships in preschool

predicted higher social skills scores in first grade under conditions of low ($B(SE) = 1.56(.49)$, $p = .001$) and intermediate levels ($B(SE) = .76(.32)$, $p = .018$) of disorganization. Under conditions of high levels of disorganization, this association was not significant ($B(SE) = .09(.43)$, $p = .828$). These results were in line with the “impervious effect”, not the differential susceptibility hypotheses.

5.0 DISCUSSION

The focus of this dissertation was on the effects of various nonparental childcare experiences during the first 4.5 years of life on children’s socioemotional adjustment at 4.5 and 6 years of age. The main focus was on the quantity of care (i.e., how many hours a given child spent in childcare from childcare initiation to assessment) and group size (i.e., how many other children were present in the child’s childcare group) as predictors. As part of the childcare experience, children’s relationships with professional caregivers were specifically examined. Before the main analyses were undertaken, a methodological adaptation of the Student Teacher Relationship Scale (STRS; Pianta, 1996, 2001), which is a widely used measure assessing the quality of the caregiver-child relationship, was required.

The main findings can be summarized as follows:

- Time in care and group size had no negative or positive effects (in a statistical sense) on children’s social competence and externalizing behavior at 4.5 years of age. However, greater exposure to childcare during the first 4.5 years of life was predictive (in a statistical sense) of a higher degree of caregiver-child conflict (Study II). The effects size of the latter finding was very small.

- A positive caregiver-child relationship in preschool predicted better social skills in first grade (i.e., at 6 years of age). This association was moderated by children's level of attachment disorganization in preschool. Children with low or intermediate levels of attachment disorganization benefited from a more positive teacher-child relationship and showed better social skills in first grade. For children who had higher levels of attachment disorganization in preschool, social skills in first grade were unaffected by the quality of the teacher-child relationship in preschool.
- Our findings supported the factorial validity across gender of a slightly modified version of the Student-Teacher Relationship Scale (STRS). The three subscales of Closeness, Conflict and Dependency showed acceptable concurrent validity and reliability. Although the discriminant validity of the Conflict and Closeness subscales was satisfactory, the discriminant validity of the Dependency subscale may need further improvement.

5.1 Why are there no effects of time in care and group size on social competence and externalizing behavior?

Unlike results reported by the NICHD Early Child Care Research Network (2003a, 2006), the quantity of care did not predict externalizing problems or social competence in our Norwegian sample. Our results are also contrary to the findings reported by McCartney et al. (2010) that larger group sizes in particular predicted more externalizing behavior. The lack of both positive and negative effects of quantity of care and group size on social competence and externalizing behavior may be explained by several reasons, three of which will be considered: differences in sociopolitical contexts, divergent standards of quality of care, and the fact that childcare may affect each child differently.

5.1.1 Differences in sociopolitical contexts across countries

Differences in parental leave policies and childcare regulations between the United States and Norway seem likely determinants of the cross-national difference evident in childcare effects. Norwegian parental leave policy ensures that most children enter nonparental care at approximately one year of age. Findings by the NICHD Early Child Care Research Network (2003a) suggest that the initiation of high quantities of care very early in life (i.e., well before the child's first birthday) may have negative consequences, such as elevated levels of externalizing behaviors and poorer social competence. In our sample (Study II), only 7.1% ($n = 67$) of children started nonparental childcare before one year of age. Thus, our failure to replicate findings from the USA underscores the assertion of van Ijzendoorn and Tavecchio (2003) that studying childcare across cultures could explain seemingly inconsistent findings in childcare research.

It is interesting to note that a study from Denmark, a country with very similar early childhood policies to Norway, demonstrated associations between more than 30 hours of care per week at three years of age and behavioral problems at seven years of age. In addition, findings from other Norwegian studies have been somewhat mixed, showing no effects on externalizing problems or social competence (Zachrisson et al., 2012; Zachrisson, Dearing, et al., in press) or very small negative effects (Bekkhuis et al., 2011; Schjølberg et al., 2011). In contrast to our findings, preliminary results from a recent Norwegian study (BONDS) indicated that larger group sizes for three-year-old children were associated with more maternal-reported aggression and poorer teacher-reported social competence (Zachrisson et al., 2012). Thus, differences in early childhood policies may not be the complete answer as to why we did not find any detrimental effects of time in care on social competence and externalizing behavior in our study.

5.1.2 Divergent standards of quality

When assessing childcare quality, researchers typically assess both structural quality (i.e., adult-child ratios, levels of care-provider training and experience, staff stability and pay, and the adequacy of the physical facilities) and process quality (i.e., good quality caregiver-child interactions that are facilitated by an adult's sensitivity, emotional availability and understanding of the children's needs). A positive structural quality does not guarantee that the process quality will be equally good, although most studies find a correlation between these factors. The NICHD Early Child Care Research Network study reported that the observed quality of caregiver-child interaction was higher when group sizes were smaller, child-adult ratios were lower, and care providers were better trained (NICHD Early Child Care Research Network, 2000a, 2002a). Researchers have argued that the general lack of negative findings from Scandinavian countries is due to overall high childcare quality (e.g., Andersson, 1992; Lamb et al., 1988), a claim that is supported by a UN report on childcare in the OECD countries (UNICEF, 2008). In Scandinavian countries and countries like Japan in which structural childcare quality is regulated by the government, there are typically positive or no effects of extensive time in center care on social and behavioral outcomes (Andersson, 1989, 1992; Anme & Segal, 2004; Campbell et al., 2000). A number of studies have reported that high quality care is associated with better social competence (Bohlin et al., 2005; Campbell et al., 2000) and less externalizing behavior (Vandell et al., 2010). However, these findings are generally moderated by SES, and the positive effects are typically found for children from low-income families (Hagekull & Bohlin, 1995; Votruba-Drzal et al., 2010).

In the current study, we did not find any positive effects on social competence or behavioral problems. These findings corroborate observations from other recent Norwegian childcare studies (Bekkhuis et al., 2011; Schjølberg et al., 2011; Zachrisson et al., 2012;

Zachrisson, Dearing, et al., in press), and question the predictive power of childcare quality on social and behavioral outcomes. Given the reasonably high standards of care in Norway, the absence of positive effects on social competence may be due to the limited variation in quality of care resulting from the relative absence of poor quality care. Indeed, in a study of the influence of early childcare experiences on socioemotional development in Sweden, Campbell et al. (2000) concluded that the high quality of Swedish care facilities made this culture a poor choice for research on the negative effects of poor quality care.

Although Norwegian childcare may have higher quality care compared to childcare in the USA, developments in recent years may challenge this view. Since 2005, an increasing number of childcare facilities have been built in Norway in order to reach the goal of children having universal access to childcare around their first birthday, with the demand for childcare staff increasing accordingly. To fill this demand, municipalities have doubled the number of dispensations from the educational requirements of childcare staff since 2006. The demand for staff was especially high because most of the children filling the new available spots in childcare were under the age of three years. The recommended child-adult ratio (3:1) for this age group is lower than the one for children of three years of age or older (6:1). Moreover, the Norwegian Kindergarten Act (Ministry of Education, 2005) requires that one adult per 14-18 children over the age of three and one adult per 7-9 children under the age of three should have a teacher college degree with a specialization in young children.

Due to the lack of staff, specifically educated staff, children in their third year of life are now transferred to childcare groups for children aged three or older. Thus, many 2-year-olds are now in large peer groups with fewer adults who have the required education (Statistics Norway, 2012a). There is evidence that indicates that teachers with more education have higher quality teacher-child relationships (O'Connor & McCartney, 2007). In addition,

the current study showed that children between the ages of 4 to 4.5 years who were in larger group sizes were more likely to have relationships with their caregivers characterized by conflict. Preliminary findings from another Norwegian study (BONDS) indicated that larger group sizes for three-year-old children were associated with more maternal-reported aggression and poorer teacher-reported social competence (Zachrisson et al., 2012). Similar effects can also be expected with even younger children.

Given these findings, recent tendencies, including decreasing the number of educated staff and increasing child-adult ratios for young children, are puzzling and challenge the view that Norwegian childcare is of generally high quality. Nevertheless, as we were not able to measure childcare quality in the current study, we cannot rule out the possibility that relatively high childcare quality could explain the lack of both negative and positive effects on social competence and externalizing behavior.

5.1.3 Different effects for different children

It is widely appreciated that effects of child care may be moderated by a number of factors, leading to a focus not just on main effects but interactions. The following three hypotheses have been proposed to conceptualize variations in childcare effects as a function of child and family characteristics: 1) the “compensatory hypothesis”, 2) the “lost-resources hypothesis”, and 3) the “dual-risk hypothesis”.

The “compensatory hypothesis” originates from evidence indicating that low-income children disproportionately benefit from childcare (e.g., Burchinal, Roberts, Zeisel, Hennon, & Hooper, 2006; Votruba-Drzal, Coley, & Chase-Lansdale, 2004), whereas the “lost-resources hypothesis” originates from studies demonstrating that children from economically

advantaged households are most adversely affected by childcare (e.g., Côté et al., 2008; Hill et al., 2005). Finally, the “dual-risk hypothesis” is based on evidence that children are adversely affected when family and childcare risks co-occur (Watanabe, Phillips, Morrissey, McCartney, & Bub, 2011).

There are also grounds for anticipating differential effects as a function of temperament. Based on diathesis-stress arguments (Zuckerman, 1999) and evidence that childcare risks are principally realized with emotionally negative children who have difficult temperaments (Crockenberg & Leerkes, 2005; Dettling, 2000). In addition, there are differential-susceptibility arguments (Ellis, Boyce, Belsky, Bakermans-Kranenburg, & van Ijzendoorn, 2011) and evidence suggesting that temperamentally difficult children are most affected by both positive and negative environmental conditions (Pluess & Belsky, 2009).

Finally, questions have long been raised about gender. Given that boys tend to be more at risk for a host of developmental difficulties, especially when faced with stressors, there are grounds for expecting boys to be more adversely affected by long hours in child care or extensive exposure to center care (Brooks-Gunn et al., 2002; Ruhm, 2004). Of note, however, is that the NICHD Study (2003, 2006; Belsky et al., 2007; Vandell et al., 2010) has repeatedly failed to chronicle such gender-differentiated effects of child care (but see Hahn et al., 2005).

In an attempt to test the “compensatory”, “lost resources”, and “dual risk” hypotheses and the possible moderating effect of temperament, and gender we tested 27 two-way interactions involving childcare quantity or group size, SES, gender and temperament (i.e., negative affectivity). Only one of these interactions was significant. Thus, the three hypotheses could neither be confirmed nor discarded, and we consequently abandoned these moderator analyses all together. However, the findings from Study III that indicate a moderating role of attachment disorganization on the effect of the teacher-child relationship on children’s social

skills development, supports the claim that childcare may have differential effects based on children's characteristics and their family backgrounds. Given this evidence, there is reason to believe that individual children may be affected by childcare quantity and group size in different ways.

However, differential effects of quantity of care and group size could not be detected because the statistical analyses employed in Study II were based on means. In all likelihood, although there may have been no effect on most children in our sample, some children may have experienced positive effects and some may have experienced negative effects of childcare. As such, our findings may be evidence of both positive and negative effects that, when summarized and averaged, result in null findings. However, the potential moderators involved have not been identified in the current study.

5.2 Social skills development and the moderating role of attachment disorganization

In Study III, we found support for the importance of the teacher-child relationship with regard to children's social development. However, children's level of attachment disorganization moderated this association. A positive teacher-child relationship in preschool enhanced children's social skills in first grade, but only for children with low or intermediate levels of attachment disorganization. How can we explain this finding?

One possible explanation may be found in the disorganized and disoriented behaviors that children with higher levels of attachment disorganization display, which include incomplete movements, confusion, displaying fear of the teacher, contradictory behavior, such as seeking proximity to a caregiver then freezing or turning away, and controlling behavior expressed either in a punitive or caregiving way (Lyons-Ruth, 1996; Lyons-Ruth &

Jacobovitz, 2008). These disorganized and disoriented behaviors are typically elicited in times of perceived threat, especially when intimate relationships are involved. These children may have obscure and disjointed bids for interactions and may emit confusing signals regarding their needs, which makes them more difficult to interpret and less likely to be in tune with teachers. Following this line of reasoning, interactions with teachers (or peers) may only be beneficial when teachers can spend individual time with these children during which the teachers can be perceptive and attentive to the children's cues and needs (Howes & Ritchie, 1998; O'Connor & McCartney, 2006). This attention may be difficult to provide in a preschool setting where the norm for four-year-olds is a child-adult ratio of six to one (e.g., in Norway).

Despite the obvious interactional challenges evident with children who have higher levels of attachment disorganization, teachers reported that they had positive relationships with these children. Why do these children not experience the benefits?

There is evidence that some children, due to high risk or multiple risks may be impervious to the potential benefits of positive environmental influences (Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Sabol & Pianta, 2012). A high level of attachment disorganization may have left the children in our study impervious to the beneficial effect of a positive teacher-child relationship. One explanation for the mechanism behind this effect may lie in the way these children's inner working models shape their perception and behavior. The inner working models (IWMs) of children categorized as disorganized based on their displays of high levels of disorganized and disoriented attachment behavior would be characterized by representations of experiences in which adults cannot be trusted to care for them or help them organize their feelings (Lyons-Ruth & Jacobovitz, 2008). These children will often treat their teachers as if they cannot be trusted. Additionally, children with disorganized representations

may interpret social stimuli in an overly negative way due to a hostile attributional bias (2008). Due to such cognitive bias, children high on disorganization may interpret bids and opportunities for interactions with their teachers as possible threats and withdraw or act out. As a consequence they miss out on opportunities to learn social skills.

In addition, although teachers perceive these relationships as positive, they may differ in sensitivity and their ability to disconfirm a child's distrust. This situation affects teachers' ability to create a relationship in which the child feels secure. Although teacher sensitivity seems not to affect teachers' *perceptions* of the teacher-child relationship (Buyse et al., 2011), it does affect the actual observed relationship quality (Ahnert et al., 2006). As we only used teacher reports to measure teacher-child relationship quality, we cannot be confident of the quality of the actual *interactions* between teachers and these children.

5.3 Support for the validity of the Student-Teacher Relationship Scale – Why is this important?

In Study I, we found support for the factorial validity across gender, concurrent validity, discriminant validity, and the internal consistency of a slightly modified version of the STRS. This is the first validation of this scale in a preschool population in Norway. The validation of this internationally used instrument facilitates future research in at least two ways.

First, it is necessary to be able to monitor the quality of the teacher/caregiver-child relationship, as it is very important for both adaptive (Hughes, Cavell, & Jackson, 1999; Ladd & Burgess, 2001; O'Connor & McCartney, 2007; Silver et al., 2005) and maladaptive child development (Birch & Ladd, 1997; Doumen et al., 2008; Hamre & Pianta, 2001). Our validation of the STRS in a Norwegian preschool population may make it more

straightforward for those interacting with children every day in a childcare setting, to assess, and thus monitor the teacher-child relationship quality. The STRS is a useful, time efficient, easy to use instrument for assessing the quality of a teacher-child relationship from the teacher's perspective, and it yields important information. The STRS may facilitate detecting negative relationships that need to change to avoid adverse developmental outcomes for the children in childcare. Given evidence that a negative caregiver-child relationship can have unwanted consequences for children's development, both concurrently and in the long run (Doumen et al., 2008), we emphasize the benefit of assessing the quality of this relationship. Once a negative relationship has been detected, it can be targeted for intervention and improvement, which may in turn foster a given child's healthy development. With this validation of the STRS with a Norwegian preschool population in place, we can encourage its use in childcare facilities, along with other methods, to help ensure the quality of the care provided.

Second, researchers investigating the teacher-child relationship need to rely on culturally valid and psychometrically solid instruments. It is well established that translated instruments require a rigorous methodology to establish their relevance in a new cultural framework before they can be considered valid. The current study supports the cross-cultural validity of the STRS. This validity enables researchers to acquire a common language for studying teacher-child relationships. This, in turn, allows researchers to make direct cross-cultural comparisons. As such, this validation of the STRS may be useful and timely in furthering research examining the quality of teacher-child relationships.

This validation of the STRS is first and foremost relevant in a Norwegian setting. According to the Norwegian Ministry of Education, after years of building new childcare facilities to ensure universal access, the focus should now be on ensuring good quality care.

To achieve this, researchers need to focus on the quality parameters that matter most, which includes teacher-child relationships. The current study indicates that the STRS is a viable instrument for assessing and monitoring the quality of teacher child relationships in combination with other observational measures.

5.4 Strengths and limitations

The current study has several important strengths. First, we had a large representative community sample of an under-researched population (i.e., Norwegian) with regard to childcare effects on children's socioemotional outcomes. This large sample provided enough statistical power to enable the detection of even small effects. This study has a very high participation rate, and the attrition from T1 to T2 was relatively low (18.5%). Given the prospective design of this study, childcare effects and associations could be examined both concurrently and longitudinally. Moreover, the use of multiple informants (i.e., parent, teacher and child) and multiple assessment methods, including questionnaires, observational measures and semi-structured interviews, makes the present study unique and implies a major strength. We gathered extensive data on both the child and parents, which allowed us to control for an extensive array of possible confounders in the analyses. Moreover, we avoided any bias due to shared informant variance by having multiple informants report on the same child outcomes (e.g., social skills, and emotional and behavioral problems). Major strengths of this study were the use of rigorous methodology, such as CFA, and Multiple Regression Analyses where several confounding variable could be controlled, and that missing data were handled with the state of the art Full Information Likelihood Estimation, as employed in the Mplus 5.2 statistical software.

There are however some limitations. In Study I, a possible selection bias could be evident as 10% of the childcare teachers did not return the STRS forms sent to them. However, it is less likely that non-responding teachers had a conception of the STRS that could alter the factor solution or that the relations between these teachers' STRS scores and the validation criteria were sufficiently different (thus indicating a strong interaction term) to alter the general findings of Study I.

In Study II, as previously noted, the lack of quality of childcare measurements precluded us from investigating the main and interactive effects on the socioemotional functioning of children. Although regulations in Norway ensure a high level of structural quality, it is inevitable that there was variability in the quality of caregiver-child interactions (i.e., process quality), as previously discussed. Thus, although the quality appears (based on structural markers) high, the actual quality of the daily experiences of a child in childcare varies across childcare contexts.

Although efforts were made to control for nonrandom selection of children into childcare, the type of statistical control employed in Study II is limited. We were not in a position to adopt more conservative methods, such as propensity score matching or fixed effects analyses, to adjust for selection bias. In the latter case, we did not have a (pretest) measure of the outcomes prior to the childcare experiences. Propensity score matching can be used to adjust for baseline differences between exposure groups, but cannot be used with continuous exposure, which is what we measured in the current inquiry. This limitation is noteworthy, as several studies that adopted more rigorous statistical approaches have found that covariate-adjusted regression estimates of childcare effects do not prove robust when more conservative controls for selection are employed (e.g. Jaffee et al., 2011; McCartney et al., 2010; Zachrisson, Dearing, et al., in press). Moreover, the inclusion of parental attitudes

towards childcare would have been a meaningful selection factor to control for (Zachrisson, Janson, et al., in press). Nevertheless, the lack of more rigorous control for selection bias would have been more concerning if we had, in fact, found that quantity and group size had negative effects on children's social competence and externalizing behavior.

Another limitation was the modest available information from parents on parenting quality in Study II. As noted by Lamb and Ahnert (2006), many researchers have implicitly failed to recognize that children in nonparental childcare are not only exposed to a daily additional set of experiences at childcare but also may have experiences at home that differ from those experienced by their peers, who spend less time in care or do not receive regular nonparental care at all. Study II is no exception to this limitation. Research suggests that maternal sensitivity and levels of positive child engagement decline when children spend extensive time in childcare facilities (NICHD Early Child Care Research Network, 2003a). Moreover, Ahnert, Rickert, and Lamb (2000) found that parents of German toddlers who attended nonparental childcare interacted more intensely with their children than parents of children cared for exclusively at home. During comparable portions of the day, childcare parents communicated with and stimulated their children more than parents of home-only children, as if trying to make up for the time they were apart. Perhaps more importantly, these authors reported that mothers of children in childcare tended to respond hesitantly to their children's distress signals in the evenings (Ahnert et al., 2000), possibly providing less support in terms of emotion regulation than parents of children cared for at home. Given that measures of parenting quality were not included in Study II, any indirect effects of childcare that were mediated by parenting may have gone unnoticed.

Future studies should include more heterogeneous samples, such as clinical samples with children at even higher developmental risk, than the children included in the current study.

Ultimately, the sole reliance on teacher-reported quality of the teacher-child relationship in Study III, may have limited the strengths of our findings. Given the use of teacher-report we cannot be completely confident of the quality of the actual *interaction* between teachers and these children. Although teacher sensitivity seems not to affect teachers' *perceptions* of the teacher-child relationship (Buyse et al., 2011), it does affect the actual observed relationship quality (Ahnert et al., 2006). Thus, even though the teachers reported positive relationships, the actual interaction may not have been of equally high quality. Moreover, because teachers reported a positive relationship with *all* children included in the study, some degree of socially desirable responding may have taken place. This issue could be addressed in future research by including observational measures as well as children's perceptions of teacher-child relationship quality.

5.5 Conclusions and suggestions for future research

The negative consequences of early extensive continuous care, which were evident in previous international research, were not generally detected in the current study. The current study has corroborated evidence of the importance of the teacher-child relationship in children's social development, except that we found that children who were at heightened developmental risk do not benefit from this relationship in the same way as most children. What is the take home message for politicians and parents?

The goals of politics and science are not always compatible. Science tests hypotheses, based on theory or previous empirical findings, in the search for an objective "truth" about the

world. At the core of science, lies the assumption that conclusions should be drawn based on the available facts in a given moment. In politics however, a viewpoint is often pushed by politicians who then search for available facts to support their view, discarding the facts that counter their view. Thus research findings can be used to underscore contradicting policies. In the field of childcare research the lines between science and politics can sometimes appear unclear. According to Shpancer (2006) childcare research over the years has had an explicit agenda of using science to shape and affect policy. One example of this is the tendency for researchers to receive a lot of attention in the popular media when their results point to potentially negative effects of childcare. Thus these results are often presented with much buffering and caution. Yet, when positive results emerge about childcare, no such balancing is needed, as no concern is raised for the “suffering” of children cared for at home.

Thus, the take home message of this study is that so far there is little evidence warranting concern for how most children are affected by extensive time in care, group size and the quality of the teacher-child relationship. These findings do not indicate, however that childcare is *beneficial* for child development.

These conclusions should be viewed within the larger context of child development. Human development is shaped by many factors (Bronfenbrenner, 2005) such that any one factor, such as childcare quality, type of childcare or even the entire childcare experience for a given child, seldom has a dramatic effect (Lamb & Ahnert, 2006; NICHD Early Child Care Research Network, 2003c, 2006). Nonparental childcare arrangements do not exist in social vacuums and, if present, they are likely to have relatively small discrete direct effects on child development while being important parts of the web of influences and experiences that shape children’s development (Lamb & Ahnert, 2006).

Because development is such a multifaceted and complicated process, it is essential to understand the role played by each of the experiences in a child's development. The current thesis added to the existing childcare literature by examining several aspects of children's childcare experiences, including the quantity of the care, group size and the quality of the caregiver-child relationship in a Norwegian context.

Future research should examine individual child development trajectories. In doing so, we may be able to more accurately describe the effects that childcare may have on different children. Future efforts should also be made to further explore the factors that may attenuate the positive effects of a positive teacher-child relationship on child development, as this knowledge is of vital importance with regard to interventions.

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Paper I

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Paper II

EFFECTS OF CHILDCARE ON SOCIOEMOTIONAL ADJUSTMENT

**Do Time in Childcare and Peer Group Exposure Predict Poor Socioemotional
Adjustment in Norway?**

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EFFECTS OF CHILDCARE ON SOCIOEMOTIONAL ADJUSTMENT

Abstract

Extensive exposure to nonparental childcare during the first 4.5 years of life, has been demonstrated in some American studies to negatively affect children's socioemotional functioning. Data from 935 preschool children who averaged 54.9 (SD=3.0) months of age, from Trondheim, Norway were used to examine whether such negative effects, would emerge in Norway, a country with a different childcare system. The children's externalizing problems and social competence were unrelated to their childcare experience. More time spent in childcare during the first 4.5 years of life and experiencing peer groups of <16 or >18 children predicted greater caregiver-child conflict. The effect sizes were small. The results are discussed in terms of cross-national childcare differences.

Keywords: childcare, child development, preschool children

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The majority of children in industrialized countries receive nonparental care during their infant, toddler and/or preschool years. In 2005, 61% of all American children under the age of six received some form of regularly scheduled non-relative-based care, which began during the first year of life for the majority of children (U.S. Department of Education, 2006). In Norway, where the research reported herein was undertaken, 77% of all one- to two-year-old children and 96% of all three- to five-year-old children experienced nonparental, out-of-home childcare in 2009, which was provided either in childcare centers or family daycare homes (i.e., group care offered in private homes), and few children experienced such care at younger ages. These children typically spent 35 to 40 hours or more per week in childcare after the initiation of care, and these high levels of childcare continued until the children entered school at approximately six years of age (Statistics Norway, 2010b).

Discussions regarding the effects of childcare on socioemotional development (particularly when initiated very early in life) have long been characterized by dissent (Belsky, 1986, 2001; Fox & Fein, 1990; NICHD Early Child Care Research Network, 2006). Four decades of research, mostly from the United States and United Kingdom but some from Scandinavia, have yielded few consensual conclusions. Therefore, there is a need to differentiate at least three fundamental parameters of the childcare experience because each parameter may have a distinct effect on children: 1) the quality; 2) quantity (i.e., hours, weeks, and months spent in childcare); and 3) type of care (e.g., center or child minder). However, this distinction is rarely achieved in the extant literature, with the exception of the NICHD Study of Early Childcare and Youth Development (SECCYD). The research reported herein focuses on the effects of quantity and type of

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care on the socioemotional development of children, and the type of care was operationalized in terms of exposure to larger or smaller peer groups.

The main goal of this study was to determine whether findings from the United States (a nation with limited support for parental leave and high-quality childcare) would manifest in a country with different childcare conditions. Because limited Scandinavian evidence is available, we based our hypotheses largely on the findings from the large-scale NICHD SECCYD (NICHD Early Child Care Research Network, 2005). Our first hypothesis was that more time spent in daycare during the first 4.5 years of life would predict less social competence, greater externalizing problems, and more conflict with caregivers. The same predictions formed our second hypothesis with respect to exposure to larger vs. smaller peer groups in childcare.

Effects of Childcare on Socioemotional Development

Although it is generally appreciated that higher quality childcare is associated with more positive functioning, particularly in the realm of cognitive-linguistic development (Burchinal, Peisner-Feinberg, Bryant, & Clifford, 2000; NICHD Early Child Care Research Network, 2000, 2003b), debate remains over the effects of the quantity and type of care on socioemotional development (e.g., externalizing problems, caregiver-child conflict or social competence). Particularly notable are the NICHD SECCYD findings indicating that a large amount of time spent in any type of care during the first 4.5 years of life (and/or extensive exposure to center-based care in particular) predicted somewhat higher levels of externalizing behavior (i.e., disobedience and aggression) prior to entering school (NICHD Early Child Care Research Network, 2003a,

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2006) and during the middle-childhood years (Belsky et al., 2007) and also somewhat increased impulsivity and risk taking during adolescence (Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010). This body of longitudinal work is noteworthy because of its large sample size (>1,000 subjects) and repeated measurements of the distinctive features of the childcare experience (i.e., quality, quantity, and type) at 6, 15, 24, 36 and 54 months of age. Furthermore, the inclusion of a large set of covariates (e.g., parenting, maternal depression and marital status) is an attempt to control for the non-random utilization of childcare (i.e., selection effects).

Although additional evidence that extensive amounts of time spent in childcare is associated with aggression and/or problem behavior has emerged in research conducted in the United Kingdom (Neighbourhood Nurseries Initiative Research Team, 2007), Canada (Côté, Borge, Geoffroy, & Rutter, 2008) and the United States (Loeb, Bridges, Bassok, Fuller, & Rumberger, 2007), not all studies have reported such results (e.g., Anme & Segal, 2004). A study by Borge, Rutter, Côté, and Tremblay (2004) found that aggression was significantly less common when *economically disadvantaged* Canadian children attended childcare than when they did not. Additionally, Côté et al. (2007) observed that (according to maternal reports) children who experienced nonmaternal care in Canada during their first 2.5 years of life, particularly during the first nine months, had a reduced risk of being highly aggressive. This result was observed, however, only for those children whose mothers had *failed to graduate from high school*. Nevertheless, other research has failed to find any quantity-of-care effects, either positive or negative, on socioemotional outcomes (Jaffee, Van Hulle, & Rodgers, 2011; McCartney, Scarr, Rocheleau, Phillips, & AbbottShim, 1997).

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These null findings may stem from the exclusive reliance on maternal reports (e.g., Jaffee et al., 2011). The NICHD SECCYD found that maternal reports of the social functioning of children was less sensitive to childcare effects than caregiver and teacher reports (NICHD Early Child Care Research Network, 2003a, 2006), which led the research team to abandon maternal reports when evaluating the effects of childcare following entry into school (Belsky et al., 2007; Vandell et al., 2010). Parents and teachers produce only modestly correlated assessments of problem behavior (Achenbach, McConaughy, & Howell, 1987; Berg-Nielsen, Solheim, Belsky, & Wichstrøm, 2011) due to the variation in child behavior across home and school settings and the difference in the adults' points of comparison. For example, most parents have not been exposed to the number of children (and the great variation in child behavior) that most caregivers and teachers have experienced.

Scholars have recently become appreciative of the limits of the traditional, covariate-informed regression models that are routinely used to analyze observational data and draw causal inferences. Thus, a variety of econometric approaches (e.g., fixed effects and propensity scoring) are becoming increasingly more common in non-experimental research. On the basis of an early observational report (from the NICHD SECCYD) that linked time in care to elevated levels of externalizing problems (NICHD Early Child Care Research Network, 1998, 2003a), McCartney et al. (2010) pursued several increasingly stringent strategies for evaluating the causation regarding the putative effect of quantity of care on problem behavior in children aged 4.5 years. Although the investigators provided additional evidence linking the time spent in childcare to externalizing behavior, this evidence weakened and then became

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insignificant as increasingly conservative statistical methods were employed. In addition, the study by Jaffee et al. (2011) found similar results that were based only on maternal reports of child behavior.

More recently, Yamauchi and Leigh (2011) used a large-scale Australian dataset with propensity score matching and bias estimation to address the issue of nonrandom childcare selection. This study detected negative effects of early and extensive center-based childcare on the behavioral outcomes of children from a relatively high socioeconomic status. Moreover, the effects remained (but were somewhat attenuated) when the child-adult ratio was included in the equation. A study by Baker, Gruber and Milligan (2008) analyzed a natural experiment created in Quebec, Canada, when a reform introduced subsidized and universally accessible childcare. Rigorous analyses revealed that the increased childcare usage negatively affected the socioemotional development and health of children. These recent and methodologically sophisticated studies may serve to indicate that the use of more stringent research designs does not resolve all of the inconsistencies in the childcare literature. Even when econometrically informed analytical approaches or natural experiments are adopted, evidence remains to suggest that some behavioral risks are associated with the quantity and type of childcare provided.

Timing of Care

Because infants, toddlers and preschoolers have different needs, it is plausible that childcare experiences affect children differently depending on their ages. Loeb et al. (2007) found that the negative effects on social outcomes at the start of kindergarten were

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greater for children who entered center-based care before the age of two. These negative effects were particularly large for children who entered center-based care prior to the age of one. Other researchers have failed to detect such discrete effects of early care and have argued that the cumulative time spent in care, rather than the timing of the care, accounts for the quantity of care effects found in the literature (McCartney et al., 2010; NICHD Early Child Care Research Network, 2003a). Given these seemingly contrasting findings, the current study sought to examine whether childcare hours during the first two years of life would be particularly important to socioemotional outcomes at 4.5 years of age.

Group Size as an Index of Type of Care

With respect to the type of care provided, group size has been used to operationalize different types of childcare experiences, as in the current report. The NICHD Early Child Care Research Network (2003a) observed that more time spent in larger peer groups predicted less social competence at an age of 54 months, whereas center-base care per se, did not. Additionally, the quantity-of-care effects demonstrated in the re-analysis by McCartney et al. (2010) were stronger when the children spent more time in large peer groups, which highlights the importance of group size when studying childcare effects. The seemingly adverse effects of large groups tended to become stronger when behavioral problems were measured at older ages, although the age-by-group-size interaction that was used to formally test this pattern did not prove significant (McCartney et al., 2010). Haskins (1985) linked high-quality childcare experiences early in life with subsequent aggression, and this result supports the view that it may be exposure to large groups of peers that accounts for the adverse effects of childcare centers and/or the extensive time spent in childcare. So, too, perhaps does more recent evidence

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showing that higher cortisol levels were observed among children in center-based care than those in home-based care (Vermeer & van Ijzendoorn, 2006), specifically among children in groups of more than 15 peers (Legendre, 2003). These findings also raise the possibility that stress may account for why problem behavior remains linked with early and extensive care, particularly in childcare centers with large groups of peers.

Because of the potential significance of smaller vs. larger groups and thus of family- vs. center-based daycare, it is important to note that both types of care are regulated under the same federal law in Norway to ensure the quality of care provided. Thus, the same requirements apply to both structural features, such as the adult-child ratio, and the national curriculum for these legally defined “educational enterprises.” Family daycare staff members possess somewhat less education than do staff members in childcare centers and therefore must be supervised by someone with at least a bachelor’s degree in educational science. Consequently, the quality-of-care conditions are similar across different care contexts (unlike in the United States). One exception, however, is related to group size, as family-based daycare typically involves smaller groups of children. For this reason, in addition to its potentially influential role in accounting for the adverse effects of childcare, group size served as the main indicator of type of care in the present study.

The Social Policy Context of Childcare in Norway

Despite the nature of reported childcare findings, virtually all developmental scholars agree that childcare and its effects occur within a societal and cultural context. The United States provides *unpaid* job-protected parental leave for only the first 12

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weeks of the infant's life, and the United Kingdom provides 36 weeks of *paid* parental leave during the first year after birth. Norway offers 47 weeks of leave with 100% salary replacement and 10 additional weeks with 80% salary replacement. Moreover, the age at which Norwegian children are allowed to enroll in nonparental group care (either family- or center-based) is regulated by law; therefore, no child begins childcare before the age of 6 months, which is more or less normative in the United States. Thus, "early, extensive, and continuous" care, which Belsky (2001) called specific attention to and which the NICHD SECCYD linked to somewhat increased behavior problems throughout childhood (Belsky et al., 2007; NICHD Early Child Care Research Network, 2003a, 2006) and impulsivity and risk-taking in adolescence (Vandell et al., 2010), involves different things for different nations. Whereas "early, extensive, and continuous" care typically encompasses experiences in childcare during the first year of life in the United States, this is not the case in Norway (and in many other countries).

Prior Scandinavian Childcare Research

Given the great cross-cultural variation in parental-leave and childcare policies and practices, it is questionable as to whether the widely disseminated findings emanating from the NICHD Early Child Care Research Network (2005) could be replicated elsewhere. Interestingly, existing Scandinavian childcare research suggests that this may not be the case. Studying a Swedish sample, Campbell, Lamb and Hwang (2000) found that children who enrolled in out-of-home childcare between 1.5 and 3.5 years of age and who spent more days but fewer hours each day in childcare were more socially competent than other children. An outdated but oft-cited report by Andersson (1992) indicated that Swedish children entering nonparental childcare before the age of 1 but after the age of 6

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months were rated by teachers as more socially competent at 13 years of age than other children. Recently, another Swedish study by Bohlin, Hagekull and Andersson (2005) reported that time spent in nonparental care between 1 and 4 years of age had a positive effect on social competence at 8 years of age.

In contrast to these findings, however, are those from an earlier Norwegian study by Borge and Melhuish (1995). They monitored a cohort of 120 children from a single rural Norwegian community and observed that after controlling for child IQ, socioeconomic status (SES) and gender, 10-year-old children who spent more time in nonparental care during their first four years of life manifested more behavioral problems than their peers. Moreover, the children who were enrolled in nonparental care *after* age 4 manifested fewer behavioral problems than other children, and this beneficial effect was most pronounced for those children who scored higher on behavioral problems at the time of childcare enrollment.

However, it should be noted that the Scandinavian research discussed above was based on small sample sizes ranging from 52 (Campbell et al., 2000) to 140 (Lamb et al., 1988) children. Given the policy changes in Norway, these Scandinavian results may also be outdated. Although nonparental childcare, particularly center-based care, was initially intended for children over the age of 3, a political goal was established in 2005 to provide universally accessible nonparental care for all children beginning at the age of 1. This goal set the stage for a new law in 2009, which provided all children the right to enroll in daycare around at the time of their first birthday. This law has led to a substantial increase in the number of children under the age of 3 who are enrolled in center-based care (Statistics Norway, 2010b).

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The Current Inquiry

The research reported herein was designed to determine whether exposure to nonparental childcare and large peer groups during the first 4.5 years of life in Norway would be associated with socioemotional functioning. Specifically, we sought to determine whether findings emanating from the United States would manifest in a country with different childcare conditions.

We addressed the issue of quantity of care, timing of care, and group size while controlling for type of care (i.e., center vs. family care) and child and family background factors to discount (to some extent) the nonrandom utilization of different types and amounts of care. However, childcare in Norway is subsidized to ensure universal access and has a maximum monthly fee of 2,330 NOK (\$388), regardless of whether the childcare facility is public or private. Childcare is typically offered by the municipality, and parents may only choose from a limited number of facilities. Therefore, the selection effects should be less prominent than in the United States and in many other countries. However, due to this childcare policy in Norway, those children not in care or those who receive few hours of care may differ substantially as compared to their counterparts in the UK or the U.S. Therefore, we included a wide array of child and family background factors to control for such potential biases. The following family background factors were included: socioeconomic status (SES), ethnicity of the biological parent, parental criminal records and records of parental lifetime psychological problems (NICHD Early Child Care Research Network, 2003a), alcohol abuse by the mother, the maternal age at giving birth, whether the parents lived together when the child began daycare, the number of siblings (Côté et al., 2008), the family atmosphere and the family verbal climate.

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Multiple child characteristics also served as covariates, including gender, child age at assessment (NICHD Early Child Care Research Network, 2003a), birth weight (Côté et al., 2008), and prematurity (Hill, Waldfogel, Brooks-Gunn, & Han, 2005).

Because the current study did not measure care quality, this care feature could not be examined or controlled. Evidence from the NICHD SECCYD suggests that care quality may not be a major source of bias, however, because the effects of quantity and type of care were shown to be generally independent of the effects of quality of care, at least in the context of the U.S. (NICHD Early Child Care Research Network, 2006). More importantly, from an international perspective, the quality of childcare in Norway is generally high and relatively homogeneous. Norway met eight of the ten UNICEF childcare policy and quality benchmarks that represent the minimum basic standards regarding number of staff, staff training, price and availability; Sweden was the only country to meet all ten. In comparison, the United Kingdom met five of the benchmarks, and the United States met only three (UNICEF, 2008). However, it should be noted that meeting various criteria related to structural quality measures does not necessarily translate into high-quality care, as structural criteria are only proxies for process measures of quality, such as the teacher-child relationship and the experience of the child in daycare.

Method

Participants and Recruitment

All children born in 2003/2004 living in Trondheim, Norway and their parents were invited by mail to participate in a longitudinal study of early detection and prevention of

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psychiatric disorders among preschoolers. Trondheim is the third-largest city in Norway with 173,486 inhabitants and is situated in the middle region of the country. The population of Trondheim is similar to the national average on several key indicators: the average gross income per inhabitant is 99.5% of the national average; the employment rate is identical to the national rate; and 80.0% of the households are two-parent families compared to the national average of 81.4% (Statistics Norway, 2010a).

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) was sent to each home, and the parents were asked to complete and return the form at their child's health checkup at the local health clinics, which is mandatory for all 4-year-old Norwegian children. A majority of the children who were invited appeared at the check-up (97.2%). Parents with insufficient proficiency in Norwegian were excluded from the study. The health nurse at the clinic informed the parents about the study using procedures approved by the Regional Committee for Medical and Health Research Ethics. Informed, written consent was obtained from the participants, and the consent rate among eligible families was 82.1%.

The SDQ scores on the symptom scales (i.e., emotional symptoms, conduct problems, hyperactivity or inattention, and peer relationship problems) were divided into four strata using the cut off ranges of 0-4 (44.2% of the population), 5-8 (29.5% of the population), 9-11 (18.5% of the population), and 12-40 (7.8% of the population). Using a random number generator, 38.1, 49.1, 71.4 and 89.2% of children in strata 1, 2, 3 and 4, respectively, were selected to participate in the data collection at the university. A semi-structured psychiatric interview with the parent (The Preschool Age Psychiatric Assessment [PAPA]) (Egger & Angold, 2004) and an extensive child assessment was performed. Of the

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1,274 children (and parents) selected, 992 parents (77.9%) were interviewed; of those 935 (94.3%) brought their children to the university for further testing. The drop-out rates following recruitment did not differ across the SDQ strata ($\chi^2 = 5.70$, $df = 3$, $p = .13$) or gender ($\chi^2 = 0.23$, $df = 1$, $p = .63$; see Figure 1).

The children included in the current report were those who had completed the assessment at the university clinic (see Figure 1). Thus, the analysis sample consisted of 935 children (455 boys, 480 girls) and their parents, of whom 84.6% were mothers. Both the mothers and the fathers of these children were mainly of Norwegian ethnicity (91.9%), and most of the parents were married (55.2%) or had lived together for more than 6 months (32.2%). Less than 10% of the parents were divorced or separated (9.6%); 0.3% were widowed; 1.3% had lived together for less than six months and 1.4% of the parents had never lived together. Most of the parents had a bachelor's degree or a higher university degree (65.2%). The families who consented but did not participate did not differ from those who participated in terms of the SDQ score ($t = 0.613$, $p = .54$), the age of the child ($t = 1.043$, $p = .31$), gender ($\chi^2 = 0.036$, $df = 1$, $p = .849$), highest occupation level in the household ($t = -0.267$, $p = .44$), parental years of education (mothers: $t = -1.104$, $p = .30$; fathers: $t = -1.119$, $p = .26$), family income ($t = -0.516$, $p = .61$), the ethnicity of the parents (mother: $\chi^2 = 0.001$, $df = 1$, $p = 0.975$; fathers: $\chi^2 = 0.033$, $df = 1$, $p = .856$) or the parental marital status ($\chi^2 = 0.023$, $df = 1$, $p = .879$). The sample, adjusted for stratification, was compared to Statistics Norway's registry information for all parents of 4-year-olds in Trondheim for the years 2007 and 2008. The analysis sample contained significantly more divorced parents (9.6%) than the general population (2.1%), although the educational level

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of the parents was virtually identical to that of the general population. Descriptive information regarding the analysis sample is shown in Table 1.

The informant caregivers were mainly women (87.1%) who had more than five years of experience working with children (82.2%). Most of the informants had a teacher college degree or a bachelor's degree (73.1%). The children typically entered nonparental childcare at approximately 12 months of age (61.9%); by 24 and 36 months of age, 84% and 93% of the children had been placed in childcare, respectively, and virtually all (98.7%) were in childcare by the age of 48 months. Only 7.1% were enrolled in childcare prior to the age of 12 months.

Procedures

The same parent who completed the SDQ at the health check-up for 4-year-olds also brought the child to the university in all but 14.1% of cases (in which the other parent brought the child to the university). At the university, the parents provided information regarding childcare history as well as the child and family background-factors that served as covariates in the analyses. The parents also consented to having their childcare provider mailed detailed questionnaires (to be answered by the current caregiver who knew the child best) concerning their children, which included questions regarding social competence, externalizing behavior and caregiver-child conflict. The questionnaire was returned within 3 weeks after the university assessment. The caregiver response rate was 91.7% (N= 857). The study was approved by the Norwegian Regional Committee for Medical and Health Research Ethics.

Measures

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Childcare predictor variables. Childcare was defined as regularly scheduled care that took place outside of the home and was provided by a non-relative to three or more children. Care provided by a nanny or by other family members was not included. The parents provided information regarding two aspects of childcare: quantity of care and group size.

Quantity of care. For each of the five measurement intervals (6-12, 13-24, 25-36, 37-48 and 49-60 months), the parents retrospectively reported the number of days and hours per week that the child was in childcare. Using this information, we calculated the total number of hours each child spent in childcare from the onset of care until the university assessment, which represented a measurement identical to the NICHD SECCYD quantity-of-care index (NICHD Early Child Care Research Network, 2006). Although the accuracy of the parental recollections could not be directly established, prior research involving both prospective *and* retrospective reports of time spent in childcare have shown the latter report type to be reliable (Vandell & Corasaniti, 1990; Vandell & Powers, 1983).

Group size. The parents reported how many other children were present in the childcare group for each measurement interval. Although group size is highly stable in Norway and more likely to be accurately recollected than elsewhere, we focused only on concurrent group size because some evidence from the United States has shown that group size cannot be accurately recollected (Vandell & Corasaniti, 1990; Vandell & Powers, 1983). Squaring the group-size-index provided a means for evaluating nonlinear groupsize effects. A similar non-linear index of childcare hours was also created, but because it did not yield any effects, no further mention of it is made.

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Control variables.

Type of care. Parents reported on their child's current care arrangement (i.e. family daycare or center care), and a dummy variable was created where family daycare was coded as 0 and center care was coded as 1. This variable was included in the analyses to control for differences between care arrangements (other than group size). In Norway, few children attend family daycare after reaching the age of three, and this fact was reflected in the low number of children in our sample who currently attended family daycare (see Table 1).

Family covariates.

Socioeconomic status (SES). SES was measured using a composite of three variables: 1) the highest occupational level in the household, which was coded according to the International Classifications of Occupations (ILO, 1990); 2) the educational level of the informant parent, as measured in years; and 3) the annual family income, as measured in 13 intervals of 75,000 NOK (\$12,500) ranging from no income to an income of 900,000 NOK (\$ 150,000) or higher. All three variables were divided into the four categories of low, medium low, medium high and high and were scored as 1, 2, 3 and 4, respectively. These subscores were summed to create a continuous SES measure that ranged from 3 to 12. The families with the lowest scores (i.e., 5 or lower; N=112) included those with a household income below the OECD poverty threshold, parents with no secondary education, and manual workers (i.e., farmers, fishermen or unskilled workers).

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Home atmosphere. The home atmosphere was assessed using the Family Assessment Device (FAD: Epstein, Baldwin, & Bishop, 1983) and two questions from the Preschool Age Psychiatric Assessment (PAPA), which were combined to create an index of “negative verbal climate” that pertained to negative and hostile speech from mother to child (e.g., “you are a mean boy” or “you are so stupid!”).

Alcohol use. The current level of alcohol consumption by the mother was measured using the Alcohol Use Disorders Identification Test (AUDIT: Saunders, Aasland, Babor, Delafuente, & Grant, 1993). The AUDIT is a 10-item screening instrument used to evaluate hazardous and harmful alcohol consumption, drinking behaviors and alcohol-related problems. The responses to each question are scored from 0 to 4 and the sum of the scores range from 0 to 40; a score above 8 indicates an alcohol problem. The instrument has shown good reliability and validity (Saunders et al., 1993). In addition, the age of the mother at the time of the child’s birth was included as a covariate.

Lifetime psychological problems, criminal record and ethnicity. The informant parent provided information as to whether the child’s biological parents had ever experienced psychological problems (i.e., not formal psychiatric diagnoses) (yes=1, no=0). The same parent also reported as to whether the biological parents had ever been arrested (yes=1, no=0), and the ethnicity of the biological parents was coded as Norwegian=0 or not Norwegian=1.

Family status. The informant parent reported as to whether the biological parents lived together or were married at the time the child began daycare (yes=0, no=1). The same parent also reported the number of siblings for each child in the study.

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Child covariates. The covariates included gender, age at the time of assessment (mean age 54.9 months, SD: 2.96), prematurity status (yes=1, no=0), and birth weight. Low birth weight was defined as weights under 2,500 g (low=1, not low=0).

Teacher-rated child outcomes.

Social competence. The total score from the 30-item Social Skills Rating System (Gresham & Elliot, 1990) assessed cooperation, assertiveness and self-control ($\alpha=.93$).

Behavior problems and externalizing behavior. The Teacher Report Form (TRF) from the preschool version of the Achenbach System of Empirically Based Assessment (ASEBA) (Achenbach & Rescorla, 2000) was used to assess externalizing problems ($\alpha = .95$).

Conflict with caregivers. A slightly modified 10-item version of the conflict subscale from the Student-Teacher Relationship Scale (STRS; Pianta, 2001) was used to assess conflict in the caregiver-child relationship ($\alpha = .76$) (Solheim, Berg-Nielsen, & Wichstrøm, 2011).

Statistical Analyses

To evaluate the main effects of the quantity of childcare and group size, we used multiple blockwise regressions. The covariates were entered into the first block, and the two childcare predictors were entered into the second block along with the type of care control variable. The peer group size was mean-centered before the quadratic term was created. The analyses were conducted using Mplus 5.2 (Muthén & Muthén, 1998-2007) with a robust maximum likelihood estimator (MLR). The effects on all of the outcomes

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were tested simultaneously. Because we used a screen-stratified sample, we conducted weighted analyses using weights that were proportional to the inverse of the probability of selection of each subject (i.e., low screen scorers were “weighted up” and high scorers were “weighted down”). This provided unbiased general population estimates. Note that the rates of major behavior problems were low. Robust confidence intervals were estimated using the Huber-White sandwich estimator (Huber, 1967; White, 1980).

As shown in Table 1, the percentage of missing data was low. The mean covariance coverage across all of the variables included in the full model was 0.921, which indicated 7.9% of missing data overall. The missing data were treated with a full information maximum likelihood estimation procedure (FIML), which enabled the inclusion of the entire sample (N=935) (Schafer & Graham, 2002).

Results

Table 1 displays the descriptive statistics for all of the variables. Table 2 shows the results of the regression analyses. Herein, we report relations between the covariates and outcomes before reporting the primary analyses, and we then report a secondary analysis pertaining to the timing of childcare utilization (see Table 3).

Preliminary Analysis: Covariates and Outcomes

As shown in Table 2, children who were older at the time of assessment manifested more social skills, as did girls, children of higher SES families, and children whose fathers did not have any psychological problems. Boys and lower SES children showed more externalizing problems and caregiver-child conflict. Notably, the children raised in households with a negative verbal climate and negative family atmosphere showed slightly

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less caregiver-child conflict (with other variables controlled). All outcomes were significantly correlated ($r = -.53$, $p < 0.001$ for conflict with social competence; $r = .67$, $p < 0.001$ for conflict with externalizing behavior; and $r = -.56$, $p < 0.001$ for externalizing behavior with social competence).

Primary Analyses: Childcare Effects

Although childcare predictors proved unrelated to social competence and externalizing problems, they did relate to caregiver-child conflict. Specifically, larger group sizes (Cohen's $f^2 = 0.06$) and more time spent in childcare predicted increased levels of conflict in the caregiver-child relationship (Cohen's $f^2 = 0.05$).

To examine the shape of the nonlinear association of group size and caregiver-child conflict (Cohen's $f^2 = 0.05$), we graphed and estimated the conflict scores for the children in the groups within the 25th and 75th percentiles. Most of the children were in peer groups of 18 and 20 children, which is common for regular childcare centers in Norway. The resulting slope is depicted in Figure 2, which illustrates that the children in the peer groups with 15, 19, and 20 children scored highest for caregiver-child conflict.

According to Cohen, effect sizes (i.e., Cohen's f^2) (Cohen, Cohen, West, & Aiken, 2003) of 0.02, 0.15, and 0.35 are considered small, medium and large, respectively, which implies that all of the effect sizes reported here were small. The unique explained variance (R^2) of these predictors further indicates the practical importance of these findings. The R^2 for time in care in relation to child-caregiver conflict was 0.008; therefore, time in care only explained 0.8% of the variability in caregiver-child conflict. Similarly, the linear and

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non-linear effects of group size accounted for only 0.6% and 0.8%, respectively, of the variation in caregiver-child conflict.

Secondary Analysis: Timing of Care

We conducted a follow-up analysis to determine whether early care was particularly important and tested whether the number of hours spent in childcare during the first two years of life predicted social competence, externalizing behavior and caregiver conflict at 54 months of age. For these analyses, the number of hours spent in childcare during the third, fourth and fifth years of life were controlled for. As seen in Table 3, the childcare hours during the first two years of life did not significantly predict any of the child outcomes.

Discussion

The primary purpose of this inquiry was to determine whether the negative effects of childcare quantity and group size on socioemotional functioning, such as those chronicled by the NICHD SECCYD (Belsky et al., 2007; NICHD Early Child Care Research Network, 2006; Vandell et al., 2010), would be identified in Norway, a country with a very different childcare system. Because no measure of the quality of care was obtained, it was impossible to determine whether variation in quality (, which is very constrained in Norway) predicted the outcomes considered here or moderated detected main effects of quantity of care and group size.

Quantity of Care

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The evidence supporting that greater exposure to childcare during the first 4.5 years of life is predictive of a higher degree of caregiver-child conflict is reminiscent of findings reported by the NICHD ECCRN (2003a, 2005, 2006). These results imply that large amounts of time spent in childcare may be a cause for concern, as greater conflict in the caregiver-child relationship forecasts poorer relationships with teachers in school and appears to negatively influence the socioemotional development of children and their subsequent academic success, particularly in the context of the U.S. (Hamre & Pianta, 2001). Alternatively, the greater degree of conflict reported by teachers may reflect the less inhibited, bolder and more confident behavior of children with more extensive childcare experience. There is evidence that bolder children have more difficult relationships with their preschool teachers (Rydell, Bohlin, & Thorell, 2005), and in the case of inhibited infants, childcare promotes bolder functioning (Fox, Henderson, Rubin, Calkins, & Schmidt, 2001). However, the observed small effect sizes raises questions regarding the ultimate implications of this finding, particularly because it was not coupled with related and seemingly negative effects of other aspects of socioemotional functioning, as it was in the NICHD SECCYD.

Indeed, unlike results reported by the NICHD Early Child Care Research Network (2003a, 2006), quantity of care did not predict externalizing problems or social competence in our Norwegian sample. The differences between the parental leave policies and childcare regulations in the United States and Norway seem likely determinants of the cross-national difference in childcare effects, which underscores the assertion of van Ijzendoorn and Tavecchio (2003) that studying childcare across cultures could explain seemingly inconsistent findings in childcare research. The American data

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have raised questions regarding “early, extensive and continuous care” (Belsky, 2001; Belsky et al., 2007), although “early” carries dramatically different meanings for Norway and the U.S. As noted previously, American parents have the right to only three months of unpaid leave, whereas Norwegian parents receive paid leave for the entire first year of their child’s life. Although most American children who will routinely experience childcare prior to enrolling in school begin such care well before their first birthday, this is a rare experience for Norwegian infants and occurred in only 7.1% ($n = 67$) of the children in the current sample.

Group size

Given the findings of McCartney and colleagues (2010) that larger group sizes, which are not atypical in the United States and were normative in the NICHD SECCYD, accounted for type-of-care effects on caregiver-rated externalizing problems, we evaluated the linear and nonlinear effects of group size. Although group size did not affect externalizing problems or social competence, both linear and nonlinear effects emerged in the case of caregiver-child conflict. Contrary to the American findings (McCartney et al., 2010; NICHD Early Child Care Research Network, 2003a), however, it was greater exposure to both smaller and larger groups in preschool that predicted greater caregiver-child conflict. Again, these differences were small and accounted for less than 1% of the explained variance. Moreover, the difference in conflict scores between those in intermediate-sized groups and those in the smallest and largest groups were small, and the practical implication of this finding remains unclear.

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Peer exposure conceivably influences infants, toddlers and preschoolers differently. Larger groups can make it difficult for children to receive individual attention from caregivers and cope with their childcare surroundings; as a result, larger peer groups may negatively affect toddlers and younger children but may be beneficial during the preschool period (Langlois & Liben, 2003; Morrissey, 2010). Because preschoolers (as compared to infants) are generally more oriented towards other children, they likely require less adult attention to feel comfortable and secure, which could make older children less vulnerable to the potential negative consequences of exposure to larger groups. Larger peer groups of approximately 18 children may have the advantage of providing more plentiful pools of children from which to choose friends and playmates, which may thereby contribute to more positive interactions (particularly when the quality of care is reasonably high, as it is in Norway). Smaller peer groups, however, may promote adult interactions and provide a greater opportunity for caregiver-child conflict. Notably, there is evidence that more frequent caregiver-child interactions are associated with caregiver reports of more conflicted relationships (Koles, O'Connor, & McCartney, 2009). However, our findings indicate that even preschool-aged groups of more than 18 children may have negative consequences. Again, it is critical to highlight the small effect sizes obtained in this case pertaining to the apparent costs of both smaller and larger groups (with respect to caregiver-child conflict).

Overall, the covariates and predictors included in these analyses accounted for little of the total variance in social competence, externalizing behavior and caregiver-child conflict (9.8%, 8.6% and 6.3%, respectively), leaving most of the variance unexplained. This issue raises an important question concerning the specific factors

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(which may explain child functioning) that were not captured in the analyses. An obvious factor is quality of care, which was discussed above. Quality has been found to be most important for language and cognitive development, but it has also been associated with greater social competency and reduced impulsivity (NICHD Early Child Care Research Network, 2003b). Another important explanatory factor may be parenting, as studies have shown that even for children in nonparental childcare, it is the quality of care provided by the parents that is the strongest predictor of a child's development. In the NICHD SECCYD, modest to large effect sizes of parenting were identified regarding cognitive, socioemotional and peer outcomes (NICHD Early Child Care Research Network, 2006). In conclusion, the negative consequences of early, extensive and continuous care, which were evident in previous international research, were not generally detected in the current study. The differences in parental leave policies and childcare regulations may account for some or all of the differences between the American and Norwegian data pertaining to externalizing problems and social competence. Due to what Americans (although most likely not all Europeans) would regard as extended and generous parental leave policies, virtually all Norwegian children begin childcare later in life; therefore, these children receive substantially less exposure to childcare prior to starting school than their American counterparts. Moreover, the quality of care is higher in Norway than in the United States. The limited variation in quality in Norway may limit the capacity to detect quality of care effects, although this could not be investigated in the current inquiry.

Limitations

As previously noted, the lack of quality of care measurements precluded us from investigating the main and interactive effects on the socioemotional functioning of

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children. Although regulations in Norway ensure a high level of structural quality, it is almost inevitable that there was variability in the quality of the caregiver-child interactions (i.e., process quality). Thus, while the quality appears (based on structural markers) to be high, the actual quality of the daily experiences of the child while in daycare varies across daycare contexts. Our interpretation that the quality of care in Norway is generally high (based solely on structural markers) is speculative, and the lack of process quality measurements is a major limitation of the current study. However, as Campbell et al. (2000) observed in their study of the influence of early childcare experiences on socioemotional development in Sweden, a Scandinavian country similar to Norway, the general high level of quality of Swedish care facilities made that culture a poor choice for research on the negative effects of poor childcare quality, and we suspect that the same is true for Norway. This fundamental limitation of our study, namely the lack of quality measurements, may not have limited the current work as severely as it would have been if this work had been conducted in the United States.

Although efforts were made to control for nonrandom selection of children into childcare, the type of statistical control employed in this inquiry is inherently limited. We were not in a position to adopt more conservative methods, such as propensity score matching or fixed effects' analyses, to adjust for selection bias. In the latter case, we did not have a (pretest) measure of the outcomes before the childcare experiences. In terms of propensity score matching, this can be used for adjusting for baseline differences between exposure groups, but cannot be used with continuous exposure which is what we measured in the current inquiry. This limitation is important because several studies that adopted more rigorous statistical approaches found that covariate-adjusted regression

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estimates of childcare effects do not prove robust when more conservative controls for selection are employed (e.g. Jaffee et al., 2011; McCartney et al., 2010). However, the fact that Yamauchi and Leigh (2011) detected negative effects of fulltime nonparental care on children's behavioral functioning using both analysis of bias estimation and propensity score matching implies that it would be a mistake to conclude that childcare effects are never robust when more conservative controls for selection are employed. The manner in which an outcome is measured may also be relevant, given that some investigations using conservative approaches rely exclusively on maternal reports of child functioning (Jaffee et al., 2011), which the NICHD ECCRN (2003a) concluded were not particularly sensitive to child-care effects after children move beyond the toddler years.

Due to the high rate of participation in childcare in Norway, selection issues were likely less problematic than they would have been in the United States and the United Kingdom. Nevertheless, our reliance on covariate-adjusted regressions for potential selection effects and the lack of quality data do not rule out the possibility that our findings could be attributed to other factors. In addition, information regarding the time spent in childcare was collected retrospectively, which could have added some degree of inaccuracy to our data.

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Table 1

Descriptive Statistics for all Analytic Variables

Variable	M	SD	Min.	Max.	N	% missing
Childcare predictors						
Quantity						
THr 6-54 months	5538.5	2008.6	0.0	9517.5.0	888	5.0
THr 6-12 months	50.5	192.1	0.0	1080.0	901	3.6
THr 12-24 months	949.3	804.5	0.0	2115.5	901	3.6
THr 24-36 months	1343.6	674.2	0.0	3525.0	901	3.6
THr 36-48 months	1561.6	508.4	0.0	2115.0	901	3.6
THr 48-54 months	1588.1	493.5	0.0	2115.0	888	3.6
Group size 48-54 months	19.1	6.4	0.0	55.0	857	5.0
Group size, family daycare	11.7	8.8	5.0	15.0	17	0.0
Group size, center care	19.4	6.4	0.0	55.0	779	7.8
Type of CC (1= center care)	98.0%				862	7.8
Child and family characteristics						
Age at assessment (months)	54.9	3.0	48.17	67.8	930	0.5
Age at CC start (months)	23.6	10.0	6.0	59.0	881	5.8
Prematurity (1=premature)	6.5%				913	2.4
Birth weight (1=low)	4.9%				896	4.2
Alcohol abuse by M	4.2	2.5	0.0	16.0	868	7.2
Age of M at childbirth (years)	30.8	4.8	17.4	45.7	928	0.7
Ethnicity of M (1= not Norwegian)	7.0%				915	2.1
Ethnicity of F (1= not Norwegian)	9.2%				910	2.7
Criminal hist., F (1=ever arrested)	2.3%				901	3.6
Criminal hist., M (1=ever arrested)	9.1%				882	5.7
Psych. probl., M (1= ever present)	26.8%				900	3.7
Psych. probl., F (1= ever present)	13.7%				893	4.5
Fam. status at CC start (1= parents not living together)	12.4%				878	6.1
Number of siblings	1.5	0.9	1.0	9.0	811	13.3
Fam. Atmosphere	1.7	0.4	1.0	3.1	895	4.3
Verbal fam. climate (1=negative)	10.8%				890	4.8
Gender (1=male)	48.7%				935	--
Socioeconomic status	8.3	2.1	3.0	12	922	1.4
Child adjustment						
Social competence	42.0	9.5	12.8	66.0	845	9.6
Externalizing behavior	6.8	9.1	0.0	50.0	847	9.4
Conflict	17.2	5.3	11.0	46.0	850	9.1

Note. THr = total hours; CC = Childcare; M = biological mother; F = biological father;

Fam. = family; Psych. probl. = psychological problems.

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Table 2

The Effects of Quantity of Care and Group Size on Socioemotional Behavior, Adjusted for Type of Care and Child, Maternal, and Family Covariates

	Social competence			Externalizing behavior			Conflict		
	B	Se	β	B	Se	β	B	Se	β
Covariates									
Age at assess. (months)	0.29	0.11	0.10**	-0.12	0.08	-0.04	-0.07	0.06	-0.04
Prematurity (1=prem.)	-0.04	1.64	-0.001	0.94	1.36	0.03	0.44	0.79	0.02
Birth weight (1=low)	-0.42	1.79	-0.01	-0.41	1.45	-0.01	-0.31	0.82	-0.01
Alcohol abuse by M	-0.05	0.14	-0.01	0.13	0.13	0.04	0.08	0.08	0.04
Age of M at childbirth	-0.10	0.07	-0.05	0.01	0.07	0.01	0.01	0.04	0.01
Family atmosphere	-0.60	0.80	-0.03	1.40	0.71	0.07*	0.83	0.40	0.07*
Verbal climate (1=neg.)	0.53	1.06	0.02	-1.15	0.90	-0.04	-1.53	0.45	-0.09***
Ethnicity of M (1= not Norwegian)	-1.11	1.34	-0.03	1.82	1.23	0.05	0.46	0.61	0.02

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Ethnicity of F (1= not Norwegian)	-0.71	1.16	-0.02	0.55	1.08	0.02	0.15	0.59	0.01
Criminal hist. of M (1=ever arrested)	-0.34	1.86	-0.01	-0.04	1.70	0.001	-0.41	1.22	-0.01
Criminal hist. of F (1=ever arrested)	-0.68	1.25	-0.02	0.71	1.20	0.03	0.30	0.64	0.02
Psych. probl. of M (1= ever present)	-0.09	0.81	-0.004	-0.31	0.65	-0.02	0.03	0.40	0.002
Psych. probl. of F (1= ever present)	-2.94	1.07	-0.11**	0.63	0.86	0.03	0.88	0.56	0.06
Fam. status at CC start (1= P. not living together)	-0.49	1.09	-0.02	-1.13	0.92	-0.04	-0.25	0.58	-0.02
Number of siblings	-0.19	0.46	-0.02	0.55	0.43	0.05	0.10	0.22	0.02
Gender (1=male)	-3.57	0.65	-0.20***	3.53	0.56	0.21***	0.70	0.33	0.07*
SES	0.69	0.18	0.15***	-0.64	0.17	-0.16***	-0.38	0.10	-0.16***
Block 2: Childcare predictors									
Type (1= center care)	3.05	1.73	0.05	-1.70	2.02	-0.03	-0.49	1.38	-0.01
Quantity	0.003	0.02	0.01	0.01	0.02	0.01	0.03	0.01	0.10**
Group size	0.001	0.07	0.001	0.06	0.06	0.05	-0.08	0.04	-0.11*
Group size quadratic term	0.001	0.004	0.02	-0.01	0.004	-0.06	0.01	0.002	0.12**

Note. R² = 0.093 for Social Competence Block 1; R² = 0.095 for Block 2; R² = 0.082 for Externalizing Behavior Block 1; R² = 0.084 for Block 2; R² = 0.043 for Conflict Block 1; and R² = 0.062 for Block 2. Assess. = assessment; M = mother; P. = parents; SES =

Socioeconomic status. *p<0.05, **p<0.01, ***p<0.001.

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Table 3

The Effects of Timing of Care and Group Size on Socioemotional Behavior, Adjusted for Type of Care, Child, Maternal, and Family

Covariates

	Social competence			Externalizing behavior			Conflict		
	B	Se	β	B	Se	β	B	Se	β
	Block 1: Covariates								
Age at assess. (months)	0.29	0.11	0.10**	-0.11	0.08	-0.04	-0.04	0.06	-0.03
Prematurity (1=prem.)	-0.07	1.64	-0.002	0.94	1.37	0.03	0.39	0.79	0.02
Birth weight (1=low)	-0.43	1.78	-0.01	-0.43	1.46	-0.01	-0.34	0.82	-0.02
Alcohol abuse by M	-0.06	0.14	-0.02	0.15	0.13	0.04	0.08	0.08	0.04
Age of M at childbirth	-0.10	0.07	-0.05	0.01	0.07	0.01	0.01	0.04	0.01
Family atmosphere	-0.57	0.79	-0.03	1.37	0.71	0.07	0.82	0.40	0.07*
Verbal climate (1=neg.)	0.51	1.07	0.02	-1.09	0.89	-0.04	-1.50	0.45	-0.09***
Ethnicity of M (1= not Norwegian)	-1.13	1.34	-0.03	1.81	1.22	0.05	0.44	0.62	0.02

EFFECTS OF CHILDCARE ON SOCIOEMOTIONAL ADJUSTMENT

Ethnicity of F (1= not Norwegian)	-0.67	1.16	-0.02	0.53	1.08	0.02	0.11	0.59	0.01
Criminal hist. of M (1=ever arrested)	-0.48	1.87	-0.01	-0.03	1.70	-0.001	-0.39	1.22	-0.01
Criminal hist. of F (1=ever arrested)	-0.66	1.25	-0.02	0.69	1.21	0.02	0.25	0.64	0.01
Psych. probl., M (1= ever present)	-0.11	0.81	-0.01	-0.29	0.65	-0.02	0.01	0.41	0.003
Psych. probl., F (1= ever present)	-2.93	1.07	-0.11**	0.60	0.86	0.02	0.85	0.56	0.06
Fam. status at CC start (1= P. not living together)	-0.48	1.10	-0.02	-1.11	0.93	-0.04	-0.18	0.58	-0.01
Number of siblings	-0.18	0.46	-0.02	0.54	0.43	0.05	0.09	0.22	0.02
Gender (1=male)	-3.60	0.65	-0.19***	3.56	0.57	0.21***	0.73	0.34	0.08*
SES	0.67	0.18	0.15***	-0.60	0.17	-0.15***	-0.35	0.10	-0.15***
Childcare predictors									
Type (1= center care)	2.91	1.74	0.04	-1.50	2.06	-0.03	-0.45	1.39	-0.01
Quantity 3-5 years	0.03	0.03	0.04	-0.02	0.03	-0.04	0.004	0.01	0.01
Quantity 0-2 years	-0.01	0.04	-0.01	0.001	0.04	0.001	0.03	0.02	0.05
Group size	0.002	0.07	0.001	0.06	0.06	0.05	-0.08	0.04	-0.11*
Group size quadratic term	0.001	0.004	0.01	-0.01	0.004	-0.06	0.01	0.002	0.11*

EFFECTS OF CHILDCARE ON SOCIOEMOTIONAL ADJUSTMENT

Note. $R^2 = 0.093$ for Social Competence Block 1; $R^2 = 0.097$ for Block 2; $R^2 = 0.082$ for Externalizing Behavior Block 1; $R^2 = 0.085$ for Block 2; $R^2 = 0.043$ for Conflict Block 1; and $R^2 = 0.056$ for Block 2. Assess. = assessment; M = mother; P. = parents; SES = Socioeconomic status. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

EFFECTS OF CHILDCARE ON SOCIOEMOTIONAL ADJUSTMENT

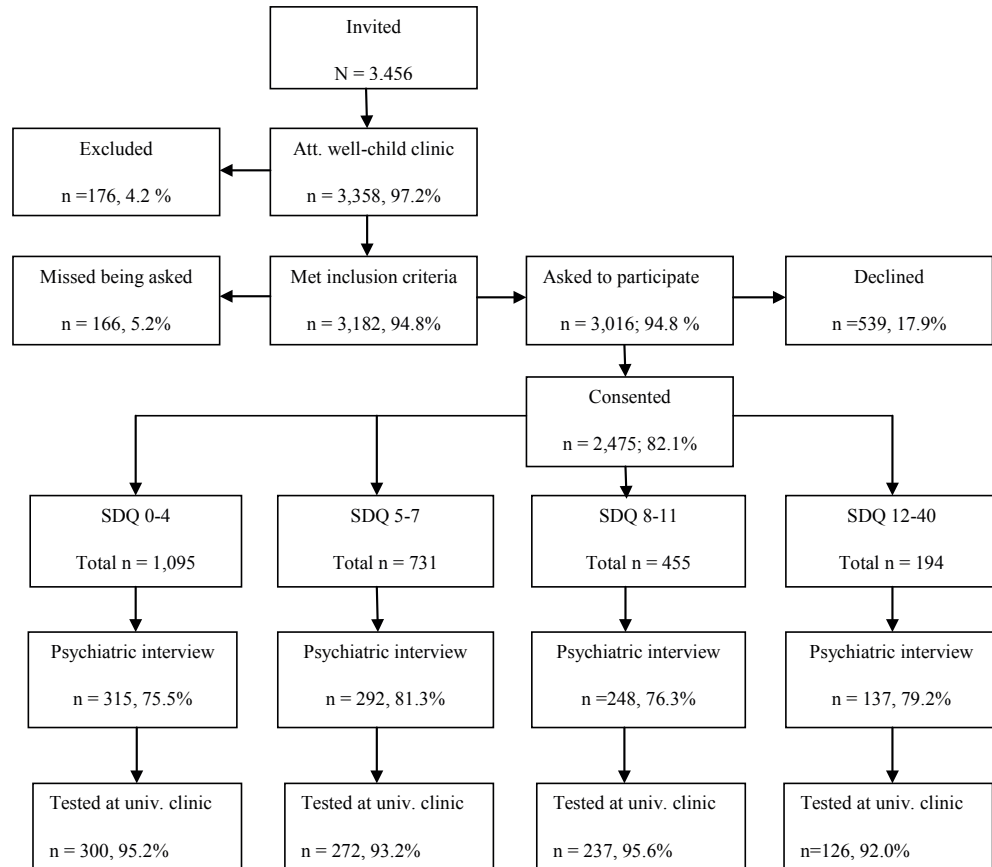


Figure 1. Sample Recruitment

EFFECTS OF CHILDCARE ON SOCIOEMOTIONAL ADJUSTMENT

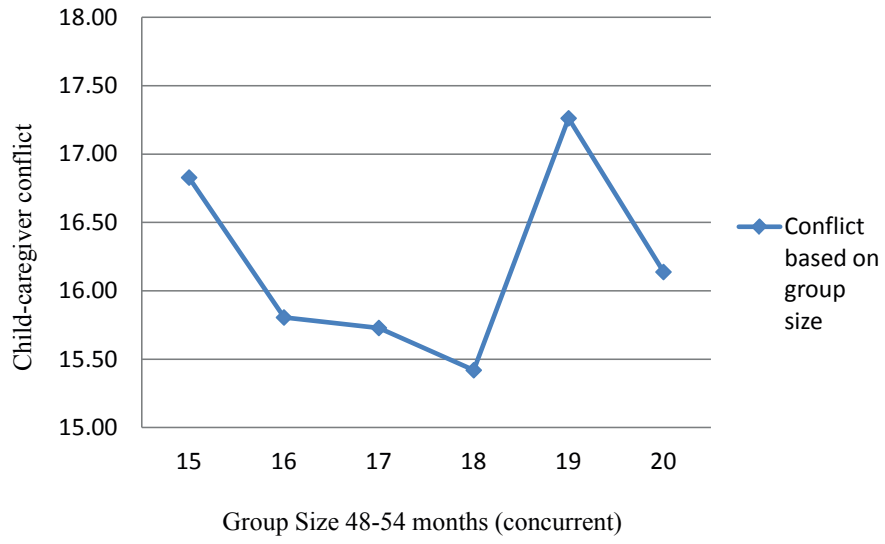


Figure 2. Nonlinear Effect of Group Size on Child-Caregiver Conflict

Paper III

Is not included due to copyright

Appendix

Table A. Summary of main instruments used in the current thesis, specifying whether a given measure was treated as an outcome variable, predictor, moderator, covariate or indicator of validity in Study I, II, and III.

Measure	Target concept	Method	Predictor	Moderator	Outcome	Covariate	Indicator of validity
Achenbach System of Empirically Based Assessment (ASEBA) Teacher Report Form (TRF)	Problem behavior Externalizing Internalizing	Rating scale Teacher report			Study II		Study I
Social Skills Rating System (SSRS)	Social skills	Rating scale Parent report (SSRS-P) Teacher report (SSRS-T)	Study III		Study II Study III		Study I
Student Teacher Relationship Scale (STRS)	Teacher-child relationship quality	Rating scale Teacher report	Study III		Study II		
Manchester Child Attachment Story Task (MCAST)	Attachment representations	Observational measure		Study III		Study III	
McMaster Family Assessment Device (FAD)	General family functioning	Rating scale Parent report				Study II	
Alcohol Use Disorders Identification Test (AUDIT)	Current level of alcohol consumption	Rating scale Self-report parent				Study II	
Children's Behavior Questionnaire (CBQ)	Child temperament	Rating scale Parent report				Study III	
Peabody Picture Vocabulary Test (PPVT-III)	Receptive language comprehension	Structured assessment Child-report				Study III	Study I



Samtykkeerklæring

Jeg er blitt informert skriftlig og muntlig om undersøkelsen

"Tidlig trygg i Trondheim"

Jeg er også blitt informert om formålet med undersøkelsen og om at deltakelsen er frivillig. Jeg er kjent med at dataene om meg og mitt barn blir behandlet strengt fortrolig og at undersøkelsen er godkjent av Datatilsynet. Undersøkelsen er forelagt Den regionale komité for medisinsk forskningsetikk. Jeg eller barnet mitt kan på et senere tidspunkt be om å bli slettet fra registeret uten å oppgi grunn. Jeg er videre kjent med at dataene vil bli anonymisert ved prosjektslutt i 2020.

Jeg samtykker i at mitt barn og jeg deltar i undersøkelsen.

Barnets navn:.....

Trondheim, (dato)

.....
Underskrift foresatt

Forespørsel om deltakelse i forskningsprosjektet

”Gener og miljø i barns sosiale utvikling”

Bakgrunn og hensikt

Dette er et spørsmål til deg om å delta i nye undersøkelser i forskningsstudien *Tidlig trygg Trondheim* for å undersøke barns psykiske og sosiale utvikling i forhold til: 1) hvordan gener samvirker med miljøfaktorer, 2) fysisk aktivitet, 3) hjerterytme og 4) evnenivå. Vi spør alle deltakere i Tidlig trygg i Trondheim, både foresatte og barn, om å delta. Miljøfaktorene er de opplysningene vi tidligere har samlet inn og vil komme til å samle inn i prosjektet, slik som spørreskjemaopplysninger fra deg og fra barnehagen/skolen, undersøkelser av barnet, eventuelle registeropplysninger og filmopptak av barnet og deg.

Hva innebærer studien?

Du har allerede deltatt i en tidligere undersøkelse når barnet var 4 år. Undersøkelsen denne gang vil bli lik den forrige, men med noen utvidelser. Utvidelsen består i at vi vil ta en spyttprøve av deg og av barnet ditt. Denne vil bli brukt til å undersøke mulige genetiske forhold som kan være viktige for psykologisk og sosial utvikling. I tillegg vil vi undersøke hjerterytmen hos barnet ditt, samt noen flere undersøkelser av barnets evner.

Undersøkelse av hjerterytme innebærer at vi vil feste noen elektroder på kroppen til barnet og at det vil bære en elektronisk sender mens dere er her. For å undersøke det fysiske aktivitetsnivået hos barnet ber vi om at hun/han bærer en liten måler som festes rundt livet (akselerometer) i 7 dager og returnere den til oss etter det.

Mulige fordeler og ulemper

Noen barn kan ha vansker med å få samlet nok spytt. Da vil vi gi dem et ufarlig smaksstoff som gjør at det produseres mer spytt. Elektrodene kan kjøles litt kalde mot kroppen med en gang, men dette går fort over. Prøvene innebærer ikke noen direkte fordeler for deg og barnet ditt utover det at dere er med på å gi kunnskap som kan være viktige for å forstå barns utvikling. Alle som deltar får en kompensasjon på kr. 300,- og er med i en trekning om en valgfri ferie for familien til kr. 40 000,-.

Hva skjer med prøvene og informasjonen om deg?

Prøvene tatt av deg og barnet, og informasjonen som registreres om deg og barnet, skal kun brukes slik som beskrevet i hensikten med studien. Alle opplysningene og prøvene vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En tallkode knytter barnet ditt og deg til opplysninger og prøver fra dere gjennom en navneliste. Det er kun autorisert personell knyttet til prosjektet som har adgang til navnelisten og som kan finne tilbake til deg. Etter godkjenning fra Datatilsynet vil opplysningene om deg og ditt barn kunne kobles med opplysninger om deg og ditt barn fra offentlige registre omkring sosiale, utdanningsmessige og helsemessige forhold, slik som FD-trygd, Norsk UtdanningsData Base, Medisinsk fødselsregister, Norsk pasientregister, Reseptbelagt medikamentregister, straffe- og bøtregistrene, samt med opplysninger fra undersøkelse og prøver på helsestasjon, barnehage og skole. Det vil ikke være mulig å identifisere deg eller ditt barn i resultatene av studien når disse publiseres.

Frivillig deltakelse

Det er frivillig å delta i studien. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke til å delta. Dersom du ønsker å delta i dette tillegget til Tidlig trygg i Trondheim, undertegner du samtykkeerklæringen på baksiden. Om du nå sier ja til å delta, kan du senere trekke tilbake ditt samtykke uten at det har noen konsekvenser for deg eller barnet ditt. Dersom du senere ønsker å trekke deg eller har spørsmål til studien, kan du kontakte Heidi Birkelund på telefonnummer 948 84 004.

Ytterligere informasjon om studien finnes i kapittel A – utdypende forklaring av hva studien innebærer.

Ytterligere informasjon om biobank, personvern og forsikring finnes i kapittel B – Personvern, biobank, økonomi og forsikring.

Samtykkeerklæring følger etter kapittel B.

Kapittel A- utdypende forklaring av hva studien innebærer

Denne runden av Tidlig trygg i Trondheim har fire nye undersøkelser:

1. Tidligere forskning har antydnet at noen typer gener kan påvirke effekten av miljøets betydning for barns psykologiske og sosiale utvikling. Slik sett kan noen barn være mer formbare eller robuste overfor oppvekstmiljøet. Akkurat hvilke gener som kan ha en slik betydning, og hvilke miljøforhold de samvirker med, har vi i dag liten kunnskap om. Det er dette vi har til hensikt å undersøke i denne tilleggsstudien til Tidlig trygg

i Trondheim. For å undersøke genene (DNA) trenger vi spytt fra deg og fra barnet. Spyttprøvene fryses ned og analyseres for DNA på et senere tidspunkt.

2. Det er også grunn til å tro at barnets kognitive (tenkemessige) evner har betydning for sosialt samspill med andre og tilpasning til bl.a. skolen. Vi vil derfor undersøke barnets generelle evner og spesielle evner knyttet til konsentrasjon og oppmerksomhet.

3. Barn varierer med hensyn til hvor lett de blir aktivert følelsesmessig, noen reagerer veldig lett mens andre har en høyere terskel. Hvor lett man reagerer, kan påvirke samspillet med andre og ha betydning for den mentale helsen. Undersøkelse av hjerterytme sier noe om hvor følelsesmessig aktivert en person er.

4. Grunnlaget for en persons fysiske aktivitetsmønster og vekt synes for mange å legges tidlig i livet. For barn er foreldrenes aktivitets- og kostholdsmønster særlig viktige. Vi vil derfor undersøke aktivitetsmønsteret til barnet. Dette gjøres ved å bære en måler som festes i livet i 7 dager. Etter disse 7 dagene sendes denne tilbake til NTNU i frankert konvolutt.

Kapittel B - Personvern, biobank, økonomi og forsikring

Personvern

Opplysninger som registreres om deg og ditt barn i form av genanalyser og andre undersøkelser vil bli koblet mot de opplysningene som du selv og barnet ditt tidligere har gitt i "Tidlig trygg i Trondheim". I de tilfeller du har samtykket til at opplysningene om deg og ditt barn kan kobles med offentlige registre, nærmere bestemt FD-trygd, Norsk UtdanningsData Base, Medisinsk fødselsregister, Norsk pasientregister, Reseptbelagt medikamentregister, straffe- og børteregistrene, samt med opplysninger fra undersøkelse på helsestasjon, barnehage og skole, vil de nye målingene også kobles mot disse. NTNU ved rektor er databehandlingsansvarlig.

Biobank

Spyttprøvene som blir tatt og informasjonen utledet av dette materialet vil bli lagret i en forskningsbiobank ved NTNU. Hvis du sier ja til å delta i studien, gir du også samtykke til at det biologiske materialet og analyseresultater inngår i biobanken. Dr. med. Olav Linaker er ansvarshavende for forskningsbiobanken. Biobanken planlegges å vare til 2020. Etter dette vil materiale og opplysninger bli destruert og slettet etter interne retningslinjer.

Retten til innsyn og sletting av opplysninger om deg og sletting av prøver

Hvis du sier ja til å delta i studien, har du rett til å få innsyn i hvilke opplysninger som er registrert om deg. Du har videre rett til å få korrigert eventuelle feil i de opplysningene vi har registrert. Dersom du trekker deg fra studien, kan du kreve å få slettet innsamlede prøver og opplysninger, med mindre opplysningene allerede er inngått i analyser eller brukt i vitenskapelige publikasjoner.

Økonomi

Studien og biobanken er finansiert gjennom forskningsmidler fra Norges forskningsråd og av NTNU.

Forsikring

NTNU er selvassurandør.

Informasjon om utfallet av studien

Alle deltagere vil få tilsendt opplysninger om resultatene av undersøkelsen i form av nyhetsbrev.

Samtykke til deltakelse i studien

Jeg er villig til å delta i studien og samtykker til at mitt barn kan delta

(Signert av prosjektdeltaker, dato)

Jeg bekrefter å ha gitt informasjon om studien

(Signert, rolle i studien, dato)

Tidlig trygg i Trondheim

SPØRRESKJEMA TIL BARNEHAGEANSATTE

Dette spørreskjemaet skal fylles ut av den i barnehagen som kjenner barnet best og som barnet har mest kontakt med for tiden.

Vi setter stor pris på at du tar deg tid til å beskrive barnet. Prøv å svare på alle spørsmålene så godt du kan og ta den tiden du trenger. Svarene vil bli behandlet konfidensielt. Undersøkelsen er godkjent av Regional etisk komité og Datatilsynet. Foresatte har samtykket til at det kan innhentes opplysninger om barnet fra barnehagen, bl.a. i form av dette spørreskjemaet.



TRONDHEIM
KOMMUNE



LES DETTE FØR DU STARTER!	Skjemaet skal leses maskinelt. Følg derfor disse reglene: <ul style="list-style-type: none"> • <i>Bruk svart eller blå kulepenn. Skriv så tydelig du kan.</i> • <i>Ikke skriv utenfor feltene. Kryss av slik: ☒</i> • <i>Krysser du feil, fyller du <u>hele</u> feltet med farge, slik: ■ Sett så kryss i rett felt.</i> • <i>Sett bare ett kryss på hvert spørsmål om ikke annet er oppgitt.</i> • <i>Bruk bare STORE BOKSTAVER i tekstfeltene om ikke annet er oppgitt.</i>
--	--

Barnehagens navn: *Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OM DEG SOM FYLLER UT SKJEMAET

1. Kjønn: Kvinne.....☐₁ | 2: Fødselsår: 19☐☐
 Mann.....☐₂

3. Din stillingsprosent i barnehagen: ☐☐☐ %
NB: Avrund til nærmeste antall hele prosent – ikke bruk desimaler. ⇨

4. Stillingstype: Førskolelærer☐₁ | 5. Ansettelsesforhold: Fast ansatt☐₁
 Barnehageassistent☐₂ | Vikariat.....☐₂
 Annet☐₃ | Engasjement.....☐₃

6. Hvor lenge har du vært ansatt i denne barnehagen?
Oppgi antall år og måneder, evt. bare år eller bare måneder. ⇨ ☐☐ år og ☐☐ måneder

7. Hvor lang erfaring har du med arbeid med barn?
Oppgi antall år og måneder, evt. bare år eller bare måneder. ⇨ ☐☐ år og ☐☐ måneder

8. Sett ett kryss ved din høyeste fullførte utdanning. ⇨
 Ufaglært☐₁ | Spesialpedagog.....☐₄
 Videregående skole (inkl. fagbrev).....☐₂ | Cand.mag./bachelor☐₅
 Førskolelærer.....☐₃ | Annen relevant høyere utdanning ..☐₆

Hvis du svarte cand.mag./bachelor: Hvilket fagområde? STORE BOKSTAVER, kun ett tegn pr. felt.

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Hvis du svarte annen relevant høyere utdanning: Hvilket fagområde?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hvis du svarte annen relevant høyere utdanning: Hvilken utdanningsinstans?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hvis du svarte annen relevant høyere utdanning: Hvor langvarig?
Oppgi antall år og måneder, evt. bare antall år. ⇨ ☐☐ år og ☐☐ måneder

9. Hvor lenge har du kjent barnet? *Oppgi antall måneder, evt. antall år og måneder om du har kjent barnet så lenge.* ⇨ ☐☐ år og ☐☐ måneder

Vennligst kryss av for hvert utsagn: «Stemmer ikke», «Stemmer delvis» eller «Stemmer helt». Prøv å svare på alt selv om du ikke er helt sikker eller synes utsagnet virker rart. Svar på grunnlag av barnets oppførsel de siste 6 månedene.

	Stemmer ikke 1	Stemmer delvis 2	Stemmer helt 3
1. Omtenksom, tar hensyn til andre menneskers følelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rastløs, overaktiv, kan ikke være lenge i ro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Klager ofte over hodepine, vondt i magen eller kvalme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Deler gjerne med andre barn (godter, leker, andre ting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Har ofte raserianfall eller dårlig humør	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ganske ensom, leker ofte alene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Som regel lydlig, gjør vanligvis det voksne ber om	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mange bekymringer, virker ofte bekymret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hjelpsom hvis noen er såret, lei seg eller føler seg dårlig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Stadig urolig eller i bevegelse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Har minst en god venn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Slåss ofte med andre barn eller mobber dem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ofte lei seg, nedfor eller på gråten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vanligvis likt av andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Lett avledet, mister lett konsentrasjonen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervøs eller klengete i nye situasjoner, lett utrygg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Snill mot yngre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Lyver eller jukser ofte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Plaget eller mobbet av andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tilbyr seg ofte å hjelpe andre (foreldre, lærere, andre barn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Tenker seg om før hun/han handler (gjør noe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Stjeler hjemme, i barnehagen eller andre steder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Kommer bedre overens med voksne enn med barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Redd for mye, lett skremt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Fullfører oppgaver, god konsentrasjonsevne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Har du andre kommentarer eller bekymringer? **STORE BOKSTAVER, og bare ett tegn i hvert felt.**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

27. Samlet, synes du at barnet ditt har vansker på ett eller flere av følgende områder: med følelser, konsentrasjon, oppførsel eller med å komme overens med andre mennesker?

Nei 1	Ja, små vansker 2	Ja, tydelige vansker 3	Ja, alvorlige vansker 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hvis du har svart "Ja", vennligst svar på følgende spørsmål:

28. Hvor lenge har disse vanskene vært tilstede?

Mindre enn en måned 1	1 - 5 måneder 2	6 - 12 måneder 3	Mer enn ett år 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Blir barnet selv forstyrret eller plaget av vanskene?

<i>Ikke i det hele tatt</i> 1	<i>Bare litt</i> 2	<i>En god del</i> 3	<i>Mye</i> 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Påvirker vanskene barnets dagligliv på noen av de følgende områder?

	<i>Ikke i det hele tatt</i> 1	<i>Bare litt</i> 2	<i>En god del</i> 3	<i>Mye</i> 4
1. Forhold til jevnaldrende ⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Læring i barnehagen ⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Er vanskene en belastning for deg eller avdelingen/gruppa som helhet?

<i>Ikke i det hele tatt</i> 1	<i>Bare litt</i> 2	<i>En god del</i> 3	<i>Mye</i> 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DITT FORHOLD TIL BARNET

Vurder i hvilken grad følgende utsagn stemmer med ditt forhold til dette barnet. Sett ett kryss for hvert utsagn.

	<i>Stemmer absolutt ikke</i> 1	<i>Stemmer ikke helt</i> 2	<i>Nøytral, ikke sikker</i> 3	<i>Stemmer ganske bra</i> 4	<i>Stemmer veldig bra</i> 5
1. Jeg og barnet har et varmt, nært forhold til hverandre.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Det virker som barnet og jeg alltid havner i konflikt med hverandre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hvis barnet er lei seg eller opprørt, vil han/hun søke trøst av meg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Barnet liker ikke at jeg viser positive følelser gjennom fysisk kontakt, som å ta på ham/henne eller gi ham/henne en klem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Barnet setter pris på forholdet til meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Barnet virker såret eller flau når jeg korrigerer ham /henne.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Når jeg roser barnet stråler han/hun av stolthet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Barnet reagerer sterkt (blir lei seg, sint eller urolig) når vi må forlate hverandre.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Barnet forteller spontant om seg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Barnet er altfor avhengig av meg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Barnet blir lett sint på meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Barnet prøver å gjøre meg til lags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Barnet føler at jeg behandler han/henne urettferdig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Barnet ber om min hjelp uten at det egentlig er nødvendig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Det er lett å oppfatte hva barnet føler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Barnet forbinder meg med straff og kritikk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Barnet blir lei seg eller sjalu når jeg tilbringer tid med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Barnet fortsetter å være sint eller er motvillig etter at jeg har satt grenser eller irettesatt han/henne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Når barnet gjør noe galt, lar han/hun seg korrigere av mitt blikk eller stemmeleie.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Å forholde meg til barnet tapper meg for energi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Stemmer absolutt ikke 1	Stemmer ikke helt 2	Nøytral, ikke sikker 3	Stemmer ganske bra 4	Stemmer veldig bra 5
21. Jeg har lagt merke til at barnet etterligner min atferd eller måter jeg gjør ting på	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Når barnet kommer til barnehagen og er i dårlig humør, vet jeg at vi har en lang og vanskelig dag foran oss.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Barnet sine følelser overfor meg kan være uforutsigbare eller endre seg brått.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Selv om jeg gjør mitt beste, er jeg ikke fornøyd med hvordan jeg kommer overens med barnet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Barnet sutrer eller gråter når han/hun ønsker noe fra meg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Barnet er manipulerende overfor meg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Barnet deler åpent sine følelser og opplevelser med meg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Mitt samspill med barnet får meg til å føle meg effektiv og trygg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOSIALE FERDIGHETER HOS BARNET

Denne delen av spørreskjemaet er laget for å måle hvor ofte barnet tar i bruk sosiale ferdigheter, og hvor viktig du mener at disse ferdighetene er for barnets utvikling.

Les hvert av utsagnene nedenfor og tenk på barnets atferd nå om dagen. Bestem deg for **hvor ofte** du mener barnet gjør det som står beskrevet.

Ta også stilling til **hvor viktig** du mener hver av handlingene (eller ferdighetene) er for barnets utvikling.

Her er to eksempler:

	Hvor ofte?				Hvor viktig?		
	Aldri 1	Av og til 2	Ofte 3	Svært ofte 4	Ikke så viktig 1	Viktig 2	Svært viktig 3
Eksempel 1: Viser forståelse overfor andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eksempel 2: Stiller spørsmål til deg når han/hun er usikker på hvordan han/hun skal gjøre ting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Eks. 1. Denne ansatte i barnehagen mener at barnet svært ofte viser at det har forståelse overfor andre barn, og at dette er viktig for barnets videre utvikling.

Eks. 2. Den ansatte i barnehagen mener også at barnet av og til spør når han/hun er usikker på hvordan han/hun skal gjøre ting, og at dette er svært viktig for å lykkes.

Det er ingen rette eller gale svar. Du kan bruke den tiden du trenger til å svare. Vennligst ikke hopp over noen av utsagnene.

NB: Her setter du to kryss på hver linje.

	Hvor ofte?				Hvor viktig?		
	Aldri 1	Av og til 2	Ofte 3	Svært ofte 4	Ikke så viktig 1	Viktig 2	Svært viktig 3
1. Følger instruksjoner fra ansatte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Får lett venner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sier ifra på en akseptabel måte hvis han/hun mener at han/hun er blitt behandlet urettferdig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kan reagere passende på erting fra jevnaldrende.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Protesterer på en akseptabel måte mot regler hvis de virker urimelige	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Forsøker å gjøre oppgaver selv først før hun/han spør om hjelp fra ansatte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NB: Her setter du to kryss på hver linje.

	Hvor ofte?				Hvor viktig?		
	Aldri	Av og til	Ofte	Svært ofte	Ikke så viktig	Viktig	Svært viktig
	1	2	3	4	1	2	3
7. Kan styre sinnet sitt i situasjoner med voksne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gir komplimenter til jevnaldrende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Deltar i samlek eller organiserte gruppeaktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Arbeider bra i fellesaktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hjelper til uten å bli bedt om det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Presenterer seg uoppfordret når han/hun møter nye mennesker ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Godtar jevnaldrenes ideer om hvordan eller hva man skal gjøre sammen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Samarbeider med andre uten å måtte bli oppmuntret til det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Kan vente på tur i spill eller andre aktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Bruker tiden konstruktivt mens han/hun venter på hjelp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sier pene ting om seg selv når det er passende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Bruker tid til frilek på en akseptabel måte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Kan ta imot komplimenter eller ros fra jevnaldrende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Kan styre sinnet sitt i konflikter med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Følger reglene når han/hun spiller eller leker med andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Blir ferdig med oppgaver i tide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Kan kompromisse i en konflikt ved å forandre standpunkt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tar initiativ til å snakke med jevnaldrende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Inviterer andre barn med i aktiviteter/lek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Tåler kritikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Rydder arbeidsmaterieil og utstyr etter seg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Reagerer egnet på gruppepress fra jevnaldrende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Blir uoppfordret med i aktiviteter eller i barnegruppa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Tilbyr seg å hjelpe andre barn i barnehagen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKJEMA FOR FØRSKOLELÆRER/OMSORGSPERSON – FOR ALDEREN 1,5 – 5 ÅR

Har barnet noen gang vært henvist til pedagogisk-psykologisk vurdering? ⇒ Ja ... ₁ Nei ₂

Hvis ja, vennligst oppgi tidspunkt og årsak.

Tidspunkt ⇒

Dag	Mnd	År

Årsak (stikkord): ⤵ NB: STORE bokstaver!

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Nedenfor er en liste med utsagn som beskriver barn. For hvert utsagn som beskriver barnet nå eller siste 2 måneder, krysser du av for om beskrivelsen stemmer veldig bra eller ofte, om beskrivelsen stemmer delvis eller noen ganger, eller om beskrivelsen ikke stemmer.

Vennligst svar så godt du kan på alle punktene, selv om noen ikke passer på barnet.

sett bare ett kryss for hvert utsagn.

	Stemmer ikke	Stemmer delvis eller noen ganger	Stemmer veldig bra eller ofte
	1	2	3
1. Har smerter eller vondt (uten medisinsk grunn; ikke ta med magesmerter eller hodepine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Oppfører seg som yngre enn sin alder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Redd for å prøve nye ting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Stemmer
ikke
1 | Stemmer
delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
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| 4. Unngår å se andre i øynene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Kan ikke konsentrere seg, være oppmerksom lengre tid av gangen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Kan ikke sitte stille, er urolig eller hyperaktiv | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tåler ikke at ting ikke er på plass | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tåler ikke å vente, vil ha alt med en gang | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tygger på ting som ikke er spiselig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Klenger på voksne eller er for avhengig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Søker stadig hjelp | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Apatisk eller umotivert | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Gråter mye..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Slem mot dyr | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Trassig..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Ønsker må oppfylles umiddelbart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ødelegger sine egne ting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Ødelegger ting som tilhører andre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Dagdrømmer eller fortaper seg i tankene sine..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Ulydig..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Blir urolig av enhver forandring i faste rutiner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Mobber, plager eller er slem mot andre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Svarer ikke når andre snakker til ham/henne | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Har vanskelig for å følge rettledning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Kommer ikke overens med andre barn..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Kan ikke more seg, oppfører seg veslevoxsent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Ser ikke ut til å ha skyldfølelse etter å ha gjort noe galt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Forstyrrer andre barn..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Blir lett frustrert | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Blir lett sjalu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Spiser eller drikker som ikke er mat - ta ikke med søtsaker (beskriv ⇩) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

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noen ganger
2 | Stemmer
veldig bra
eller ofte
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| 32. Er redd for visse dyr, situasjoner eller steder utenom barnehagen (beskriv ⇩) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

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delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
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| 33. Blir lett såret..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Slår seg mye, ulykkesfugl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Kommer ofte i krangel..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Legger seg bort i alt mulig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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noen ganger
2 | Stemmer
veldig bra
eller ofte
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| 37. Blir for oppskaket når han/hun skilles fra foreldrene..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Eksplosiv og uforutsigbar adferd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Hodepine (uten medisinsk grunn)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Slår andre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Holder pusten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Skader dyr eller mennesker uten å ville det | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Ser ulykkelig ut uten god grunn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Er ofte sint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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noen ganger
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eller ofte
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| 45. Føler seg kvalm (uten medisinsk grunn)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Nervøse bevegelser eller rykninger (beskriv ↓)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

<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"/>
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delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
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| 47. Nervøs, overfølsom eller anspent..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Fullfører ikke oppgaver | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Er redd for å være i barnehagen..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Overtrett..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Urolig, vimsete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Blir ertet av andre barn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Går løs på andre fysisk..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Plukker seg i nesen, på huden eller andre steder (beskriv ↓) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

<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"/>
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noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
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| 55. Leker for mye med kjønnsorganene sine..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Er klosset eller har dårlig samordning av bevegelsene sine..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Plager med øynene uten medisinsk grunn (beskriv ↓)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

<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"/>
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- | | Stemmer
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delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
|---|--------------------------|---|--|
| 58. Straff endrer ikke hans/hennes atferd..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Skifter raskt fra en aktivitet til en annen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Stemmer ikke 1	Stemmer delvis eller noen ganger 2	Stemmer veldig bra eller ofte 3
60. Utslett eller andre hudplager (uten medisinsk grunn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Nekter å spise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Nekter å delta i aktiv lek.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Rugger stadig med hode eller kropp.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Uoppmerksom, blir lett distraheret.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Lyver eller jukser.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Skriker mye.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Virker lite mottagelig for kos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Blir lett sjenert eller flau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Egoistisk eller vil ikke dele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Viser lite varme følelser overfor andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Viser lite interesse for ting rundt seg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Viser for liten frykt for å skade seg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. For sjenert eller redd av seg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Blir ikke likt av andre barn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Overaktiv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Talevansker (beskriv ↴).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

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	Stemmer ikke 1	Stemmer delvis eller noen ganger 2	Stemmer veldig bra eller ofte 3
77. Stirrer ut i luften eller virker fjern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Magesmerter eller kolikk (uten medisinsk grunn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Underkaster seg regler for lett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Oppfører seg underlig (beskriv ↴).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

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	Stemmer ikke 1	Stemmer delvis eller noen ganger 2	Stemmer veldig bra eller ofte 3
81. Sta, mutt eller irritabel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Plutselige forandringer i humør eller følelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Furter mye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Erter mye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Raserianfall eller hissig gemytt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. For opptatt av orden eller renslighet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. For redd eller engstelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Ikke samarbeidsvillig.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. For lite aktiv, beveger seg langsamt eller mangler energi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Ulykkelig, trist eller deprimert.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Uvanlig høyrøstet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | Stemmer
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delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
|--|--------------------------|---|--|
| 92. Blir oppskaket av nye personer eller situasjoner (beskriv ↓) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.*

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- | | Stemmer
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delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 |
|---|--------------------------|---|--|
| 93. Brekninger, kaster opp (uten medisinsk grunn) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Ustelt ytre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. Går sin vei | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Ønsker mye oppmerksomhet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Sutrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Tilbaketrukket, engasjerer seg ikke i andre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. Bekymrer seg..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vennligst skriv eventuelle vansker barnet har som ikke står på listen på de foregående sidene.

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

- | | Stemmer
ikke
1 | Stemmer
delvis eller
noen ganger
2 | Stemmer
veldig bra
eller ofte
3 | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|
| 100. <table border="1" style="display: inline-table; width: 100%; height: 27px; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 101. <table border="1" style="display: inline-table; width: 100%; height: 27px; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 102. <table border="1" style="display: inline-table; width: 100%; height: 27px; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | | | | | | | |

- VI. Har barnet noen sykdom eller funksjonshemming (fysisk eller psykisk)? ⇔ Nei...1 Ja....2
- Hvis ja – vennligst beskriv:
Stikkord: *Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.*

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Utfyllende beskrivelse/forklaring: *Her kan du bruke vanlig håndskrift. Vennligst skriv tydelig.*

VII. Har du spesielle bekymringer for barnet?

Stikkord:

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

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Utfyllende beskrivelse/forklaring:

Her kan du bruke vanlig håndskrift. Vennligst skriv tydelig.

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VIII. Vær vennlig og beskriv barnets beste sider

Stikkord:

Bruk STORE BOKSTAVER, og bare ett tegn i hvert felt.

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Utfyllende beskrivelse/forklaring:

Her kan du bruke vanlig håndskrift. Vennligst skriv tydelig.

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Andre kommentarer ↴

Her kan du bruke vanlig håndskrift. Vennligst skriv tydelig.

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Tidlig trygg i Trondheim

SPØRRESKJEMA TIL FORESATTE

Vi setter stor pris på at du tar deg tid til å beskrive barnet ditt og oppvekstforholdene i familien, barnehagen og blant jevnaldrene.

Ta den tiden du trenger, og prøv å svare så godt du kan på alle spørsmålene. Spør dersom du er usikker på hvordan du skal forstå noen av spørsmålene.



TRONDHEIM
KOMMUNE



LES DETTE FØR DU STARTER!	Skjemaet skal leses maskinelt. Følg derfor disse reglene: • <i>Bruk svart eller blå kulepenn. Skriv så tydelig du kan.</i> • <i>Ikke skriv utenfor feltene. Kryss av slik: ☒</i> • <i>Krysser du feil, fyller du <u>hele</u> feltet med farge, slik: ■ Sett så kryss i rett felt.</i> • <i>Sett bare ett kryss på hvert spørsmål om ikke annet er oppgitt.</i> • <i>Bruk bare STORE BOKSTAVER i tekstfeltene om ikke annet er oppgitt.</i>
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LISTE OVER BARNES ATFERD I ALDEREN 1,5 – 5 ÅR

Nedenfor er en liste med utsagn som beskriver barn. For hvert utsagn som beskriver barnet nå eller siste 2 måneder, krysser du av for om beskrivelsen stemmer veldig bra eller ofte, om beskrivelsen stemmer delvis eller noen ganger, eller om beskrivelsen ikke stemmer.

Vennligst svar så godt du kan på alle punktene, selv om noen ikke passer på barnet.

Sett bare ett kryss for hvert utsagn.

	Stemmer ikke 1	Stemmer delvis eller noen ganger 2	Stemmer veldig bra eller ofte 3
1. Har smerter eller vondt (uten medisinsk grunn; ikke ta med magesmerter eller hodepine).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Oppfører seg som yngre enn sin alder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Redd for å prøve nye ting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unngår å se andre i øynene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Kan ikke konsentrere seg, være oppmerksom lengre tid av gangen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kan ikke sitte stille, er urolig eller hyperaktiv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tåler ikke at ting ikke er på plass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tåler ikke å vente, vil ha alt med en gang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Tygger på ting som ikke er spiselig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Klenger på voksne eller er for avhengig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Søker stadig hjelp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Forstoppelse, treg avføring uten å være syk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Gråter mye.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Slem mot dyr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Trassig.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ønsker må oppfylles umiddelbart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ødelegger sine egne ting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Ødelegger ting som tilhører andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

BARNET DITT

På de neste sidene vil du finne en rekke utsagn som beskriver barns reaksjoner i flere ulike situasjoner. Vi vil at du skal si oss hvordan ditt barns typiske reaksjoner vil være i disse situasjonene. Det er selvfølgelig ikke noen måte å reagere på som er mer «riktig» enn noen annen; d.v.s. barn er veldig forskjellige i sine reaksjonsmåter og det er disse forskjellene vi gjerne vil lære mer om. Vær vennlig å lese hvert av utsagnene og gjør deg opp en mening om det «passer godt» eller «passer dårlig» som en beskrivelse av ditt barns reaksjonsmåte i løpet av de siste seks månedene.

Hvis det er enkelte utsagn du ikke kan svare på fordi du aldri har sett barnet ditt i den situasjonen, f.eks. hvis utsagnet gjelder barnets reaksjon når du synger for det og du aldri egentlig har sunget for det, så krysser du av under «Ikke aktuelt».

Vær nøye med å sette ett kryss for hvert eneste utsagn.

	Passer ekstremt dårlig 1	Passer dårlig 2	Passer litt dårlig 3	Verken /eller 4	Passer litt godt 5	Passer godt 6	Passer ekstremt godt 7	Ikke aktuelt 8
1. Har det alltid travelt med å komme seg fra ett sted til et annet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Blir sint når hun/han blir bedt om å legge seg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blir ikke så lett såret av hva foreldrene sier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kan dempe stemmen når hun/han blir bedt om det.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bryr seg ikke mye om smerte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Det er vanskelig å fange hennes/hans oppmerksomhet hvis hun/han er opptatt med noe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foretrekker noen ganger å se på i stedet for å være med å leke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Like å skli på høye sklier eller andre spennende aktiviteter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Legger merke til om overflaten på ting er glatte eller ru.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blir så opprømt før en spennende begivenhet at hun/han har vanskelig for å sitte i ro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ler mye av vitser og klownerier.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Har sjelden glede av bare å bli snakket med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Går i full fart inn i aktivitet uten å tenke seg om	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Har vanskelig for å roe seg for til en hvilestund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Er ikke redd store hunder eller andre dyr.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Når hun/han plukker opp leker eller gjøre andre oppdrag, så holder han/hun på til hun/han er ferdig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Føler seg vel i situasjoner der hun/han vil møte andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gråter trist når en yndlingsleke går i stykker eller blir borte.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Blir sjelden irritert når hun/han gjør en feil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Er flink i gruppeleker som innebærer at hun/han må vente på turen sin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Blir ganske utilpass ved å være kald eller våt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Liker å leke så vilt og uvørent at hun/han kan skades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ser ut til å føle seg trygg på omtrent alle folk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Blir veldig oppsatt på å få en leke hun/han gjerne vil ha.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Pleier å løpe istedenfor å gå fra rom til rom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Avbryter iblant andre når de snakker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Roer seg raskt etter at det har hendt noe spennende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Kommenterer vanligvis ikke om foreldre ser annerledes ut....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Kan lett gå fra en aktivitet til en annen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Liker ikke røff og voldsom lek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

	Passer ekstremt dårlig 1	Passer dårlig 2	Passer litt dårlig 3	Verken /eller 4	Passer litt godt 5	Passer godt 6	Passer ekstremt godt 7	Ikke aktuelt 8
31. Legger merke til at foreldre har nye klær	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Har vanskelig for å følge instruksjoner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Er redd for heiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Får sinneutbrudd når hun/han ikke får det som hun/han vil....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Når hun/han ønsker å gjøre noe, snakker hun/han knapt om noe annet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Liker å bare sitte rolig i sola	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Blir flau når fremmede viser henne/han mye oppmerksomhet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Har vanskelig for å konsentrere seg når hun/han trener på noe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Virker slått ut etter en hendelsesrik dag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Er redd tyver eller «stygge menn»	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Sitter ofte rolig når hun/han er ute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Kan bli i bedre humør av å snakke om noe hun/han er interessert i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Liker morsomme historier, men ler vanligvis ikke av dem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Blir lei seg hvis familiens planer ikke blir noe av	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Opptrer svært vennlig og utadvendt overfor ukjente barn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Bestemmer fort hva hun/han vil og går inn for det.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Går fra en oppgave til en annen uten å gjøre seg ferdig med noen av dem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Er aktiv (løper, hopper, klatrer) i lek inne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Liker ikke å få neglene klippet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Er redd høye lyder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Liker ikke å ta sjanser bare for moro eller spenningens skyld	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Ser ut til å lytte til selv svake lyder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Har vanskelig for å roe seg etter en spennende aktivitet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Liker å ta varme bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Ser ut til å være lei seg når hun/han ikke får til en oppgave ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Smiler og ler i lek med foreldre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Blir fort og lett sammen med andre selv om de er fremmede ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Bekymrer seg ikke for å ta sprøyte hos legen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. «Raser» ofte inn i nye situasjoner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Liker ikke å seile ned store sklier på lekeplassen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Tar fort på vei for et lite rift eller sår	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Blir ganske frustrert når hun/han stoppes i å gjøre noe hun/han ønsker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Forbereder seg til turer ved å planlegge hva hun/han vil ta med.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Blir urolig hvis noen hun/han liker gjør seg klar til å gå etter et besøk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Kommenterer hvis en av foreldrene har forandret utseende ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Liker ikke særlig å bli lest for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Liker å bli herjet med, slengt i været, snurret rundt o.l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Hvis hun/han er sint for noe, varer det i 10 minutter eller mer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Passer ekstremt dårlig 1	Passer dårlig 2	Passer litt dårlig 3	Verken /eller 4	Passer litt godt 5	Passer godt 6	Passer ekstremt godt 7	Ikke aktuelt 8
69. Foretrekker sterkt visse typer mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Er ikke mørkeredd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Bruker lang tid på å nærme seg nye situasjoner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Begynner ikke vanligvis å gråte når hun/han blir trøtt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Blir sint selv for bare mild kritikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Er noen ganger sjenert ovenfor folk hun/han har kjent lenge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Kan vente med å begynne med nye aktiviteter hvis hun/han blir bedt om det.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Liker å kripe inntil foreldre eller barnevakt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Liker å være blant mange mennesker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Blir sint når hun/han ikke finner noe hun/han vil leke med.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Stopper vanligvis opp og tenker seg om før hun/han bestemmer seg for å gjøre noe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Er redd for brann.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Blir lett såret av hva foreldrene sier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Gleder seg veldig til besøk av kjære slektninger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Ser vanligvis alvorlig ut, også under lek.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Kommenterer vanligvis ikke folks utseende, f.eks. størrelse på munn eller nese.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. En liten skramme eller et slag er glemt etter få minutter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Liker ikke så godt rolig lek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Føler ubehag ved for sterkt lys eller sterke farger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Sitter noen ganger stille i lengre perioder innendørs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Virker noen ganger nervøs i samtale med voksne hun/han nettopp har møtt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Tar det med ro og er langsom når hun skal bestemme hva hun/han skal gjøre etterpå.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Blir veldig redd ved mareritt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Skifter fra å føle seg ille til mote til å føle seg mye bedre på få minutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Har vanskelig for å vente i kø på noe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Gråter når hun/han blir bedt om å gjøre noe hun/han ikke vil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Har store vanskeligheter med å stoppe en aktivitet når hun/han blir bedt om noe annet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Blir veldig opprømt når en reise planlegges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Synes det er ubehagelig med grove stoffer, f.eks. ull, mot huden.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Legger fort merke til nye ting i stua.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Ler nesten aldri høyt i lek med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Liker spennende og nifse TV-program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Bryr seg ikke mye om små skrammer eller sår.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Foretrekker rolige aktiviteter framfor aktive leker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Sovner i løpet av 10 minutter etter å ha lagt seg om kvelden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Sier det første som faller henne/ham inn uten å tenke seg om	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Pleier å kommentere hvis noen har en uvanlig stemme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Er sjenert sammen med nye folk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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107. Synes det er moro å møte julenissen eller andre utkleddede.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Har vanskelig for å sitte stille når hun/han er på kino el.l.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Gråter sjelden når hun/han hører en sørgelig historie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Smiler og ler iblant når hun/han leker for seg selv.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Er ikke interessert i å se på rolige TV program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Blir sjelden berørt ved å se på noe trist på TV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Setter pris på bare å snakke sammen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Kan være så utålmodig på å gå ut at hun/han i blant tar på seg feil klær.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Plages av at badevannet er litt for kaldt eller for varmt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Kan holde seg fra å knise eller le når det ikke passer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Blir veldig opprømt før ute-arrangement (landtur, hagefest o.l.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Hvis ute av seg, blir fort i godt humør ved å tenke på noe annet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Har lett for å spørre andre barn om de skal være med å leke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Lager sjelden bråk når hun/han blir bedt om å legge seg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Ler og smiler sjelden i lek med kjeledyr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Legger ikke større merke til foreldres ansiktsuttrykk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Løper sjelden innendørs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Liker å utforske nye steder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Viser stor konsentrasjon ved tegning eller farging i bok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Utfører leker sakte og nøye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Virker noen ganger nedstemt uten grunn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. Blir lett irritabel når hun/han er trett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Snakker lett til nye folk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. Er mørkeredd.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. Er vanligvis ganske rolig før hun/han skal på en aktivitet ute (tur, selskap el.l.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. Begynner gjerne å gråte når hun/han slår seg bare litt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. Liker å se i billedbøker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. Er lett å trøste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135. Tøyser eller gjør seg til sjelden.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136. Er flink til å følge instruksjoner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137. Nærmer seg forsiktig steder hun/han kan skade seg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138. Er sjelden redd for uhyrer på TV eller film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139. Liker å huske (disse) høyt og fort i huska (dissa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140. Blir irritabel hvis hun/han må spise mat hun/han ikke liker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141. Liker ikke å få håret gredd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142. Reagerer ikke vanligvis på matens konsistens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143. Snur seg iblant sjenert vekk fra nye bekjentskap.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144. Blir veldig opptatt når hun/han bygger eller setter sammen noe, kan holde på i lange tider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. Sitter rolig i badekaret.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. Liker å bli sunget for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

	Passer ekstremt dårlig 1	Passer dårlig 2	Passer litt dårlig 3	Verken /eller 4	Passer litt godt 5	Passer godt 6	Passer ekstremt godt 7	Ikke aktuelt 8
147. Nærmer seg forsiktig steder hun/han har hørt er farlige	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. Blir veldig entusiastisk over ting hun/han gjør.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. Blir sjelden motløs når det er noe som er vanskelig å få til.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. Er veldig vanskelig å roe hvis hun/han er ute av seg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. Liker lyden av ord, som rim og regler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. Smiler mye til folk hun/han liker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153. Leker aktivt ute sammen med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. Legger merke til de minste skittenflekker på ting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. Hvis hun/han ser en leke hun/han vil ha, er hun/han ivrig på å få den straks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156. Protesterer sjelden hvis et annet barn tar leken fra henne/ham.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157. Gråter når hun/han får sprøyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. Finner seg godt til rette i de fleste grupper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. Misliker røffe og voldsomme leker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. Har vanskelig for å forlate noe som er påbegynt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161. Har ikke høydeskrekk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162. Er ikke særlig forsiktig og oppmerksom når hun/han skal krysse gata.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163. Ler ofte høyt i lek med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164. Liker forsiktige rytmiske aktiviteter, som husking og gynging ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165. Ler sjelden høyt av komiske filmer eller TV program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166. Viser veldig begeistring når hun/han åpner en gave.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167. Har vanskelig for å sovne igjen etter å ha våknet om natten ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168. Stopper lett en aktivitet når hun/han får et «nei»	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169. Er blant de siste av barna som prøver ut en ny aktivitet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170. Legger vanligvis ikke merke til lukter som røyk, parfyme, matlukt og lignende.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171. Blir lett distraherert når han / hun lytter til en historie.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172. Er full av energi, selv om kvelden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173. Blir lett irritert hvis det er noe hun/han ikke får til (f.eks. tegne, bygge, påkledning).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
174. Liker å sitte på foreldres fang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175. Gleder seg ikke mye til TV program som skal komme.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176. Er sjelden redd for å sove alene på et rom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. Gråter sjelden mer enn noen minutter om gangen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178. Plages av høye eller skjærende lyder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179. Smiler til vennlige fremmede	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Har lett for å slutte leken for å komme og spise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Blir sint hvis hun/han ropes inn fra lek før hun/han er klar for å slutte.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182. Liker å sykle (evt. trehjulsykkle) fort og uvørent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183. Blir sent "varm i trøya" overfor andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
184. Ser noen ganger ut til ikke å høre meg når jeg snakker til henne/ham.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

	Passer ekstremt dårlig 1	Passer dårlig 2	Passer litt dårlig 3	Verken /eller 4	Passer litt godt 5	Passer godt 6	Passer ekstremt godt 7	Ikke aktuelt 8
185. Klarer vanligvis å motstå fristelser når det blir sagt at noe ikke er lov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
186. Blir noen ganger helt oppslukt i billedbok og ser i den en lang stund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187. Har vanskelig for å sitte stille ved middagsbordet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188. Er like rolig selv om det snart skal serveres god dessert, f.eks. iskrem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189. Gruer seg for å gå til tannlegen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190. Klager nesten aldri når hun/han er syk med forkjølelse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
191. Gleder seg til at familien skal på tur, men blir ikke særlig opprømt for det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
192. Liker å sitte i ro og se på at andre gjør ting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193. Blir sint når andre barn terger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194. Smiler når hun/han ser i billedbok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195. Har vanskelig for å konsentrere seg om en aktivitet hvis det er forstyrrende lyder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOBBING

Vi sier at et barn blir mobbet når et annet barn, eller en gruppe barn, sier eller gjør stygge eller ubehagelige ting til ham eller henne. Det er også mobbing når et barn blir slått, sparket, truet eller stengt inne i et rom av andre, eller liknende ting. Dette kan skje ofte, og det kan være vanskelig for barnet å forsvare seg. Det er også mobbing når et barn blir ertet jevnlig på en måte som hun eller han ikke liker. Men det er IKKE mobbing når to barn som er omtrent like sterke krangler eller slåss.

Hvor ofte har barnet ditt blitt mobbet de siste 6 månedene?

- Aldri..... 1
 En eller to ganger..... 2
 Noen ganger

- 3
 Omtrent en gang i uka..... 4
 Flere ganger i uka

BARN OG FORELDRE

Her kommer en del spørsmål om forholdet mellom deg og barnet ditt, og om det å være forelder for barnet ditt.

	Sterkt enig 1	Enig 2	Ikke sikker 3	Uenig 4	Sterkt uenig 5
1. Det er ikke ofte at mitt barn gjør ting for meg som får meg til å føle meg lykkelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Som oftest føler jeg at mitt barn er glad i meg og ønsker å være nær meg.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fra tid til annen føler jeg at mitt barn ikke liker meg og har heller ikke lyst å være nær meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mitt barn smiler til meg mye mindre enn jeg hadde forventet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Når jeg gjør noe for barnet mitt, føler jeg at det setter lite pris på min innsats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hvilket av disse fire utsagnene beskriver ditt barn best? ⇨ (Sett ett kryss)					
Liker å leke med meg nesten bestandig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liker å leke med meg i blant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liker vanligvis ikke å leke med meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liker nesten aldri å leke med meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mitt barn ser litt annerledes ut enn jeg hadde forventet, og dette plager meg iblant ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I forhold til enkelte ting ser det ut som om mitt barn har glemt det som han/hun allerede har lært, og har gått tilbake til å gjøre ting som er typiske for yngre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

- | | Sterkt enig
1 | Enig
2 | Ikke sikker
3 | Uenig
4 | Sterkt uenig
5 |
|--|---|--------------------------|--------------------------|--|--|
| 9. Barnet mitt ser ikke ut til å lære så fort som barn flest..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Barnet mitt ser ikke ut til å smile så mye som barn flest..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Barnet mitt gjør enkelte ting som plager meg en god del..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Mitt barn er ikke i stand til å gjøre så mye som jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Mitt barn er ikke glad i å bli omfavnet eller kjærtegnat..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Da mitt barn kom hjem fra sykehuset etter fødselen tvilte jeg på mine evner til å mestre mine oppgaver som forelder..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Å være forelder er vanskeligere enn jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Jeg føler meg kompetent og at jeg mestrer å ta meg av barnet mitt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Tenk nøye over hvor mange ting ditt barn gjør som plager deg, f.eks. somler bort tiden, nekter å høre etter, er hyperaktiv, gråter, avbryter andre, slåss, jamrer, osv. Kryss av for antallet ting barnet gjør som plager deg. ⇨ | | | | 1 - 3 ting <input type="checkbox"/> 1 | 4 - 5 ting <input type="checkbox"/> 2 |
| | | | | 6 - 7 ting <input type="checkbox"/> 3 | 10 ting eller mer <input type="checkbox"/> 4 |
| 18. Hvor lenge varer det vanligvis når barnet ditt gråter? ⇨ | | | | 5 - 10 minutter <input type="checkbox"/> 1 | 10 - 15 minutter <input type="checkbox"/> 2 |
| | Under 2 minutter ... <input type="checkbox"/> 1 | | | Over 15 minutter ... <input type="checkbox"/> 3 | |
| | 2 - 5 minutter <input type="checkbox"/> 2 | | | | |
| | Sterkt enig
1 | Enig
2 | Ikke sikker
3 | Uenig
4 | Sterkt uenig
5 |
| 19. Mitt barn gjør enkelte ting som plager meg..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Mitt barn har fått flere helseproblemer enn jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Etter hvert som barnet mitt vokser og blir mer uavhengig, blir jeg mer og mer bekymret for at han/hun vil skade seg eller komme i trøbbel..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Mitt barn ble mer problematisk enn jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Det virker som om mitt barn er vanskeligere å oppdra enn de fleste andre barn..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Barnet mitt klenger stadig vekk på meg..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Mitt barn krever mer av meg enn barn flest..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Jeg klarer ikke å ta beslutninger uten hjelp..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Jeg har fått flere problemer med å oppdra mine barn enn jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Jeg trives med å være forelder..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Vanligvis føler jeg at jeg klarer å få mitt barn til å gjøre noe eller la være å gjøre noe..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Jeg har ikke vært i stand til å passe på barnet mitt så godt som jeg trodde. Jeg trenger hjelp..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Jeg føler ofte at jeg ikke takler ting særlig bra..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Når jeg vurderer meg selv som forelder, tror jeg at: ⇨
(Sett ett kryss) | | | | Jeg er i stand til å takle alt som skjer <input type="checkbox"/> 1 | Jeg klarer å takle de fleste ting som skjer <input type="checkbox"/> 2 |
| | | | | Av og til er jeg i tvil, men det viser seg at jeg klarer det meste uten problemer. <input type="checkbox"/> 3 | Jeg er i tvil om min evne til å ta meg av ting <input type="checkbox"/> 4 |
| | | | | Jeg synes ikke at jeg klarer å takle problemene godt i det hele tatt..... <input type="checkbox"/> 5 | |
| 33. Jeg føler at ... ⇨
(Sett ett kryss) | | | | ... jeg er en meget god forelder <input type="checkbox"/> 1 | ... jeg er bedre enn gjennomsnittet som forelder <input type="checkbox"/> 2 |
| | | | | ... jeg er omtrent på gjennomsnittet som forelder <input type="checkbox"/> 3 | ... jeg er en som har problemer med å være forelder <input type="checkbox"/> 4 |
| | | | | ... jeg ikke er særlig bra som forelder <input type="checkbox"/> 5 | |

Husk: Bare ett kryss på hvert spørsmål!

34. Hva er det høyeste utdanningsnivået som barnets mor har fullført?

- Barne- og ungdomsskole..... 1
Videregående skole..... 2
Yrkesskole eller delvis fullført høyskole..... 3
Høgskoleutdanning..... 4
Universitetsutdanning..... 5

35. Hva er det høyeste utdanningsnivået som barnets far har fullført?

- Barne- og ungdomsskole..... 1
Videregående skole..... 2
Yrkesskole eller delvis fullført høyskole..... 3
Høgskoleutdanning..... 4
Universitetsutdanning..... 5

36. Hvor lett er det for deg å forstå hva ditt barn ønsker eller trenger? ⇨

(Sett ett kryss)

- Veldig lett..... 1
Lett..... 2
Litt vanskelig..... 3
Meget vanskelig..... 4
Vanligvis klarer jeg ikke å forstå problemet..... 5

- | | Sterkt enig
1 | Enig
2 | Ikke sikker
3 | Uenig
4 | Sterkt uenig
5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 37. Det tar lang tid for foreldre å utvikle nære, sterke følelser for sine barn..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Jeg hadde forventet å ha sterkere, varmere følelser for mitt barn enn jeg har, og dette bekymrer meg..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. I blant gjør mitt barn noe som plager meg bare for å være slem..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Da jeg var ung, følte jeg meg aldri rolig når jeg måtte holde eller passe på barn..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Mitt barn vet at jeg er hans eller hennes mor/far og ønsker mer av meg enn av andre mennesker..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Jeg har fått for mange barn nå..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Det meste av livet mitt går til å gjøre ting for barnet mitt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Jeg har oppdaget at jeg oppgir mer av livet mitt for å tilfredsstille behovene til mine barn enn jeg noen gang hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Jeg føler meg fanget av mitt ansvar som forelder..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Jeg føler ofte at mitt barns behov styrer livet mitt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Siden jeg fikk dette barnet har jeg ikke vært i stand til å gjøre nye og annerledes ting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Etter at jeg fikk barn føler jeg at jeg nesten aldri får gjøre ting som jeg liker..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Det er vanskelig å finne noe sted hjemme hvor jeg kan være alene..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Siden jeg fikk barn har min ektefelle/samboer ikke gitt meg så mye hjelp og støtte som forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Å få barn har ført til flere problemer med min ektefelle/samboer enn jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Siden vi fikk barn har min ektefelle/samboer og jeg ikke gjort så mange ting sammen..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Siden vi fikk barn har min ektefelle/samboer og jeg ikke tilbrakt så mye tid sammen som familie som jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Siden jeg fikk mitt minste barn har jeg vært mindre interessert i sex..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Å ha barn ser ut til å ha ført til flere problemer med familie og slektninger..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Å få barn har vært mye mer kostbart enn jeg hadde forventet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Jeg føler meg ensom og uten venner..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Når jeg går på fest/selskap forventer jeg ikke å hygge meg..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Jeg er ikke så interessert i andre mennesker som før..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Jeg får ofte følelsen av at mennesker på min alder ikke trives i mitt selskap..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Når jeg får problemer med å takle mine barn, finnes det mange mennesker som jeg kan prate med eller be om råd..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Husk: Bare ett kryss på hvert spørsmål!

- | | Sterkt enig
1 | Enig
2 | Ikke sikker
3 | Uenig
4 | Sterkt uenig
5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 62. Siden jeg fikk barn har jeg hatt mye mindre anledning å treffe mine venner eller å skaffe nye venner..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. I løpet av de siste seks måneder har jeg vært syk mer enn vanlig eller hatt flere smerter enn vanlig..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Jeg føler meg i god fysisk form det meste av tiden..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Å få barn har forandret søvnvanene mine..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Jeg nyter livet mindre enn før..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Siden jeg fikk mitt barn ... ⇒ | | | | | <input type="checkbox"/> |
| (Sett ett kryss) | | | | | <input type="checkbox"/> |
| ... har jeg vært veldig mye syk..... | | | | | <input type="checkbox"/> |
| ... har jeg ikke følt meg så bra..... | | | | | <input type="checkbox"/> |
| ... har jeg ikke lagt merke til noen forandringer i min helsetilstand..... | | | | | <input type="checkbox"/> |
| ... har jeg hatt bedre helse..... | | | | | <input type="checkbox"/> |

BARNEHAGE

1. Går barnet ditt i barnehage, eller har det gått i barnehage tidligere? ⇒ Går i barnehage nå, eller har gjort det tidligere... ₁
Barnet har aldri gått i barnehage..... ₂

NB: Hvis barnet aldri har gått i barnehage, hopper du over resten av spørsmålene i dette avsnittet.
Fortsett i så fall med avsnittet «Utfordringer som forelder» på neste side.

2. Vi vil gjerne vite på hvilke alderstrinn barnet har gått i barnehage. For hvert alderstrinn barnet har gått i barnehage, ber vi dessuten om at du fyller ut feltene for antall timer om dagen, antall dager i uka, og antall barn på avdelingen.

NB: Vennligst fyll ut «antall-feltene» selv om barnet ikke gikk i barnehagen i hele perioden.

Alderstrinn:

- | | | | | | | | |
|-----------------|--|---|----------------------|-------------------------------|----------------------|----------------------------|----------------------|
| 1. 6 - 12 mnd.: | Ja <input type="checkbox"/> ₁ ⇒
Nei..... <input type="checkbox"/> ₂ | Antall timer pr. dag (gjennomsnittlig): | <input type="text"/> | Antall dager i en vanlig uke: | <input type="text"/> | Antall barn på avdelingen: | <input type="text"/> |
| 2. 1 - 2 år: | Ja <input type="checkbox"/> ₁ ⇒
Nei..... <input type="checkbox"/> ₂ | Antall timer pr. dag (gjennomsnittlig): | <input type="text"/> | Antall dager i en vanlig uke: | <input type="text"/> | Antall barn på avdelingen: | <input type="text"/> |
| 3. 2 - 3 år: | Ja <input type="checkbox"/> ₁ ⇒
Nei..... <input type="checkbox"/> ₂ | Antall timer pr. dag (gjennomsnittlig): | <input type="text"/> | Antall dager i en vanlig uke: | <input type="text"/> | Antall barn på avdelingen: | <input type="text"/> |
| 4. 3 - 4 år: | Ja <input type="checkbox"/> ₁ ⇒
Nei..... <input type="checkbox"/> ₂ | Antall timer pr. dag (gjennomsnittlig): | <input type="text"/> | Antall dager i en vanlig uke: | <input type="text"/> | Antall barn på avdelingen: | <input type="text"/> |
| 5. 4 - 5 år: | Ja <input type="checkbox"/> ₁ ⇒
Nei..... <input type="checkbox"/> ₂ | Antall timer pr. dag (gjennomsnittlig): | <input type="text"/> | Antall dager i en vanlig uke: | <input type="text"/> | Antall barn på avdelingen: | <input type="text"/> |

3. Har barnet gått i den samme barnehagen hele tiden? ⇒ Ja ₁ Nei..... ₂

4. Hvis nei, hvor mange ganger har barnet byttet barnehage? ⇒ Har byttet barnehage ganger

Husk: Bare ett kryss på hvert spørsmål!

5. Generell vurdering av barnehagen slik det har vært det siste året:
- | | Stemmer
svært
dårlig
1 | Stemmer
ganske
dårlig
2 | Stemmer
ganske
godt
3 | Stemmer
svært
godt
4 |
|---|---------------------------------|----------------------------------|--------------------------------|-------------------------------|
| 1. Barnet mitt trives godt i barnehagen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Barnehagens tilbud tilfredsstillende mitt barns behov | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Barnehagens tilbud tilfredsstillende mitt behov som forelder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

UTFORDRINGER SOM FORELDER

Utsagnene under beskriver ting som vanligvis skjer i familier med små barn. Disse hendelsene gjør livet vanskelig noen ganger. Vær vennlig og les hvert utsagn og kryss av for hvor ofte dette skjer deg (aldri, sjelden, noen ganger, ofte eller hele tiden). Kryss deretter av for hvor stor plage du synes dette har vært for deg de siste ukene. Hvis du har mer enn ett barn, så kan disse tingene skje med noen eller med alle barna.

NB: Her setter du to kryss for hvert utsagn.

- | | Hvor ofte skjer det? | | | | | Hvor stor plage er det? | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Aldri
1 | Sjel-
den
2 | Noen
ganger
3 | Ofte
4 | Hele
tiden
5 | Ingen
1 | Liten
2 | Mode-
rat
3 | Stor
4 | Svært
stor
5 |
| 1. Hele tiden måtte rydde opp leker som er rotet utover eller matsøl | <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"/> |
| 2. Bli klenget på, sutret eller klaget til | <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"/> |
| 3. Problemer med måltidene (kresne barn, klaging osv.) | <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"/> |
| 4. Barna vil ikke høre etter – vil ikke gjøre som de er bedt om uten å bli mast på | <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"/> |
| 5. Vanskelig å finne barnevakter | <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"/> |
| 6. Barnas aktiviteter (f.eks. barnehage, skole, leggetid, fritidsaktiviteter) kommer i veien for dine egne eller resten av familien sine behov | <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"/> |
| 7. Krangler mellom søsken som gjør at noen må gå imellom | <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"/> |
| 8. Barna krever at du underholder dem eller leker med dem | <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"/> |
| 9. Barna vil ikke legge seg eller krangler om leggetid | <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"/> |
| 10. Barna er alltid rundt deg og gjør det vanskelig å få gjort husarbeid | <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"/> |
| 11. Trenger alltid å ha et øye med barna for hva de kan finne på å gjøre | <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"/> |
| 12. Barna avbryter når voksne snakker sammen eller trenger seg på når voksne gjør ting sammen | <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"/> |
| 13. Måtte legge om planene dine fordi noe uforutsett skjedde med barnet | <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"/> |
| 14. Måtte skifte klær på barnet flere ganger om dagen fordi klærne har blitt skitne | <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"/> |
| 15. Vansker med å få noe privatliv (f.eks. på badet) | <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"/> |
| 16. Barna er vanskelige å hankses med ute (butikken, kjøpesenter, restaurant) | <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"/> |
| 17. Vansker med å få barna klare når familien skal dra noe sted eller å komme av gårde i tide | <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"/> |
| 18. Vansker med å gå fra barna en kveld (med tilsyn) eller gå fra på barnehage/skole | <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"/> |
| 19. Barna har vansker med jevnaldrende (f.eks. slåss, krangler, eller har ikke lekekamerater) | <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"/> |
| 20. Gå ekstra ærend for å tilfredsstillende barnas behov | <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"/> |

Husk: Bare ett kryss på hvert spørsmål!

DINE HOLDNINGER TIL HVORDAN BARNET VISER FØLELSER

Vær så snill å kryss av i boksen ved siden av den ene reaksjonen som virker lik det du ville gjøre i den beskrevne situasjonen. Hvis mer enn en reaksjon ser ut til å passe, eller hvis ingen av reaksjonene ser ut til å passe, vennligst bare kryss av i den boksen ved siden av den reaksjonen som virker mest lik hvordan du ville ha reagert.

1. Hvis barnet mitt skryter om sin dyktighet innenfor en eller annen aktivitet til et annet barn og så tabber seg ut og slår seg og kommer til meg for hjelp, ville jeg ...
 - ... si til henne/ham at hun/han ser tåpelig ut når hun/han er så ute av seg etter å ha skrytt 1
 - ... høre litt på henne/ham, men med noe irritasjon 2
 - ... trøste henne/ham på grunn av skaden og ignorere skrytingen 3
 - ... trøste men også skjønne litt på henne/ham fordi hun/han skrøt..... 4
2. Hvis barnet mitt får en bursdagsgave hun/han ikke liker av en venn av familien eller slektning og ser tydelig skuffet ut, faktisk irritert ut, etter å ha åpnet den foran personen som ga gaven, ville jeg ...
 - ... være irritert på barnet mitt fordi hun/han er så uhøflig 1
 - ... overse det 2
 - ... minne barnet mitt på å si takk 3
 - ... si at det var synd at hun/han ikke fikk det hun ville ha 4
3. Hvis barnet mitt er veldig sjenert overfor voksne som kommer på besøk hjemme hos oss og helst vil være på rommet sitt under besøket, ville jeg ...
 - ... la barnet mitt gjøre som hun/han vil 1
 - ... si til barnet mitt at hun/han oppfører seg pysete 2
 - ... si til barnet mitt at hun/han må være i stuen sammen med gjesten 3
 - ... minne barnet mitt på å være høflig 4
4. Hvis barnet mitt under en busstur vedvarende stirrer på noen med et hode dekket av arr, ville jeg ...
 - ... skumpe til barnet mitt og be henne/ham om å passe sine egne saker 1
 - ... la henne/ham stirre 2
 - ... si til barnet mitt at det er uhøflig å stirre 3
 - ... spørre hva hun/han holder på med 4
5. Hvis barnet mitt begynner å fnise i kirken, i en begravelse, eller et annet sted hvor man skal være stille, ville jeg:
 - ... ignorere det 1
 - ... smile forståelsesfullt til barnet mitt 2
 - ... gi barnet mitt et strengt blikk 3
 - ... gi barnet mitt et strengt blikk og si at hun/han skal være stille 4
6. Hvis barnet mitt er redd sprøyter og blir litt skjelven når hun/han venter på å få et sprøytstikk, ville jeg ...
 - ... trøste henne/ham før og etter sprøyten 1
 - ... si til henne/ham at hun/han ikke må gjøre meg flau ved å gråte når hun/han får sprøytstikket..... 2
 - ... si at hun/han skal prøve å ta seg sammen..... 3
 - ... si til henne/ham at smerten ligger mer i frykten enn i selve sprøytstikket 4

Husk: Bare ett kryss på hvert spørsmål!

7. Hvis barnet mitt skriker til meg i sinne etter at jeg ved et uhell har kastet favorittboken hennes/hans, ville jeg ...
- ... be om unnskyldning 1
 - ... lekse opp for henne/ham om å ikke respektere meg (ved å skrike til meg) og sende henne/ham på rommet sitt 2
 - ... be om unnskyldning men også si at hun/han skal slutte å skrike til meg 3
 - ... sende henne/ham på rommet sitt for å roe seg ned, og så be om unnskyldning senere 4
8. Hvis barnet mitt er uforsiktig og mister en billig favoritt-ting og så gråter over det, ville jeg ...
- ... si at hun/han ikke skal være så opprørt over det 1
 - ... si til henne/ham at jeg er veldig lei meg for tapet jeg også 2
 - ... minne henne/ham på å være mer forsiktig neste gang 3
 - ... si at hun/han ikke burde synes så synd på seg selv, fordi det i utgangspunktet var uforsiktig å miste den 4
9. Hvis barnet mitt skal opptre på en forestilling (f.eks. sommeravslutning i barnehagen el.l.) og nervøst spør om hvor mange mennesker som kommer til å se på, ville jeg:
- ... be henne/ham om å ta seg sammen og prøve å ikke vise at hun/han er nervøs 1
 - ... berolige og trøste barnet mitt 2
 - ... foreslå at hun/han skal tenke på noe avslappende så nervøsiteten ikke vil være så tydelig 3
 - ... si til barnet mitt at hun/han må ta seg sammen hvis hun/han vil gjøre en bra opptreden 4
10. Hvis barnet mitt deltar i en bursdagsmiddag med familien på en fin restaurant og hopper muntert ut av stolen sin og roper «Gratulerer med dagen!», ville jeg ...
- ... smile men også si til barnet mitt at hun/han ikke må være så støyende 1
 - ... ikke si noe 2
 - ... smile forståelsesfullt over at barnet mitt er i et så godt humør 3
 - ... si at passende oppførsel på restaurant krever at man sitter stille og snakker lavt, selv når man er glad og oppstent 4
11. Hvis barnet mitt blir sint på et søsken eller en venn og begynner å rope og trampe rundt i rommet mens jeg er i nærheten, ville jeg ...
- ... si til barnet mitt at hun/han skal prate normalt og be om unnskyldning 1
 - ... la henne/ham være 2
 - ... prøve å finne ut hva de kranglet om 3
 - ... be barnet mitt om å roe seg ned 4
12. Hvis barnet mitt har en eller annen uforklarlig frykt (f.eks. for mørket), og får panikk i den fryktede situasjonen, ville jeg ...
- ... ta beroligende på henne/ham og forsikre henne/ham om at jeg er der for å hjelpe 1
 - ... forsikre henne/ham om at jeg er der for å hjelpe, men si til henne/ham at det er på tide at hun/han forstår at hun/han ikke har noen virkelig grunn til å være redd 2
 - ... si til henne/ham at hun oppfører seg fjollete og at hun/han en dag vil dumme seg ut ved å være så redd 3
 - ... be henne/ham om å få bedre kontroll over seg selv så hun/han vil føle seg mindre redd 4
13. Hvis barnet mitt blir ertet og kalt stygge ting av et annet barn og kommer hjem skjelvende og gråtende, ville jeg ...
- ... si: «hvis du ikke vil være en pyse, reddhare, eller noe annet slikt, burde du forsvare deg selv bedre» 1
 - ... selv føle meg bekymret, og også trøste og berolige barnet mitt 2
 - ... be barnet mitt om å ikke bry seg noe om det og ikke la det andre barnet se henne/ham så opprørt 3
 - ... berolige barnet mitt men også si at det å vise frykten sin til andre noen ganger skaper problemer 4

Husk: Bare ett kryss på hvert spørsmål!

14. Hvis barnet mitt nokså tydelig stirrer på en mentalt tilbakestående person på en buss eller på et annet offentlig sted, ville jeg ...
- ... la henne/ham stirre 1
 - ... skumpe til henne/ham og be henne/han om å passe sine egne saker 2
 - ... spørre henne/ham hva hun/han holder på med 3
 - ... si til barnet mitt at det er uhøflig å stirre 4
15. Hvis barnet mitt vinner en premie og, etter å ha blitt gratulert av alle, fortsetter med å hoppe frydefullt omkring og snakke høylydt om seieren, ville jeg ...
- ... ikke si noe, men begynne å føle meg ille til mote 1
 - ... smile anerkjennende og gratulere henne/ham enda mer 2
 - ... gi henne/ham et strengt blikk og si at virkelige vinnere ikke skryter 3
 - ... antyde at hun/han overdriver og at hun/han bør roe seg ned 4
16. Hvis barnet mitt ser ut til å være ganske redd under en karuselltur hvor andre barn ikke ser ut til å være redde, ville jeg ...
- ... be barnet mitt om å ta seg sammen, ellers vil hun/han bli ertet av de andre barna 1
 - ... trøste og berolige barnet mitt 2
 - ... la henne/ham håndtere frykten selv uten at jeg blander meg inn 3
 - ... be barnet mitt om å få bedre kontroll over seg selv 4
17. Hvis barnet mitt gjør en feil under en fremførelse (av f.eks. dans, musikk eller turn) og ser ut som om hun/han er i ferd med å gråte, ville jeg etterpå ...
- ... si at fremførelsen var bra men ville ha vært enda bedre hvis hun/han ikke hadde sett ut som om hun/han var på gråten på grunn av feilen 1
 - ... gi kompliment for fremførelsen uten å nevne feilen 2
 - ... gi kompliment for fremførelsen og si at det at hun/han så opprørt ut etter feilen viste publikum at hun/han virkelig ville gjøre det bra 3
 - ... si at ingen ville ha merket feilen hvis hun/han ikke hadde oppført seg så barnslig i forhold til den 4
18. Hvis barnet mitt kommer hjem fra barnehagen eller fra en barnevakt veldig sint for noe de voksne i barnehagen eller barnevakten har gjort, og begynner å slamre med dørene, mumle trusler, og gjøre stygge grimaser, ville jeg ...
- ... kjeffe på barnet mitt for å være så ute av kontroll og oppføre seg slik i huset 1
 - ... spørre hva som skjedde 2
 - ... si til barnet mitt at hun/han ødelegger for oss andre 3
 - ... si til barnet mitt at jeg håper hun/han ikke oppfører seg slik i barnehagen eller hos barnevakten 4
19. Hvis barnet mitt stirrer interessert på en kvinne som ammer babyen sin, ville jeg ...
- ... la henne/ham stirre 1
 - ... skumpe til barnet mitt og be henne/ham om å passe sine egne saker 2
 - ... spørre henne/ham hva hun/han holder på med 3
 - ... si til barnet mitt at det er uhøflig å stirre 4
20. Hvis barnet mitt mumler «Æsj!», og gjør en grimase når bestemor serverer gryteretten sin på tallerkenen hennes/hans, ville jeg ...
- ... minne barnet mitt på å være høflig 1
 - ... be barnet mitt om å be om unnskyldning og å ta seg sammen 2
 - ... smile nokså nervøst og spørre barnet mitt, «Nå, hva tror du det er?» 3
 - ... gi barnet mitt et strengt blikk mens jeg ber henne/ham be om unnskyldning for sin dårlige oppførsel 4

Husk: Bare ett kryss på hvert spørsmål!

EGNE PLAGER

På neste side er en liste med vanlige symptomer på angst. Les hvert enkelt nøye, og oppgi i hvilken grad du har vært plaget av hvert enkelt symptom i løpet av den siste uken, inkludert i dag. For hvert symptom setter du ett kryss i den ruten som du synes passer best for deg.

	Ikke i det hele tatt	Litt - det plaget meg ikke mye	En del - det var svært ubehagelig, men jeg holdt ut	Mye - det var bare så vidt jeg holdt ut
1. Nummenhet eller kribling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hetetokter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skjelving i beina.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ute av stand til å slappe av.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Frykt for at det verste skal skje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Svimmel eller ør.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hamrende eller galopperende hjerte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ustø	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Vettskremt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Nervøs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Kvelingsfølelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Skjelving på hendene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Oppskaket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Frykt for å miste kontrollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pustevansker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Frykt for å dø	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Skremt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fordøyelsesbesvær eller ubehag i magen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Følelse av å besvime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ansiktsrødme.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Svetteing (som ikke skyldes varme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Her er 21 grupper av utsagn. Les nøye gjennom hvert utsagn, og kryss av ved det utsagnet i hver gruppe som best beskriver hvordan du har følt deg i løpet av de siste to ukene, medregnet i dag. Dersom flere utsagn innen en gruppe ser ut til å passe like bra, velger du det utsagnet som har det høyeste tallet.

- Tristhet:
 - Jeg føler meg ikke trist
 - Jeg føler meg trist store deler av tiden
 - Jeg føler meg trist hele tiden
 - Jeg er så trist og ulykkelig at jeg ikke holder ut
- Pessimisme:
 - Jeg er ikke motløs med tanke på framtiden.....
 - Jeg er mer motløs med tanke på framtiden enn jeg var før.....
 - Jeg forventer at ting ikke vil gå i orden for meg.....
 - Jeg føler at framtiden er håpløs, og at alt bare blir verre.....
- Mislykkethet:
 - Jeg føler meg ikke mislykket
 - Jeg har mislyktes mer enn jeg burde.....
 - Når jeg ser tilbake, ser jeg mange nederlag.....
 - Jeg føler meg som en fullstendig mislykket person.....

Husk: Bare ett kryss på hvert spørsmål!

4. Tap av glede: 0. Jeg får like mye glede av ut av ting som før 1
1. Jeg får ikke like mye glede ut av ting som før 2
2. Jeg får svært liten glede ut av de tingene som jeg pleide å like 3
3. Jeg får ingen glede ut av de tingene som jeg pleide å like 4
5. Skyldfølelse: 0. Jeg føler ikke særlig mye skyld 1
1. Jeg føler skyld for mange ting jeg har gjort eller burde gjøre 2
2. Jeg føler skyld mesteparten av tiden 3
3. Jeg føler skyld hele tiden 4
6. Følelse av å bli straffet: 0. Jeg føler ikke at jeg blir straffet 1
1. Jeg føler det som om jeg kan bli straffet 2
2. Jeg forventer å bli straffet 3
3. Jeg føler det som jeg blir straffet 4
7. Mislike seg selv: 0. Mitt selvbilde er uforandret 1
1. Jeg har fått mindre selvtillit 2
2. Jeg er skuffet over meg selv 3
3. Jeg misliker meg selv 4
8. Selvkritiskhet: 0. Jeg kritiserer eller bebreider ikke meg selv mer enn vanlig 1
1. Jeg kritiserer meg selv mer enn jeg pleide 2
2. Jeg kritiserer meg selv for alle mine feil 3
3. Jeg klandrer meg selv for alt leit som skjer 4
9. Selvmords-
tanker: 0. Jeg har ingen tanker om å ta livet mitt 1
1. Jeg har tanker om å ta livet mitt, men har ingen planer om å gjøre det 2
2. Jeg ønsker å ta livet mitt 3
3. Jeg ville tatt livet mitt dersom jeg fikk muligheter til det 4
10. Gråt: 0. Jeg gråter ikke mer enn før 1
1. Jeg gråter mer enn før 2
2. Jeg gråter for hver minste ting 3
3. Jeg ønsker å gråte, men klarer det ikke 4
11. Rastløshet: 0. Jeg er ikke mer rastløs eller urolig enn vanlig 1
1. Jeg føler meg mer rastløs eller urolig enn vanlig 2
2. Jeg er så rastløs og urolig at det blir vanskelig å være i ro 3
3. Jeg er så rastløs og urolig at jeg må bevege meg eller gjøre noe hele tiden 4
12. Tap av interesse: 0. Jeg har ikke mistet interessen for andre mennesker eller aktiviteter 1
1. Jeg er mindre interessert i andre mennesker enn tidligere 2
2. Jeg har mistet det meste av interesse for mennesker eller ting 3
3. Det er vanskelig å bli interessert i noe som helst 4
13. Ubesluttksomhet: 0. Jeg tar beslutninger like lett som før 1
1. Jeg synes det er vanskeligere å ta beslutninger nå enn før 2
2. Jeg har mye større vanskeligheter med å ta beslutninger nå enn før 3
3. Jeg har vansker med å ta enhver beslutning 4

Husk: Bare ett kryss på hvert spørsmål!

14. Verdiløshet: 0. Jeg føler meg ikke verdiløs 1
1. Jeg opplever meg ikke like verdifull og nyttig som før 2
2. Jeg føler meg mer verdiløs enn andre mennesker 3
3. Jeg føler meg fullstendig verdiløs 4
15. Tap av energi: 0. Jeg har like mye energi som før 1
1. Jeg har mindre energi enn jeg pleide 2
2. Jeg har ikke nok energi til å gjøre særlig mye 3
3. Jeg har ikke nok energi til å gjøre noe som helst 4
16. Endring i søvnmønster: 0. Jeg har ikke merket noen endringer med søvnen 1
1a. Jeg sover litt mer enn vanlig 2
1b. Jeg sover litt mindre enn vanlig 3
2a. Jeg sover mye mer enn vanlig 4
2b. Jeg sover mye mindre enn vanlig 5
3a. Jeg sover mesteparten av døgnet 6
3b. Jeg våkner opp 1-2 timer for tidlig og får ikke sove igjen 7
17. Irritabilitet: 0. Jeg er ikke mer irritabel enn vanlig 1
1. Jeg er mer irritabel enn vanlig 2
2. Jeg er mye mer irritabel enn vanlig 3
3. Jeg er irritabel hele tiden 4
18. Endringer i matlysten: 0. Jeg har ikke merket noen endringer i min matlyst 1
1a. Min matlyst er litt mindre enn vanlig 2
1b. Min matlyst er litt større enn vanlig 3
2a. Min matlyst er mye mindre enn vanlig 4
2b. Min matlyst er mye større enn vanlig 5
3a. Jeg har ingen matlyst i det hele tatt 6
3b. Jeg føler trang til å spise hele tiden 7
19. Konsentrasjonsvansker: 0. Jeg kan konsentrere meg like godt som før 1
1. Jeg kan ikke konsentrere meg like godt som vanlig 2
2. Det er vanskelig for meg å konsentrere meg om noe som helst særlig lenge 3
3. Jeg merker at jeg ikke kan konsentrere meg om noe som helst 4
20. Trethet og utmattelse: 0. Jeg er ikke mer trøtt eller utmattet enn jeg pleier 1
1. Jeg blir fortere trøtt eller utmattet enn jeg pleier 2
2. Jeg er for trøtt eller utmattet til å gjøre mange av de tingene jeg pleide å gjøre 3
3. Jeg er for trøtt eller utmattet til å gjøre mesteparten av de tingene jeg pleide å gjøre 4
21. Tap av seksuell interesse: 0. Jeg har ikke merket noen endring i min interesse for sex i det siste 1
1. Jeg er mindre interessert i sex enn jeg pleide å være 2
2. Jeg er mye mindre interessert i sex enn jeg pleide å være 3
3. Jeg har mistet all interesse for sex 4

ALKOHOL

- | | |
|--|--|
| 1. Omtrent hvor ofte drikker du noen form for alkohol? ⇨ | Ikke i løpet av det siste året <input type="checkbox"/> 1
Sjeldnere enn en gang i måneden <input type="checkbox"/> 2
Omtrent en gang i måneden <input type="checkbox"/> 3
2 - 3 ganger i måneden <input type="checkbox"/> 4
Omtrent en gang i uken <input type="checkbox"/> 5
2 - 4 ganger i uken <input type="checkbox"/> 6
Hver dag eller nesten hver dag <input type="checkbox"/> 7 |
| 2. Omtrent hvor mange ganger i året drikker du minst så mye alkohol at det tilsvarer 5 halvflasker øl, eller en helflaske rød- eller hvitvin, eller en halv flaske hetvin eller en kvart flaske brennevin? ⇨ | Ingen ganger <input type="checkbox"/> 1
1 - 4 ganger i året <input type="checkbox"/> 2
5 - 10 ganger i året <input type="checkbox"/> 3
Omtrent en gang i måneden <input type="checkbox"/> 4
2 - 3 ganger i måneden <input type="checkbox"/> 5
Omtrent 1 gang i uken <input type="checkbox"/> 6
2 - 4 ganger i uken <input type="checkbox"/> 7
Hver dag eller nesten hver dag <input type="checkbox"/> 8 |
| 3. Hvor mange alkoholenheter tar du på en «typisk» drikkedag? (En alkoholenhet er en halvliter pils, ett glass rødvin, en «vanlig» drink e.l). ⇨ | 1 – 2 alkoholenheter <input type="checkbox"/> 1
3 - 4 alkoholenheter <input type="checkbox"/> 2
5 - 6 alkoholenheter <input type="checkbox"/> 3
7 - 9 alkoholenheter <input type="checkbox"/> 4
10 eller flere alkoholenheter <input type="checkbox"/> 5 |
| 4. Hvor ofte har du i løpet av siste år ikke vært i stand til å stoppe å drikke etter at du hadde begynt? ⇨ | Aldri <input type="checkbox"/> 1
Sjeldnere enn månedlig <input type="checkbox"/> 2
Noen ganger i måneden <input type="checkbox"/> 3
Noen ganger i uken <input type="checkbox"/> 4
Daglig eller nesten daglig <input type="checkbox"/> 5 |
| 5. Hvor ofte har du i løpet av siste år unnlatt å gjøre ting du skulle gjort på grunn av drikking? ⇨ | Aldri <input type="checkbox"/> 1
Sjeldnere enn månedlig <input type="checkbox"/> 2
Noen ganger i måneden <input type="checkbox"/> 3
Noen ganger i uken <input type="checkbox"/> 4
Daglig eller nesten daglig <input type="checkbox"/> 5 |
| 6. Hvor ofte har du i løpet av siste år trengt en drink om morgenen for å komme i gang etter sterk drikking dagen før? ⇨ | Aldri <input type="checkbox"/> 1
Sjeldnere enn månedlig <input type="checkbox"/> 2
Noen ganger i måneden <input type="checkbox"/> 3
Noen ganger i uken <input type="checkbox"/> 4
Daglig eller nesten daglig <input type="checkbox"/> 5 |
| 7. Hvor ofte har du i løpet av siste år hatt skyldfølelse eller samvittighetsnag på grunn av drikking? ⇨ | Aldri <input type="checkbox"/> 1
Sjeldnere enn månedlig <input type="checkbox"/> 2
Noen ganger i måneden <input type="checkbox"/> 3
Noen ganger i uken <input type="checkbox"/> 4
Daglig eller nesten daglig <input type="checkbox"/> 5 |
| 8. Hvor ofte har du i løpet av siste år ikke husket hva som hendte kvelden før på grunn av drikking? ⇨ | Aldri <input type="checkbox"/> 1
Sjeldnere enn månedlig <input type="checkbox"/> 2
Noen ganger i måneden <input type="checkbox"/> 3
Noen ganger i uken <input type="checkbox"/> 4
Daglig eller nesten daglig <input type="checkbox"/> 5 |

Husk: Bare ett kryss på hvert spørsmål!

9. Har du eller noen annen blitt skadet som følge av din drikking? ⇨
- Nei..... 1
Ja - men ikke i løpet av siste år..... 2
Ja - i løpet av siste år..... 3
10. Har en slektning eller venn eller lege (eller annen helsearbeider) engstet seg over drikkingen din, eller antydnet at du burde redusere? ⇨
- Nei..... 1
Ja - men ikke i løpet av siste år..... 2
Ja - i løpet av siste år..... 3

PERSONLIGHET

Spørsmålene som følger handler om hvordan du er som menneske, dvs. hva du føler, tenker og gjør. Tenk deg et personlig gjennomsnitt for de siste seks månedene. Enkelte påstander kan virke litt merkelige. Til sammen utgjør imidlertid svarene dine et viktig mønster. Vi er interessert i hva nettopp *du* opplever, ikke hva andre synes eller hva du tror andre synes man bør mene. Det finnes ingen «riktige» eller «gale» svar.

Kryss av for om du mener påstanden om deg stemmer eller ikke stemmer. Ta stilling til alle påstandene og forsøk å svare så oppriktig som mulig.

- | | Stemmer | Stemmer |
|--|--------------------------|--------------------------|
| | 1 | ikke 2 |
| 1. Jeg foretrekker å arbeide sammen med andre og er ikke redd for kritikk eller avvisning | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Jeg omgås helst ikke andre mennesker hvis jeg ikke er sikker på at jeg blir likt | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Jeg er forsiktig i nære relasjoner fordi jeg er redd for å dumme meg ut eller for å bli avvist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Jeg har ofte en følelse av at jeg ikke duger, eller at mitt nærvær er uønsket | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Jeg føler meg trygg og sikker og har ingenting imot å stifte nye bekjenskaper | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Jeg tror at jeg er sosialt udugelig, lite attraktiv eller mindre verd enn andre | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. For å unngå å havne i pinlige situasjoner gir jeg meg ugjerne i kast med nye ting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Jeg har lett for å ta hverdagslige beslutninger og er ikke avhengig av råd og støtte fra andre..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Jeg overlater helst ansvaret for hvordan jeg skal leve livet mitt til andre..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Jeg sier meg ikke enig med noen som jeg mener tar feil..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Jeg har vanskelig for å gå i gang med ting fordi jeg er redd for å gjøre feil | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Jeg kan gå med på å gjøre ting som jeg egentlig ikke vil, bare for å få støtte og bli likt | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Jeg klarer meg bra selv og har ikke problemer med å være alene..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Hvis partneren min hadde forlatt meg, ville jeg straks ha funnet meg en ny partner for å slippe å være alene | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Jeg føler meg trygg fordi jeg vet at jeg kan ta vare på meg selv | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Jeg har vanskelig for å stille krav til mennesker som jeg er avhengig av | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Jeg fortaper meg lett i detaljer på bekostning av helheten | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Jeg har vanskelig for å avslutte oppgaver fordi jeg kun kan akseptere et perfekt resultat..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Jeg prioriterer jobben fremfor familie, venner og fornøyelse | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Jeg har en sterkere sans for moral enn de fleste..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Jeg har ingen problemer med å kaste utslitte eller verdiløse gjenstander | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Jeg vil at andre skal gjøre ting på min måte | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Når det gjelder penger, er jeg en generøs person, og jeg legger ikke noe til side til eventuelle framtidige nødssituasjoner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Jeg er sta og vil alltid gjøre ting slik jeg er vant til å gjøre dem..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Jeg gjør helst ting selv, ellers kan jeg ikke stole på at det blir gjort ordentlig..... | <input type="checkbox"/> | <input type="checkbox"/> |

Husk: Bare ett kryss på hvert spørsmål!

	Stemmer	
	1	ikke 2
32. Jeg er på vakt for ikke å bli utnyttet eller bedratt	<input type="checkbox"/>	<input type="checkbox"/>
33. Jeg tviler bestandig på at de menneskene jeg kjenner, virkelig er til å stole på	<input type="checkbox"/>	<input type="checkbox"/>
34. Jeg må beskytte meg mot andres ondsinnethet og misliker derfor å betro meg til andre	<input type="checkbox"/>	<input type="checkbox"/>
35. Jeg er på vakt og lurer alltid på hva folk virkelig mener med det de sier eller gjør	<input type="checkbox"/>	<input type="checkbox"/>
36. Jeg stoler på andre mennesker og tar det for gitt at de er lojale.....	<input type="checkbox"/>	<input type="checkbox"/>
37. Jeg føler meg ofte tvunget til å forsvare både mitt ry og min person mot angrep fra andre.....	<input type="checkbox"/>	<input type="checkbox"/>
38. Jeg mistenker ofte partneren min for å være utro.....	<input type="checkbox"/>	<input type="checkbox"/>
39. Jeg tror at vennlighet og tjenestevillighet er en måte å skjule onde hensikter på	<input type="checkbox"/>	<input type="checkbox"/>
42. Jeg liker å omgås venner.....	<input type="checkbox"/>	<input type="checkbox"/>
43. I familien min står vi hverandre følelsesmessig nær	<input type="checkbox"/>	<input type="checkbox"/>
44. Stort sett trives jeg best når jeg får være sammen med andre mennesker	<input type="checkbox"/>	<input type="checkbox"/>
45. Jeg er så å si ikke interessert i seksuell kontakt.....	<input type="checkbox"/>	<input type="checkbox"/>
46. Jeg bekymrer meg ofte over de vanskelighetene jeg har i relasjon til andre mennesker	<input type="checkbox"/>	<input type="checkbox"/>
47. Det er ikke mye jeg gjerne bruker tid på	<input type="checkbox"/>	<input type="checkbox"/>
48. Det finnes mennesker utenom familien som står meg nær	<input type="checkbox"/>	<input type="checkbox"/>
49. Jeg tar meg ikke nær av verken ros eller kritikk.....	<input type="checkbox"/>	<input type="checkbox"/>
50. Andre oppfatter meg som kald, ufølsom eller utilgjengelig	<input type="checkbox"/>	<input type="checkbox"/>
54. Jeg synes ofte at folk prater om meg.....	<input type="checkbox"/>	<input type="checkbox"/>
55. Jeg oppfatter spesielle budskap i det som skjer omkring meg	<input type="checkbox"/>	<input type="checkbox"/>
56. Jeg kan kommunisere med andre gjennom telepati	<input type="checkbox"/>	<input type="checkbox"/>
57. Jeg har en spesiell evne til å vite når visse ting skal skje, før de virkelig skjer	<input type="checkbox"/>	<input type="checkbox"/>
58. Skygger eller gjenstander i et rom kan ofte ta menneskelig form for meg	<input type="checkbox"/>	<input type="checkbox"/>
59. Jeg har ofte kroppsopplevelser som andre synes er merkelige og har problemer med å forstå.....	<input type="checkbox"/>	<input type="checkbox"/>
60. Folk synes ofte at jeg uttrykker meg på en merkelig måte.....	<input type="checkbox"/>	<input type="checkbox"/>
61. Jeg er svært bekymret for hvordan jeg er som menneske.....	<input type="checkbox"/>	<input type="checkbox"/>
62. Andre reagerer på min måte å vise følelser på.....	<input type="checkbox"/>	<input type="checkbox"/>
63. Folk mener nok at jeg er litt rar, merkelig eller spesiell.....	<input type="checkbox"/>	<input type="checkbox"/>
64. Jeg føler meg trygg sammen med mennesker jeg kjenner.....	<input type="checkbox"/>	<input type="checkbox"/>
66. Det finnes folk som mener jeg er reservert og avisende.....	<input type="checkbox"/>	<input type="checkbox"/>
69. Jeg har vanskelig for å tilpasse meg samfunnets normer og har flere ganger begått ulovlige handlinger.....	<input type="checkbox"/>	<input type="checkbox"/>
70. Jeg lyver hvis det tjener mine formål	<input type="checkbox"/>	<input type="checkbox"/>
71. Jeg er impulsiv og følger øyeblikkets innskytelse	<input type="checkbox"/>	<input type="checkbox"/>
72. Jeg har «kort lunte», noe som har gjort at jeg har havnet i flere slagsmål.....	<input type="checkbox"/>	<input type="checkbox"/>
73. Jeg liker å leve farlig og tenker sjelden på min egen eller andres sikkerhet	<input type="checkbox"/>	<input type="checkbox"/>
74. Jeg er omhyggelig med å utføre arbeidet mitt på best mulig måte	<input type="checkbox"/>	<input type="checkbox"/>
75. Jeg er nøye med å betale regningene mine i god tid.....	<input type="checkbox"/>	<input type="checkbox"/>
76. Jeg bryr meg ikke om at andre har det vondt, så lenge jeg får det som jeg vil.....	<input type="checkbox"/>	<input type="checkbox"/>
79. Når jeg mislykkes med noe, er det oftest en annens feil	<input type="checkbox"/>	<input type="checkbox"/>
80. Den som står i veien for meg, får takke seg selv hvis han eller hun kommer ille ut.....	<input type="checkbox"/>	<input type="checkbox"/>
84. Hvis jeg innser at et forhold er uholdbart, kan jeg avslutte det på en rolig og ordnet måte	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

- | | Stemmer
1 | Stemmer
ikke
2 |
|--|--------------------------|--------------------------|
| 85. Jeg har ofte sterke følelser for andre, og følelsene kan skifte raskt mellom det ekstremt positive og det ekstremt negative | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. Mennesker som jeg har sett opp til, har ofte skuffet meg | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. Min måte å være på som person medfører ofte problemer på jobb, skole eller hjemme | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. Jeg føler en sterk indre forvirring – jeg vet egentlig ikke hvem jeg er | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg handler ofte uoverveid eller impulsivt, noe som fører til at ... | | |
| 89. ... jeg sløser bort for mye penger | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. ... jeg har sex med folk jeg knapt kjenner | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. ... jeg drikker for mye | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. ... jeg bruker stoff | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. ... jeg har ukontrollerte spiseanfall | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. ... jeg kjører bil hensynsløst | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. ... andre mennesker virker å ha problemer med ting jeg gjør eller sier | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Jeg har aldri truet med å begå selvmord | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Jeg bruker ikke å forsøke å skade meg gjennom f.eks. å skjære meg eller ta for mange tabletter | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Humøret kan skifte raskt: i det ene øyeblikket har jeg det bra, og i det neste føler jeg meg trist, irritert eller engstelig | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. Jeg plages av en følelse av indre tomhet | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. Jeg blir ofte så sint at jeg mister kontrollen | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. Når jeg har det virkelig dårlig, kan jeg få plagsomme uvirkelighetsfølelser | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Når jeg føler meg presset, kan jeg få det for meg at mennesker vil meg vondt | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. Jeg føler meg ille til mote hvis jeg ikke er i sentrum for oppmerksomheten | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. Mange synes at jeg er seksuelt utfordrende | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. Mange oppfatter meg som overfladisk og følelsesmessig labil | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. Jeg bruker utseendet mitt for å få oppmerksomhet | <input type="checkbox"/> | <input type="checkbox"/> |
| 110. Personligheten min har vært et hinder for å nå de målene jeg har satt meg | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. Andre klager over at jeg prater mye uten å få sagt noe viktig | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. Jeg er en person som gjerne spiller ut hele sitt følelsesregister | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. Jeg påvirkes veldig lett av andre personer eller av ting som skjer | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. Jeg er så åpen at ukjente raskt føles som nære venner | <input type="checkbox"/> | <input type="checkbox"/> |
| 116. Andre innser ikke hvilken viktig og talentfull person jeg er | <input type="checkbox"/> | <input type="checkbox"/> |
| 117. Jeg tenker ofte på for en overlegen person jeg er eller kan komme til å bli | <input type="checkbox"/> | <input type="checkbox"/> |
| 118. Bare noen få utvalgte mennesker kan forstå meg eller bli mine venner | <input type="checkbox"/> | <input type="checkbox"/> |
| 119. For meg er det viktigst å bli beundret | <input type="checkbox"/> | <input type="checkbox"/> |
| 120. Jeg forventer at andre skal gjøre meg tjenester | <input type="checkbox"/> | <input type="checkbox"/> |
| 121. Enkelte mener at jeg bruker andre for egen vinnings skyld | <input type="checkbox"/> | <input type="checkbox"/> |
| 122. Folk klager over at jeg ikke viser sympati eller medfølelse | <input type="checkbox"/> | <input type="checkbox"/> |
| 123. Jeg er sjelden misunnelig på andres prestasjoner eller suksess | <input type="checkbox"/> | <input type="checkbox"/> |
| 124. Jeg tror ikke at andre er misunnelige på meg | <input type="checkbox"/> | <input type="checkbox"/> |
| 125. Jeg blir beskyldt for å være altfor selvsikker og overlegen | <input type="checkbox"/> | <input type="checkbox"/> |

SELVVURDERING

Oppgi med tall i de to feltene nederst på sida hvordan du har fungert de siste seks månedene (gå ut i fra de tre beste månedene), og hvordan du har fungert de siste ukene.

Tenk deg at du oppgir 100 hvis du har vært helt frisk, ikke har hatt noen psykiske plager og har fungert utmerket i forhold til familie og arbeid. Tenk deg at du oppgir 1 hvis du har vært svært alvorlig psykisk syk og helt ute av stand til å ta hånd om deg selv. Du kan velge et hvilket som helst tall mellom 1 og 100, f.eks. 45, 68 eller 72.

Se bort fra funksjonsnedsetting som skyldes kroppslige plager.

Les alle eksemplene nedenfor og oppgi de tallene som best svarer til funksjonsnivået ditt nedenfor.

100	Du har ikke hatt noen som helst symptomer. Du har deltatt i mange ulike aktiviteter og fungert utmerket hjemme, blant venner og på arbeid.
90	Du har fungert bra og har bare hatt veldig lette symptomer som nervøsitet foran en prøve eller en opptreden. En gang iblant kan du ha hatt små hverdagslige problemer eller bekymringer (f.eks. kranglet med noen i familien).
80	Du har LETTE forbigående symptomer og problemer som var enkle å forstå ut i fra hva som har skjedd.
70	Du har hatt MILDE symptomer, du har for eksempel vært litt nedstemt eller hatt lette søvnvansker. Du har stort sett fungert bra og har hatt flere gode venner, men du kan ha hatt visse problemer på arbeid eller skole.
60	Du har hatt MODERATE symptomer, f.eks. enkelte angstanfall, eller følt deg deprimert av og til, <i>eller</i> du har få venner og har hatt en del konflikter privat eller på arbeid.
50	Du har hatt ALVORLIGE symptomer. Du har for eksempel vært dypt nedstemt og tenkt på å ta livet av deg, <i>eller</i> du har ikke hatt venner i det hele tatt, du har hatt det så dårlig at du ikke klarte å arbeide eller studere.
40	Du har hatt SVÆRT ALVORLIGE symptomer som merkelige tanker og hallusinasjoner, eller vært så dypt nedstemt at du ikke brydde deg om familie eller venner, og du har hatt store problemer hjemme og ikke kunne være på arbeid eller skole.
30	Du har hatt SVÆRT ALVORLIGE symptomer, f. eks. stadige selvmordsplaner eller befalende hørselshallusinasjoner, <i>eller</i> du har ikke fungert verken hjemme eller på arbeid og for det meste ligget til sengs.
20	Du har hatt EKSTREMT ALVORLIGE symptomer (som ovenfor), og du har gjort selvmordsforsøk eller forsøkt å skade en annen person, <i>eller</i> du har hatt så store problemer at du i perioder ikke har kunnet ta hånd om deg selv.
10	Du har hatt EKSTREMT ALVORLIGE symptomer med gjentatte alvorlige selvmordsforsøk. Du har måttet ha tilsyn for ikke å skade deg selv eller andre, <i>eller</i> du har fungert så dårlig at du ikke har kunnet spise eller ivareta hygien din og behøvd hjelp med alt.
1	

Ditt funksjonsnivå ...

1. ... de siste seks månedene: ⇨

2. ... de siste ukene: ⇨

Husk: Bare ett kryss på hvert spørsmål!

LEGEMIDDELBRUK OG RUSMIDDELBRUK

Vi ber deg beskrive ditt bruk av reseptbelagte legemidler og av rusmidler de siste 12 månedene og om du noen gang har brukt disse rusmidlene.

NB: Her setter du to kryss på hver linje.

	Siste 12 måneder						Hele livet	
	0 ganger 1	1 gang 2	2 - 5 ganger 3	6 - 10 ganger 4	11 - 50 ganger 5	50 ganger el. mer 6	Har du noen gang gjort det? Nei 1 Ja 2	
1. Brukt reseptbelagte beroligende midler (Vival, Alopam, Xanor, Stesolid e.l.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Brukt reseptbelagte sovemedisiner (Imovane, Zopiklon, Apodorm e.l.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Brukt reseptbelagte smertestillende midler (Paralgin forte, Pinex forte, Somadril e.l.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Brukt tabletter (legemidler) for å få rus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drukket så mye at du har følt deg tydelig beruset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Drukket så mye at du har følt deg tydelig beruset i nærvær av barnet ditt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Brukt hasj eller marihuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Brukt ecstasy-stoffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Brukt amfetamin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Brukt annen narkotika (som LSD, kokain, morfin, heroin osv.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILIE

Hvordan har dere det i familien din?

Regn med dem du bor sammen med til daglig.

	Svært enig 1	Enig 2	Uenig 3	Svært uenig 4
1. Det er vanskelig å planlegge familieaktiviteter fordi vi misforstår hverandre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Når det er krise, kan vi be de andre om støtte og hjelp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vi kan snakke sammen om den tristheten vi føler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hver enkelt blir godtatt for den han eller hun er	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vi unngår å snakke om det vi er redd for og det vi er opptatt av	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vi kan uttrykke følelser for hverandre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Det er masse negative følelser i familien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vi føler at de andre godtar oss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Det er vanskelig å ta beslutninger i vår familie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Vi greier å bestemme oss for hvordan vi skal løse problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Vi passer ikke godt sammen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Vi betror oss til hverandre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

SOSIALE FERDIGHETER HOS BARNET

Denne delen av spørreskjemaet er laget for å måle hvor ofte barnet deres tar i bruk sosiale ferdigheter, og hvor viktig du mener at disse er for barnets utvikling.

Les hvert av utsagnene nedenfor og tenk på barnets atferd nå om dagen. Bestem deg for **hvor ofte** du mener barnet gjør det som står beskrevet.

Ta også stilling til **hvor viktig** du mener hver av handlingene (eller ferdighetene) er for barnets utvikling.

Her er to eksempler:

	Hvor ofte?				Hvor viktig?		
	Aldri 1	Av og til 2	Ofte 3	Svært ofte 4	Ikke så viktig 1	Viktig 2	Svært viktig 3
Eksempel 1: Har sans for humor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eksempel 2: Svarer greit i telefonen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Eks. 1. Den foresatte mener at barnet svært ofte viser at det har sans for humor, og at det er viktig for barnets utvikling.

Eks. 2. Den foresatte mener også at barnet aldri svarer greit i telefonen, og at det å svare greit i telefonen er viktig for barnets utvikling.

NB: Her setter du to kryss på hver linje.

	Hvor ofte?				Hvor viktig?		
	Aldri 1	Av og til 2	Ofte 3	Svært ofte 4	Ikke så viktig 1	Viktig 2	Svært viktig 3
1. Følger instruksjoner fra foreldrene.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hjelper til med husarbeidet uten å bli bedt om det.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Protesterer på en akseptabel måte mot regler hjemme, hvis de virker urimelige	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Forsøker å gjøre oppgaver hjemme selv, før hun/han spør foreldrene om hjelp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gir komplimenter til venner eller til andre barn i familien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Deltar i organiserte gruppeaktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Avviser på en høflig måte hvis andre ber om noe urimelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Presenterer seg uoppfordret når han/hun møter nye mennesker...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bruker fritiden hjemme på en positiv måte.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ber om lov før han/hun bruker noe som tilhører andre i familien ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Reagerer på en passende måte hvis andre barn dytter eller slår ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tilbyr seg å hjelpe andre i familien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Inviterer andre barn hjem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Unngår situasjoner som kan skape problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Starter samtaler heller enn å vente på at andre skal snakke til ham/henne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Holder rommet sitt ryddig uten å bli minnet på det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Utfører pliktene sine i huset innen rimelig tid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Kan styre sinnet sitt i konfliktsituasjoner med foreldrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Kan styre sinnet sitt i konflikter med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Gir passende uttrykk for følelser når han/hun er blitt urettferdig behandlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Følger reglene når hun/han spiller eller leker med andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hører etter foreldrenes instruksjoner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Husk: Bare ett kryss på hvert spørsmål!

NB: Her setter du to kryss på hver linje.

	Hvor ofte?				Hvor viktig?		
	Aldri 1	Av og til 2	Ofta 3	Svært ofte 4	Ikke så viktig 1	Viktig 2	Svært viktig 3
23. Har mange interesser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Svarer greit i telefonen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Får lett venner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Kan kompromisse i en konflikt ved å forandre standpunkt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Rydder egne ting eller annet i huset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Kan vente på tur i spill eller andre aktiviteter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Tåler kritikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Roser andre i familien når de har lyktes med noe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Følger reglene hjemme.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Virker trygg på seg selv i sosiale situasjoner som selskaper eller turer sammen med andre barn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Hører etter når noe blir sagt i forsamlinger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Bli med i gruppeaktiviteter uten å måtte bli oppmuntret til det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Avslutter uenigheter med foreldrene på en fredelig måte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Bli godt likt av andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I butikken ber han/hun om hjelp eller informasjon fra ekspeditøren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Sier ifra til foreldrene hvis han/hun har problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Snakker i en ordentlig tone hjemme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Har du en kommentar til denne undersøkelsen eller temaene den tar opp, kan du skrive her. ↓

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H. Ottoson, S. Söderberg, 1994. Oversatt av Jens Thimm.
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