Louisiana State University LSU Digital Commons

LSU Doctoral Dissertations

Graduate School

2008

Development and validation of the adolescent routines questionnaire: parent and self-report

Kara Meyer

Louisiana State University and Agricultural and Mechanical College

Follow this and additional works at: https://digitalcommons.lsu.edu/gradschool_dissertations
Part of the Psychology Commons

Recommended Citation

Meyer, Kara, "Development and validation of the adolescent routines questionnaire: parent and self-report" (2008). LSU Doctoral Dissertations. 4052.

 $https://digital commons.lsu.edu/gradschool_dissertations/4052$

This Dissertation is brought to you for free and open access by the Graduate School at LSU Digital Commons. It has been accepted for inclusion in LSU Doctoral Dissertations by an authorized graduate school editor of LSU Digital Commons. For more information, please contactgradetd@lsu.edu.



DEVELOPMENT AND VALIDATION OF THE ADOLESCENT ROUTINES QUESTIONNAIRE: PARENT AND SELF-REPORT

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

The Department of Psychology

By Kara Janeane Meyer B.A., University of Northern Colorado, 2003 M.A., Louisiana State University, 2005 December, 2008



ACKNOWLEDGMENTS

I would like to take this opportunity to thank my advisor and committee chair, Dr. Mary Lou Kelley, for her support and guidance on this project and throughout my graduate training. I would also like to thank my committee members, Dr. George Noell, Dr. Frank Gresham, Dr. Wm. Drew Gouvier, and Dr. Jana Oetting whose thoughtful suggestions aided me in the completion of this project. Very special thanks is owed to my colleagues, David Landry, Meghan Burns, and Julia Thompson, without whose assistance I would have never been able to complete this project. I would also like to thank my family and friends for their love and support throughout the many years of my education. And last, but certainly not least, I would like to thank my boyfriend Winston McKenna, whose patience, love, and support helped me through this process more than anything.



TABLE OF CONTENTS

ACKNOWLEDGMENTS	ii
LIST OF TABLES	v
ABSTRACT	vi
INTRODUCTION	1
Definition of Routines.	
Empirical Research Regarding Routines	
Assessing Routines.	
Summary and Rationale of Current Study	
Hypotheses	11
METHOD	12
Phase 1: Item Generation	12
Results of Phase 1	14
Phase 2: Item Selection	14
Results of Phase 2	16
Phase 3: Validation.	
Results of Phase 3	21
DISCUSSION	30
REFERENCES	36
APPENDIX	
A DEMOGRAPHIC QUESTIONNAIRE	42
B SURVEY OF ADOLESCENT ROUTINES: PARENT-REPORT	44
C SURVEY OF ADOLESCENT ROUTINES: SELF-REPORT	48
D CONSENT FORM	51
E ASSENT FORM	53
F ITEM REVIEW LETTER	55
G ADOLESCENT ROUTINES QUESTIONNAIRE (INITIAL): PARENT-REPORT	60
H ADOLESCENT ROUTINES QUESTIONNAIRE (INITIAL): SELF-REPORT	63
I ITEM-FREOUENCIES: PARENT-REPORT	60



J ITEM FREQUENCIES: SELF-REPORT	68
K ITEM CHARACTERISTICS PRIOR TO PAF: PARENT-REPORT	70
L ITEM CHARACTERISTICS PRIOR TO PAF: SELF-REPORT	73
M ELIMINATED ITEMS	76
N FACTORS & FACTOR LOADINGS: PARENT-REPORT	77
O FACTORS & FACTOR LOADINGS: SELF-REPORT	78
P ADOLESCENT ROUTINES QUESTIONNAIRE: PARENT-REPORT	79
Q ADOLESCENT ROUTINES QUESTIONNAIRE: SELF-REPORT	81
R ITEM CHARACTERISTICS: SELF-REPORT	83
S ITEM CHARACTERISTICS: PARENT-REPORT	85
T VALIDATION CORRELATION MATRIX: PARENT-REPORT	87
U VALIDATION CORRELATION MATRIX: SELF-REPORT	88
******	0.0



LIST OF TABLES

1. Demographic Characteristics of the Item Generation Sample	13
2. Demographic Characteristics of the Item Selection Sample	18
3. Demographic Characteristics of the Validation Sample	22
4. Test-Retest Reliability Coefficients	24
5. Demographic Characteristics of the Retest Sample	24
6. Inter-Rater Reliability Coefficients	25
7 Validation Correlation of Hypotheses	29



ABSTRACT

The popular parenting literature often has stressed the importance of establishing predictable routines in the lives of young children. In addition, routines as a part of parenting treatment packages, have been shown to reduce child behavior problems, as well as disruptive meal and bedtime behavior. Establishing homework routines can lead to increased cooperation and work completion during homework as well as classroom preparedness. Furthermore, empirical literature suggests that the presence of routines is related to overall child health and adherence to medical regimens. Although promising new instruments have been developed to assess daily routines in preschool and school-aged children, none focus on daily routines in adolescent populations nor have they attempted to gain adolescent self- report data. As a result, the impact of routines on adolescent behavior and adjustment is not fully understood. Therefore, the purpose of the current study was to develop psychometrically sound, parallel parent- and self-reports of commonly occurring routines in adolescents aged 12-17. Following item generation, item selection, and validation, final analyses resulted in a 33-item measure with a five factor solution (Daily Living, School & Discipline, Household, Extracurricular, and Social Routines). Initial reliability and validity estimates suggest good internal consistency and testretest reliability, adequate inter-rater reliability, as well as moderate evidence of concurrent validity for both parent- and self-reports. Results suggest that the Adolescent Routines Questionnaire: Parent- and Self-Reports is a promising new assessment tool measuring adolescents' daily routines.



INTRODUCTION

Daily routines are thought to provide predictability and stability in children's lives. The popular parenting literature recommends establishing daily routines in order to provide children with a sense of control and security and to prepare them for transitions (Curtis, 2000; Kase, 1999). Furthermore, various parenting treatment emphasized the use of routines for reducing behavior problems associated with bedtime, mealtime, and homework. Daily routines are thought to contribute to children's overall health, as well as aid in adherence to medical regimens (Keltner, 1992; Sytsma-Jordan et al., 2006). Furthermore, routines may buffer children from high risk situations, such as poverty and divorce (Loukas & Prelow, 2004; Guidubaldi, Perry, & Anastasi, 1987; Guidubaldi, et al., 1986; Portes et al, 1992).

Although commonly recommended, the importance of routines with adolescents has not been evaluated empirically. The paucity of research is striking given the potential value of routines to fostering adolescents' transition into adulthood (Robin & Foster, 1988). This lack of empirical research is likely due to the lack of acceptable instruments measuring adolescent daily routines. The following discussion reviews previous research on routines including empirically based literature, as well as existing measures of routines.

Definition of Routines

Broadly speaking, routines are patterned activities that recur regularly over time (Wolin & Bennett, 1984). More specifically, they are observable behaviors that occur in the same order, around the same time (on a daily or weekly basis), at the same place, and with the same adult (Sytsma, Kelley, & Wymer, 2001). Common routines include mealtime, bedtime, homework, peer, extracurricular, and personal hygiene routines (Denham, 2003; Fiese, 2006; Sytsma et al., 2001). A typical homework routine may include beginning homework at specific time and location, reviewing completed homework, and organizing materials for the next day. For the

purposes of this investigation, routines are defined as observable behavior that is performed by or for adolescents and occur at the same time (daily or weekly) and/or in the same order. They may or may not be monitored by or directly involve an adult.

Empirical Research Regarding Routines

The popular parenting literature heralds the benefits of family routines including the suggestion that routines provide children with a sense of security and predictability (Curtis, 2000). In addition, routines foster a sense of control and prepare children for transitions (Kase, 1999). The following describes research on the relationship between adolescent and family routines and adjustment.

Routines & Child Adjustment. Substantial research has focused on the importance of family routines. For example, consistent use of routines was positively related new mothers' reports of confidence in their parenting skills ($R^2 = .25$) (Sprunger, Boyce, & Gaines, 1985). Likewise, Porter and Hsu (2003) found that first-time mothers reported higher feelings of parenting efficacy when they regularly engaged in nurturing routines. These studies suggest that competent parents are better able to implement daily routines, and when successful, feel more confident (Fiese et al., 2002).

The parenting training literature often recommends use of routines as the first step for managing problem behavior. Establishing regular routines is emphasized as a simple and effective tool for managing children with Attention-Deficit/Hyperactivity Disorder (ADHD) (NIH, 1996). Moreover, daily routines are negatively correlated with children's problem behavior (r = -.25) (Sytsma et al., 2001). Further, mothers of children with ADHD reported implementing fewer daily routines than those without ADHD (Sytsma-Jordan & Kelley, 2004; Sytsma-Jordan, Kelley, & Henderson, 2002). Keltner (1990) examined factors affecting social competence in African American children in a Head Start program. Results from this study

found that family routines were predictive of academic engagement and reduced aggression. That is, as family routines increased, so did participation in academics ($R^2 = .10$) as well as cooperative, compliant behavior ($R^2 = .11$).

Recent research has highlighted the importance of routines for adolescents' behavioral and emotional functioning. Using a semi-structured interview assessing family rituals and routines, Kiser and colleagues (2005) determined whether or not clinical and non-clinical families differed in terms of engagement in family rituals and routines. They found that families with adolescents diagnosed with both internalizing and externalizing disorders had fewer family rituals and routines than those families with well-adjusted adolescents. Likewise, family routines appear to buffer the effects of risk factors associated with poverty and community violence (Loukas & Prelow, 2004). Specifically, regular family routines were associated with fewer externalizing (r = -.30) and internalizing (r = -.31) problems in a group of Latino, female adolescents from low-income families. Similarly, daily routines moderated the relationship between daily hassles and externalizing problems in a sample of primarily African American youth from inner-city homes (Kliewer & Kung, 1998).

Adjustment to Family Stress. Research consistently has demonstrated that family routines promote children's adjustment during times of family stress (Black & Lobo, 2008; Fiese, 2006). For example, regular routines at home were predictive of academic achievement in boys and better physical and emotional health in girls post-divorce (Guidubaldi, Perry, & Anastasi, 1987; Guidubaldi, et al., 1986; Portes et al, 1992). Likewise, family routines contributed to adolescents' constructive use of time in single-parent homes post-divorce. That is, adolescents were more likely to spend free time participating in sports, reading, creative activities, and religious activities when provided with predictable routines at home. Research



also suggested that siblings of children with disabilities had fewer adjustment difficulties when their parents reported having regular family routines (Giallo & Gavidia-Payne, 2006).

Mealtime Routines. Epidemiological surveys indicate that families with children eighteen years and younger eat together frequently (Eisenberg et al., 2004), and research consistently shows the positive effects of mealtime routines on mealtime behavior and child adjustment. For example, use of mealtime routines has resulted in decreased disruptive behavior and increased food consumption during mealtime in young children (Bauman, Reiss, Rogers, & Bailey, 1983; Dadds, Sanders, & Bor, 1984). Fulkerson and colleagues (2006) examined the effects of family meal frequency in a large sample of adolescents. They found that frequent family dinners were positively related to family support (odds ratio = 3.7) and positive family communication (odds ratio = 2.8) and negatively related to high-risk behaviors such as tobacco use (odds ratio = .48) and violence (odds ratio = .74). Likewise, family meal routines appear to serve a protective function for adolescent females with Type 1 Diabetes Mellitus (T1DM). Specifically, girls with T1DM whose families reported having frequent structured mealtimes were less likely to exhibit disordered eating behavior (e.g., binging and purging; use of laxatives and diet pills; skipping insulin dose) than girls with fewer family meals (Mellin et al, 2004).

Bedtime Routines. Bedtime routines also are commonly used to promote quality sleep hygiene and bedtime cooperation. Use of routines in conjunction with positive reinforcement was effective in rapidly reducing tantrums, increasing cooperation, and establishing appropriate bedtimes in children with developmental disabilities. In addition, parents also reported that their children experienced sleep that is more restful once bedtime routines were established (Milan, Mitchell, Berger, & Pierson, 1981; Christodulu & Durand, 2004). Effectively enforced bedtime routines also resulted in increased parent satisfaction with their child's bedtime behavior (Christodulu & Durand). Furthermore, review on the treatment for sleep disturbance in children

found report bedtime routines are effective in improving bedtime cooperation and quality of sleep in normally developing children as well (Mindell, 1993; Kuhn & Weidinger, 2000).

Homework and Academic Achievement. Bloomquist (2005) suggests that homework routines are important to managing homework problems. As such, parent-training programs, aimed at reducing homework problems, have shown that requiring homework routines significantly reduces homework problems in elementary school students (Anesko & O'Leary, 1982; Kahle & Kelley, 1994). Similar results are seen with adolescent student populations. For example, Toney, Kelley, and Lanclos (2003) found that both parent and self-monitoring of homework routines were effective and acceptable interventions for reducing homework behavior problems in middle school students. Likewise, researchers also suggest that implementing homework routines is especially important for adolescents with ADHD (Robin, 1998). Self- and parent-monitoring of homework and study skills routines in middle school students with ADHD were effective in reducing homework behavior problems and increasing teacher reported classroom preparedness and homework completion (Meyer & Kelley, 2007).

Research indicates that family routines are positively related to academic achievement. Regular reading routines established by parents are positively related to children's literacy development (r = .27) (Serpell, Sonnenschein, Baker, & Ganapathy, 2002). In the same way, family routines, including regular homework and mealtimes were positively related to academic achievement in African American boys from rural, single-parent families (r = .23) (Brody & Flor, 1997). Furthermore, family routines are significantly related to school engagement ($\beta = .280$) (i.e., participation in math) and academic self-concept ($\beta = .039$) in African American adolescents from low-income, urban families (Seaton & Taylor, 2003).

Health. Daily routines seem intuitively linked to health (Fiese, 2006). That is, it is universally recommended that individuals of all ages engage in health related routines such as

personal hygiene, medication use, physical activity, and sleep schedules (Denham, 2003; Fiese, 2006). As such, routines may be an important factor when considering adjustment to chronic illness and adherence to medical regimens. Daily routines may be a mediating factor in treatment adherence (Fiese & Wamboldt, 2000; Power et al., 2003) or they may serve as a protective factor against stress related to chronic illness (Denham, 2003). Daily treatment is e required to prevent life-threatening complications in many chronic illnesses such as diabetes (Silverstein et al., 2005; Wysocki, Greco, & Buckloh, 2003) and asthma (NIH, 1997). Thus, "The repetitive nature of management activities can set the stage for creating routines" (Fiese, 2006, p. 80).

Early research that examined the role of routines on health status amongst impoverished African American preschoolers found that family routines were negatively related to number of respiratory illnesses (r = -.20) and illness duration (r = -.39) (Boyce et al., 1977). Similarly, family routines were related positively to overall health status in preschoolers from low SES families (r = .27) (Keltner, 1992). Frare and colleagues (2002) found that family routines were related to children's positive coping skills (r = .45) and these two factors together influenced life quality. Similar results have been found in adults with chronic pain (Bush & Pargament, 1997). Markson and Fiese (2000) examined routines as a protective factor in children with asthma. When comparing children with asthma to those without, no differences in mother-reported routine frequency were found. However, the results showed that children with asthma with frequent routines had lower levels of anxiety than those who fewer routines (r = -.26).

Fiese, Wamboldt, and Anbar (2003) examined asthma management in children and adolescents. They found that established medication routines were positively related to medication adherence (r = .29). Likewise, frequent routines were positively correlated with adherence to sickle cell disease-care regimens in school-aged children (r = .41) (Sytsma-Jordan



et al., 2006). Furthermore, Greening and colleagues (2007) found that frequent routines mediated the relationship between child behavior problems and poor adherence to treatment for type 1 diabetes mellitus. That is, frequency of routines for children resulted in reduced behavior problems, and thus promoted treatment adherence.

Assessing Routines

Historically, family routines have been studied from sociological and anthropological perspectives. Only recently, has the field of psychology recognized the role of routines in the psychological and physical health of children and families (Fiese, 2006; Fiese et al., 2002). When exploring routines, researchers often incorporate questions regarding routines into clinical interviews or extrapolate items thought to assess routines from existing measures (e.g., Loukas & Prelow, 2004). Others have attempted to develop instruments specifically measuring child and family routines (Fiese & Kline, 1993; Jensen et al., 1983; Sytsma et al., 2001). Although psychometrically sound measures of routines for children exist, similar measures for evaluating routines with adolescents do not exist or are poorly constructed. Below is a review of existing measures of family and child routines.

Family Routines Inventory (FRI; Jensen et al., 1983). The FRI is parent report questionnaire consisting of 28 items assessing the degree of routinization in a family. The measure was developed and validated in a heterogeneous group of families with at least one child. Items contained in the FRI are intended to assess family coherence, predictability, and organization. The FRI contains two subscales: the Frequency scale, which is rated on a 4-point Likert-type scale and the Importance scale, which is rated on a 3-point scale. Example items include: Family has "quiet time" each evening when everyone talks or plays quietly, children take part in regular activities after school, family regularly visits with relatives, and children do regular household chores.



The FRI has adequate internal consistency (Brody & Flor, 1997; Kliewer & Klung, 1998) and test-retest reliability (Jensen et al., 1983). It has also been useful in a number of studies assessing family adjustment (Sprunger et al., 1985) and social competence (Keltner, 1990). The FRI has been utilized in studies assessing the role of routines in predicting maternal functioning and child adjustment (Brody & Flor, 1997). Thus, it has not been directly evaluated with measures of child psychological functioning.

Other limitations include the fact that the FRI was developed to assess routines pertaining to intact families rather than individual children or single-parent families (Kliewer & Klung, 1998; Sytsma et al., 2001). Furthermore, FRI items are vaguely worded items and lack crossethnic equivalence (Knight, Tien, Shell, & Roosa, 1992).

Family Rituals Questionnaire (FRQ; Fiese & Kline, 1993). The FRQ is a self-report measure of family rituals. It assesses the two major components of family rituals: Settings and Dimensions. Specifically, the questionnaire assesses rituals across seven settings including dinnertime, weekends, vacations, annual celebrations, special celebrations, religious holidays, and cultural and ethnic traditions, and across eight dimensions including occurrence, roles, routines, attendance, affect, symbolic significance, continuation, and deliberateness. Initial validation studies demonstrated construct validity and suggest adequate psychometric properties with good internal consistency and test-retest reliability. Initial findings also show that feelings of lovability were negatively related to roles and positively related to the symbolic significance of family rituals, while anxiety was negatively related to symbolic significance and positively related to roles.

While the FRQ shows promise as a measure of family rituals, it appears less useful in assessing family or child routines. That is, rituals and routines are considered distinct constructs. Routines are defined as activities that are repeated with regularity over time, while rituals are



activities that hold symbolic meaning and emotional investment, often passed down from generation to generation (Fiese, 2006; Fiese & Kline, 1993; Fiese et al., 2002; Wolin & Bennett, 1984).

Child Routines Questionnaire (CRQ; Sytsma et al; 2001). The CRQ is a 36-item parent report measure of child routines in daily living in children ages five to twelve years. It consists of four subscales measuring Daily Living Routines, Household Responsibilities, Discipline Routines, and Homework Routines where routines are rated on a 5-point Likert-type scale ranging from zero (almost never) to 4 (nearly always).

The CRQ was validated on a heterogeneous sample of mothers and has demonstrated excellent internal consistency (α = .90) and test-retest reliability (r= .86). Initial validation studies also provided evidence for construct validity as the authors found a modest positive relationship with family routines (r= .54) and a modest negative relationship with child behavior problems (r= -.35). Sytsma-Jordan (2003) provided further evidence for internal consistency and convergent validity. Likewise, the initial factor structure of the CRQ was upheld using confirmatory factor analysis and was stable in clinical populations (Sytsma-Jordan et al., 2006).

Furthermore, positive parenting practices have been found to promote child routines, while lack of routines is predictive of disruptive behavior problems (Sytsma-Jordan, 2003). The CRQ has also effectively discriminated between children with and without significant symptoms of ADHD (Sytsma-Jordan, et al., 2002). Furthermore, it has demonstrated utility in pediatric populations (Greening et al., 2007; Sytsma-Jordan et al., 2006).

Recently, a preschool version of the CRQ (Child Routines Questionnaire: Preschool; CRQ:P) was developed and validated on a heterogeneous sample of mothers and fathers of children ages one to five years (Murphy-Wittig, 2005). Much like the CRQ, the CRQ:P demonstrated good internal consistency (α = .89) and test-retest reliability (r= .74). The CRQ:P

also demonstrated adequate inter-rater reliability (r= .73). In addition, the CRQ:P demonstrated a positive relationship with family routines and positive parenting practices. CRQ:P scores were inversely related to child behavior problems, parenting stress, and maternal depression (Murphy-Wittig, 2005).

Summary and Rationale of Current Study

The positive influence of routines is well-established for school-aged children. Preliminary evidence suggests similar results in adolescents. For example, routines positively influence healthy eating in adolescent females with DM (Fulkerson et al., 2006) and homework completion and classroom preparedness (Meyer & Kelley, 2007; Toney et al., 2003). Regular routines also appear to influence adherence to medical regimens (Greening et al., 2007). Additional literature suggests that family and school routines may serve as a protective factor for children living in high-risk families (Seaton & Taylor, 2003).

Promising measures assessing routines in preschool and school-aged children include the CRQ and the CRQ:P. The FRI assesses routines in families with children and adolescents, which has established initial validity and reliability. However, its limitations include poorly worded items and the fact that its items do not specifically address adolescent routines. Furthermore, it is limited in scope in that its purpose is to assess routines for the entire family. This may be less appropriate for adolescents, as they tend to spend less time with their families and more time with peers and in extracurricular activities than young children (Crouter et al., 2004).

Furthermore, obtaining adolescent self-report is necessary to gain a full understanding of their daily functioning (Offer & Schonert-Reichl, 1992). It may be especially useful to gain adolescent self-report in addition to parent report as parental monitoring of activities decreases in adolescence (Metzler et al., 1998; Offer & Schonert-Reichl). The current study seeks to develop a measure of adolescent daily routines that is analogous across parent and adolescent informants.

Parallel forms will ensure uniformity when assessing the construct of routines and will assist in comparison between informants (Lovejoy et al., 1999; Shelton, Frick, & Wootton, 1996).

Hypotheses

- 1. **Hypothesis:** Frequency of adolescent daily routines as measured by the Adolescent Routines Questionnaire: Parent/Self-Report will be positively related to the frequency of family routines as measured by the Family Routines Inventory.
- 2. **Hypothesis:** Frequency of adolescent daily routines will be negatively correlated with the frequency of internalizing and externalizing problems as reported by mothers and adolescents on the Behavior Assessment System for Children (BASC-2).
- **3. Hypothesis:** Conversely, frequency of adolescent daily routines will be positively related to the Adaptive Skills composite score as measured by the parent form of the BASC-2 and the Personal Adjustment composite score of the self-report form of the BASC.
- **4. Hypothesis:** Presence of adolescent daily routines will be negatively correlated with parent-adolescent distress as measured by the Issues Checklist as well as family conflict as measured by the Conflict Behavior Questionnaire-20.



METHOD

Phase 1: Item Generation

The purpose of phase one was to generate a pool of items characteristic of adolescents' daily routines. The item pool was generated from several sources including descriptive parent and adolescent report, items from previous scales measuring routines, as well as the relevant literature.

Participants. The participants included 33 primary caregivers and their adolescent children between the ages of 12 and 17. Caregivers and their adolescent children were recruited from physician and psychology clinic waiting rooms, as well as through Louisiana State University undergraduates. Table 1 details demographic characteristics and SES distribution among participants. As seen in the table, the sample was comprised of a range of racial backgrounds, adolescent age and gender, and of SES levels as measured by the Hollingshead Index (Hollingshead, 1975).

In addition, to the parent-adolescent dyads, 11 reviewers, with graduate training in child psychology, (three doctoral-level psychologists and eight master's level graduate students specializing in clinical child or school psychology), reviewed and generated additional items.

Measures. Parents/caregivers completed a demographic questionnaire. Both parents and adolescents completed the adolescent routines survey, which asked them to list routines in the adolescent's daily activities.

Demographic Questionnaire. This measure was used to gather information about caregiver and adolescent demographics including, parent and adolescent age, gender, race, education and income levels, occupation, number of person's living in the household, marital status, and health status (see Appendix A). Socioeconomic status (SES) was calculated based on parent responses regarding marital status, education level, and occupation (Hollingshead, 1975).

Table 1. Demographic Characteristics of the Item Generation Sample

	Frequency	Percentage
	(N=33)	
Race		
Caucasian	19	57.6
African American	11	33.3
Asian	1	3.0
Hispanic	2	6.1
Adolescent's Gender		
Male	16	48.5
Female	17	51.5
Adolescent's Age		
12	6	18.2
13	3	9.1
14	4	12.1
15	8	24.2
16	5	15.2
17	7	21.2
SES Level		
I	2	6.1
II	7	21.2
III	11	33.3
IV	9	27.3
V	4	12.1

Survey of Adolescent Routines: Parent and Self-Report. The survey was presented in an open-ended format with adolescent and parent respondents indicating behaviors that occur during specific, regularly occurring activities (i.e., mealtime, homework, discipline, etc.). Space was provided for participants to describe some additional routines in their household (see Appendix B & C).

Procedure. Caregivers and adolescents were asked to participate in the study by the experimenter or research assistants. The purpose of the study was explained and caregivers were asked to sign informed consent forms (see Appendix D), then adolescents were asked to sign assent forms (see Appendix E). Participants received and completed the aforementioned

ك للاستشارات

measures. When necessary, consent/assent forms and surveys were read to participants by the researcher; however, this was never requested. Incentives were not offered for participation in the study.

Results of Phase 1

Item Generation. Written parent and adolescent responses yielded 945 responses across 13 general areas (e.g., morning, discipline, homework & studying routines). Additional items selected from previous measures assessing routines, as well as the related literature were added. Items were reviewed for redundancy by study investigators which resulted in a pool of 64 items.

Item Review. A group of reviewers with graduate training in child psychology (defined as doctoral level psychologists or master's level graduate students specializing in clinical child or school psychology) reviewed and rated the 64 items for clarity and relevance (see Appendix F). Reviewers were encouraged to recommend word changes and add additional items. Wording changes were adopted, redundant/similar items were combined, and items rated as irrelevant by two or more reviewers were deleted. Following the item review process, a pool of 43 items remained, which were identical for parent and adolescent reports. The initial version of the Adolescent Routines Questionnaire: Parent and Self-Report (Initial-Version) produced a Flesch-Kincaid grade reading level of 6.3.

Phase 2: Item Selection

The purpose of phase two was to produce items characteristic of common daily routines derived from the initial item pool.

Participants. Participants were 336 adolescents (167 male, 169 female) and their caregivers. An additional 21 dyads were excluded due to incomplete questionnaires or falsified questionnaires or they were not in the specified age range. Adolescent participants had a mean



age of 14.50 (range 12 to 17 years) and caregivers had a mean age of 45.29 (range 31 to 60 years). See Table 2 for demographic characteristics of all participants.

Measures. Caregivers completed the demographic questionnaire. Adolescents and caregivers completed identical versions of the Adolescent Routines Questionnaire (Initial Version) based on the adolescent's behavior in the past month.

Adolescent Routines Questionnaire: Parent & Self-Report (Initial Version). The questionnaire consisted of the 43 items generated during Phase One and were identical for parents and adolescents (see Appendix G & H). Participants rated the frequency of daily and weekly routines on a 5-point Likert-type scale ranging from 0 (almost never) to 4 (nearly always).

Procedure. Participants were recruited from area schools, church youth groups, as well as through Louisiana State University undergraduates. Researchers provided consenting participants with an explanation of the study and instructions for completing the questionnaire. The parents and adolescents completed their respective forms of the ARQ. Seven questionnaires were excluded due to incomplete questionnaires. Undergraduates received extra credit in their psychology classes for their assistance in recruiting participants. To receive credit, undergraduates were given two packets to distribute to families with adolescents in the specified age range. Families then completed their packets and undergraduates returned them to study investigators. All participants recruited by undergraduates were contacted by telephone to verify their participation. Following verification phone calls, nine questionnaires were excluded because they were determined to have been falsified, while five were excluded because adolescent participants were not within the specified age range.



Results of Phase 2

Item Selection. Item means, standard deviations, frequency, and item-total correlations were calculated. Items were considered for elimination based on the following criteria a) an item endorsement of .40 or greater (i.e., 40% or more of the sample indicated the item occurred "never" or "rarely"), suggesting low endorsement frequency, b) an item mean of 2.00 or less, and c) factor loadings less than .40 on the factor analysis (DeVellis, 2003). Preliminary principle axis factoring (PAF) exploratory analyses with varimax orthogonal rotation were conducted separately on parent and adolescent samples, to evaluate the structure of the item pool.

Item Frequency. Endorsement frequency for each rating was calculated on each of the 43 items (see Appendix I & J). Items endorsed as "never" or "rarely" 40% or more of the time were considered low frequency items and were thus considered for elimination (Sytsma, Kelley, & Wymer, 2001; Wittig, 2005). Seven items were considered for elimination due to low frequency (see Appendix M). Low frequency items were identical for parent- and self-report.

Item Means. Item means were also calculated for each of the 43 items. Means ranged from 1.32 to 3.85 on the self-report and from 1.39 to 3.78 on the parent report. Six items were eliminated based on low item means, all of which were low frequency items as well (see Appendix M). Item means and standard deviations for the parent-report are detailed in Appendix K and in Appendix L for the self-report.

Item-Total Correlations. Corrected item-total correlations were calculated for each item (see Appendix K & L) and those with item-total correlations below .20 were considered for elimination (Floyd & Widaman, 1995). Item-total correlations ranged from -.05 to .55 on the adolescent sample and from .01 to .65 on the parent sample. A total of eleven items were considered for elimination based on low item-total correlations (see Appendix M). Of these, one item was retained to preserve the Cronbach's alpha scores. Items were also considered for

elimination based on high inter-item correlations (r>.80; Floyd & Widaman, 1995); however, no items met this criteria.

Exploratory Factor Analysis. Separate principal axis factoring analyses using orthogonal varimax rotation were conducted on the remaining 33 items for the parent and adolescent samples. For each of the samples, initial scree plot examination indicated that the first five factors accounted for the greatest portion of the variance. Thus, analyses forcing four-, five-, and six-factor solutions were conducted. A final analysis forcing a five-factor solution produced the clearest factor structure and accounted for 42.10% of the variance in the parent sample and 35.32% in the adolescent sample. The results of the final factor analyses with the remaining 33 items are presented in Appendix N for parent-report and Appendix O for self-report.

Factor I, Daily Living Routines, includes ten items relating to morning and hygiene routines. For example, "I/My Adolescent, wake(s) up at the same time each morning" and "I/My adolescent shower(s)/bathe(s) daily." Factor II, School & Discipline Routines, includes eight items relating to homework and studying routines, as well as those involving household rules and parental discipline methods. Examples include: "I/My adolescent, complete(s) homework in the same place and time each night" and "I/My adolescent, have/has specific and consistent consequences for misbehavior." Factor III, Extracurricular Activities, includes five items relating to extracurricular activities, including sports and school activities. Examples include: "I/My adolescent, participate(s) in sports" and "I/My adolescent, attend(s) after school activities." Factor IV, Household Activities, includes six items relating to an adolescent's family routines. For example, "I/My adolescent, eat(s) dinner with family at the dinner table" and "I/My adolescent, spend(s) time doing fun activities with family." Factor V, Social Routines, includes four items relating to adolescent's social activities. Examples include: "I/My adolescent, talk(s) to friends on the phone" and "I/My adolescent, spend(s) time with friends on the weekend."

للستشارات

Reliability. Coefficient alpha was calculated based on the total score of the remaining 33 items. Reliability of each of the five factors was also calculated. Alpha coefficient was .88 for the parent sample and .84 for the adolescent sample. The coefficient alpha of the five factors on the parent sample ranged from .67 to .80 and from .55 to .79 on the adolescent sample. Coefficient alpha scores are presented in Appendix N and Appendix O.

Table 2. Demographic Characteristics of the Item Selection Sample

	Frequency	Percentage
	(N=336)	
Mother Age	<i>M</i> =45.29 (6.10)	
31-35	24	7.1
36-41	78	23.2
42-47	111	33.1
48-53	103	30.7
54-60	20	5.9
Race		
Caucasian	212	63.1
African American	79	23.5
Hispanic	26	7.7
Asian	18	5.4
Native American	1	.3
Adolescent's Gender		
Male	167	49.7
Female	169	50.3
Adolescent's Age	<i>M</i> =14.50 (1.82)	
12	67	19.9
13	53	15.8
14	49	14.6
15	47	14.0
16	51	15.2
17	69	20.5
SES Level		
I	19	5.7
II	47	14.0
III	130	38.7
IV	106	31.5
V	34	10.1

Phase 3: Validation

The purpose of phase 3 was to assess the initial psychometric properties of the Adolescent Routines Questionnaire: Parent and Self-Reports.

Participants. Participants were 184 adolescents (86 male, 98 female) and their mothers. An additional seven dyads were excluded due to incomplete questionnaires. Adolescent participants had a mean age of 14.51 (range 12 to 17 years) and mother participants had a mean age of 45.51 (range 29 to 59 years). See Table 3 for demographic characteristics of all participants.

Measures. The following measures were used to examine the reliability and establish the validity of the Adolescent Routines Questionnaire: Parent and Self-Report.

Adolescent Routines Questionnaire: Parent & Self-Report (ARQ:P/S). The final version of the ARQ consisted of 33 items remaining following Phase 2 and was identical for parents and adolescents (see Appendix K). Participants rated the frequency of daily and weekly routines on a 5-point Likert-type scale ranging from 0 (almost never) to 4 (nearly always).

Family Routines Inventory (FRI; Jensen et al., 1983). The FRI is a 28-item measure used to determine the presence of daily family routines. Frequency of family routines is rated on a 4-point rating scale ranging from 0 (almost never) to 3 (always) with total scores ranging from 0 to 84. The FRI has established adequate reliability and preliminary evidence of validity (Jensen et al., 1993).

Behavior Assessment System for Children (BASC-2: PRS/SRP). The BASC (Reynolds & Kamphaus, 2004) is a multidimensional measure that allows parents to rate their adolescent's observable behavior across positive (adaptive) and negative (clinical) dimensions. It is divided into age appropriate forms. The parent version for adolescents (ages 12-21) has 150 items rated on a 4-point likert-type scale ranging from never to almost always. It consists of a 4

composite scales (Externalizing, Internalizing, Adaptive Skills, and Behavior Symptoms Index), and 14 subscales ranging from Hyperactivity to Social Skills. The PRS has good internal consistency, test-retest, and inter-rater reliability. In addition, it has demonstrated validity in that it has an adequate factor structure, correlates highly with other measures of behavior such as the CBCL, and its content is related the standard diagnostic systems, such as the DSM.

The BASC-2 also has a Self-Report of Personality (SRP) form. The adolescent version (ages 12-21) allows adolescents to report on their emotions and self-perceptions. It consists of 176 items in mixed response format, which allows clinicians to detect invalid responding. It consists of 5 composite scales (Emotional Symptoms Index, Inattention/Hyperactivity, Internalizing Problems, Personal Adjustment, and School Problems) and 16 subscales. Like the PRS, the SRP has good internal consistency and test-retest reliability. The SRP correlates moderately with the PRS.

Issues Checklist (IC; Prinz et al., 1979). The IC is a 44-item measure assessing issues that may lead to possible disagreements between parents and adolescents, including topics such as drugs, chores, and homework. Parents and adolescents complete identical forms. Informants indicate whether an issue was discussed and the frequency of discussions in the last four weeks. In addition, they rate the perceived anger intensity over the discussions on a 5-point scale ranging from calm to angry. Thus, the IC yields three scores: 1) a frequency score (sum of number of issues discussed); 2) an intensity score (anger intensity ratings during the discussion); and 3) a weighted conflict score (sum of frequency x intensity/ sum of frequencies). The IC has demonstrated test-retest reliability ranging from 0.63-0.81 for mothers and 0.47- 0.72 for adolescents (Robin & Foster, 1989). The IC has been shown to discriminate between distressed and non-distressed parent-adolescent dyads and is sensitive to treatment effects (Foster et al.,



Conflict Behavior Questionnaire Short Form (CBQ-20; Prinz, Foster, Kent, & O'Leary, 1979; Robin & Foster, 1984). The CBQ is a 20-item scale that measures how much conflict and negative communication a family experiences. Items are rated as true or false, with high scores representing high levels of conflict. Examples of test questions include "My mom screams a lot," "My mom doesn't understand me." It was adapted from the original long form (75 items) which yields two scores: (1) the other's behavior and (2) the dyadic interaction. The long form has high internal consistency for adolescent report of parent and of the parent-child relationship, 0.94 and 0.95 respectively (Prinz, et al., 1979). The short form yields a single score that correlates .96 with scores from the long form. Test-retest reliability ranges from 0.57 to 0.82 for parent-report and 0.37 to 0.84 for adolescent-report. Evidence of validity comes from studies showing distressed families report significantly higher scores than non-distressed families (Robin & Foster, 1989).

Procedure. Participants were recruited from local public and private schools. Written and verbal explanations of the purpose of the study were provided. Participants were told that the purpose of the study was to help the researchers learn more about adolescent daily routines. Research packets consisting of consent and assent forms, instructions, and measures were distributed. After obtaining consent and assent, caregivers and adolescents completed their respective questionnaires. In addition, the ARQ:P/S was redistributed to 103 mother-adolescent dyads who agreed to complete the measure again in order to examine the reliability across time. Packets were mailed to the participants and 69 completed retest packets were returned by mail within three weeks of completing the initial survey.

Results of Phase 3

Item Means. Item means were calculated for each of the 33 items. Item means ranged from 2.21 to 3.81 for the parent sample and from 2.16 to 3.90 for the adolescent sample. Item

means and standard deviations are detailed in Appendix R for the self-report and Appendix S for parent-report.

Table 3. Demographic Characteristics of the Validation Sample

	Frequency (N=184)	Percentage
	(=)	
Mother Age	<i>M</i> =45.51 (7.25)	
29-35	9	5.1
36-41	32	17.8
42-47	68	37.5
48-53	66	36.4
54-59	6	3.4
Race		
Caucasian	114	62.0
African American	45	24.5
Asian	9	4.9
Hispanic	16	8.7
Adolescent's Gender		
Male	86	46.7
Female	98	53.3
Adolescent's Age	<i>M</i> =14.51(1.75)	
12	33	17.9
13	29	15.8
14	32	17.4
15	23	12.5
16	36	19.6
17	31	16.8
SES Level		
I	6	3.3
II	22	12.0
III	81	44.0
IV	59	32.1
V	16	8.7

Item-Total Correlations. Corrected item-total correlations were calculated for each item (see Appendix L). Item-total correlations ranged from .10 to .61 for the parent sample and from



.13 to .58 for the adolescent sample. Inter-item correlations ranged from -.23 to .61 for the parent sample and from -.19 to .54 for the adolescent sample.

Internal Consistency. Coefficient alpha was calculated to determine the internal consistency of the 33-item ARQ. Reliability of each of the five factors was also calculated. Alpha coefficient was .86 for the parent sample and .85 for the adolescent sample. Coefficient alpha calculations of the subscales for parent report were as follows: Daily Living subscale = .79, School & Discipline subscale = .84, Household subscale = .74, Extracurricular subscale = .81, and Social subscale = .67. Coefficient alpha calculations of the subscales for adolescent sample were as follows: Daily Living subscale = .73, School & Discipline subscale = .77, Household subscale = .72, Extracurricular subscale = .81, and Social subscale = .57.

Test-Retest. A subsample of 69 mother-adolescent dyads completed the measure again two weeks following the initial completion of the ARQ:P/S to examine the temporal stability. The ARQ: P demonstrated adequate test-retest reliability of .74. While the correlation coefficients for the ARQ:P subscales ranged from .69 to .84. The ARQ:S also demonstrated adequate temporal stability with a correlation coefficient of .67 for the Total score and subscale correlation coefficients ranging from .62 to .73. Results are presented in Table 4 and demographic characteristics of the retest sample are presented in Table 5.

Inter-Rater Reliability. The Pearson product-moment correlation coefficient was calculated to examine the consistency between mother and adolescent report of the adolescent's daily routines. Agreement between the parents' and adolescents' reports yielded adequate reliability (r = .65). Agreement on the subscales ranged from .41 to .81 (see Table 6).

Validity. The concurrent validity of the ARQ was estimated using the FRI, IC, CBQ-20, and BASC as criterion measures. A variety of hypotheses were tested by correlating ARQ:P and ARQ:S total scores and existing measures presumed to be related to the ARQ (see Table 7).

Table 4. Test-Retest Reliability Coefficients

ARQ Total Scale & Subscales	Correlation Coefficient of Time 1 and 2	
Total Routines		
Parent	.74**	
Adolescent	.67**	
I: Daily Living		
Parent	.72**	
Adolescent	.62**	
II: School & Discipline		
Parent	.69**	
Adolescent	.62**	
III: Household		
Parent	.84**	
Adolescent	.73**	
IV: Extracurricular		
Parent	.75**	
Adolescent	.62**	
V: Social		
Parent	.69**	
Adolescent	.71**	

Note: ** Correlations significant at the p<.01 level

Table 5. Demographic Characteristics of the Retest Sample

	Frequency	Percentage
	(N=69)	
Mother Age	3	4.3
36-41	34	49.3
42-47	27	39.1
48-53	6	8.7
54-59		
Race	51	74.9
Caucasian	11	15.8
African American	4	5.8
Asian	3	4.3
Hispanic		
		(table continued)

Adolescent's Gender		
Male	33	47.8
Female	36	52.2
Adolescent's Age		
12	15	21.7
13	12	17.4
14	11	15.9
15	9	13.1
16	13	18.8
17	9	13.1
SES Level		
I	1	1.5
II	11	15.8
III	23	33.3
IV	25	36.2
V	9	13.1

Table 6. Inter-Rater Reliability Coefficients

ARQ Total Scale & Subscales	Correlation Coefficient of Parents & Adolescents
Total Routines	.65**
I: Daily Living	.59**
II: School & Discipline	.41**
III: Household	.69**
IV: Extracurricular	.81**
V: Social	.56**

Note: **p<.01

Hypothesis 1. The first hypothesis stated that the frequency of adolescent daily routines would be positively related to the frequency of family routines as measured by the FRI. Results indicated a significant positive relationship between the ARQ:P and the parent-completed FRI, r (184) = .64, p<.01. Similarly, a significant positive relationship between the ARQ:S and the adolescent-completed FRI was also found, r (184) = .55, p<.01.

Hypothesis 2. The second hypothesis stated that the frequency of adolescent daily routines would be negatively related to the frequency of internalizing problems as reported by mothers and adolescents on the BASC-2: PRS/SRP and externalizing problems as reported by mothers on the BASC-2: PRS. The relationship between ARQ scores and internalizing and externalizing problems were mixed. ARQ:P scores were correlated with Externalizing Problems composite score on the BASC-2: PRS and results revealed a significant negative correlation, r (184) = -.32, p<.05. Further exploratory analyses were conducted to determine if specific ARQ:P subscales were significantly related to parent-reported adolescent externalizing problems. The BASC-2: PRS Externalizing Problems composite score demonstrated significant negative correlations with the School & Discipline Routines (r = -.39, p<.01), Daily Living Routines (r = -.39, p<.01).58, p<.01), and Household Routines (r = -.36, p<.01) subscales of the ARQ:P. Additional exploratory analyses were conducted to determine which subscales of the ARQ: P were correlated with subscales (Hyperactivity, Aggression, Conduct Problems) comprising the Externalizing Problems composite score. School & Discipline Routines was significantly negatively correlated with the Hyperactivity (-.43), Aggression (-.36), and Conduct Problems (-.33) subscales. Daily Living Routines was significantly negatively correlated with the Hyperactivity (-.59), Aggression (-.54), and Conduct Problems (-.54) subscales.

The correlation between the ARQ:P and the Internalizing Problems composite on the BASC-2:PRS was not significant, r(184) = -.20. Likewise, the correlation between the ARQ:S and the Internalizing Problems composite of the BASC-2:SRP was also not significant, r(184) = -.03. Given that preliminary correlations indicated no significant trends for ARQ and Internalizing Problems composite scores, no further analyses were conducted.

Hypothesis 3. The third hypothesis proposed that the frequency of adolescent daily routines would be positively related to the Adaptive Skills composite score as measured by the

BASC-2: PRS and the Personal Adjustment composite score of the BASC-2: SRP. A moderately positive relationship was found, r (184) = .32, p<.05 between the ARQ:P total score and the Adaptive Skills composite score of the BASC-2: PRS. Further exploratory analyses revealed that the *Household Routines* subscale of the ARQ:P was also moderately positively correlated with the BASC-2: PRS Adaptive Skills composite score, r (184) = .37, p<.05. No additional ARQ:P subscales were significantly correlated with the Adaptive Skills composite score. Additional exploratory analyses were conducted to determine which ARQ:P subscales were correlated with the subscales (Adaptability, Social Skills, Leadership, Activities of Daily Living, Functional Communication) comprising the Adaptive Skills composite score. *School & Discipline Routines, Daily Living Routines*, and *Household Routines* were significantly correlated with Activities of Daily Living subscale .52, .54, and .62 respectively. *Extracurricular Routines* was positively correlated with the Adaptability (.43), Social Skills (.37), and Leadership (.42) subscales. *Social Routines* was significantly correlated with the Social Skills subscale (.30).

Likewise, the ARQ:S total score was correlated with the Personal Adjustment composite score of the BASC-2:SRP and moderately positive relationship was found r (184) = .43, p<.01. Further exploratory analyses showed that the Personal Adjustment composite score was also significantly correlated with the *School & Discipline Routines* (r (184) = .40, p<.01), *Daily Living Routines* (r (184) = .34, p<.01), and *Household Routines* (r (184) = .31, p<.05) subscales of the ARQ:S. Additional exploratory analyses determined which ARQ:S subscales were correlated with the subscales (Relationship with Parents, Interpersonal Relationships, Self-Esteem, Self-Reliance) comprising the Personal Adjustment Composite. *School & Discipline* was positively correlated with the Relationship with Parents (.33) and Self-Reliance (.30) subscales. *Daily Living Routines* was positively correlated with the Relationship with Parents



subscale (.44). *Household* and *Social Routines* were significantly correlated with the Self-Reliance subscale .49 and .62 respectively.

Hypothesis 4. The fourth hypothesis postulated that the frequency of adolescent daily routines would be negatively correlated with family conflict as measured by the CBQ, as well as with parent-adolescent distress as measured by the IC. Results indicated a significant negative relationship between the ARQ:P and the parent-completed CBQ, r(184) = -.52, p<.01. Likewise, a significant negative relationship was found between the ARQ:S and the adolescent-completed CBQ, r(184) = -.49, p<.01. However, significant relationships between ARQ scores and IC scores were not found. Specifically, a results revealed a nonsignificant relationship between the ARQ:P and parent report of number of issues discussed (r(184) = -.18), anger intensity during discussions (r(184) = -.32), and the IC weighted conflict score (r(184) = -.23). Additionally, nonsignificant relationships between the ARQ:S and adolescent report of number of issues discussed (r(184) = -.23), anger intensity during discussions (r(184) = -.04), and the IC weighted conflict score (r(184) = -.04), and the IC weighted conflict score (r(184) = -.04), and the IC weighted conflict score (r(184) = -.04), and the IC

As the preliminary hypothesis regarding the relationship between the ARQ and the CBQ was supported, further exploratory analyses were conducted to determine if specific subscales of the ARQ were significantly related to negative family communication. The parent-completed CBQ demonstrated significant negative correlations with the *School & Discipline Routines* (r = -.54, p<.01), *Daily Living Routines* (r = -.53, p<.01), and *Household Routines* (r = -.42, p<.01) subscales of the ARQ:P. Significant negative correlations were also found between the adolescent-completed CBQ and the *School & Discipline Routines* (r = -.57, p<.01), *Daily Living Routines* (r = -.25, p<.05), and *Household Routines* (r = -.48, p<.05) of the ARQ:S.



Table 7. Validation Correlation of Hypotheses

Hypothesis	Subscale	Correlation Coefficient
Hypothesis 1:		
ARQ:P	FRI: Parent	.64**
ARQ:S	FRI: Adolescent	.55**
Hypothesis 2:		
ARQ:P	BASC: PRS Externalizing	32*
_	BASC: PRS Internalizing	20
ARQ:S	BASC: SRP Internalizing	03
Hypothesis 3:		
ARQ:P	BASC: PRS Adaptive Skills	.32*
ARQ:S	BASC: SRP Personal Adjustment	.37*
Hypothesis 4:		
ARQ:P	IC: Number of Issues	18
•	IC: Anger Intensity	32
	IC: Weighted Conflict Score	23
	CBQ	52**
ARQ:S	IC: Number of Issues	23
-	IC: Anger Intensity	04
	IC: Weighted Conflict Score	11
	CBQ	49**

Note: * Correlation significant at the p<.05 level ** Correlation significant at the p<.01 level



DISCUSSION

The popular parenting literature has consistently stressed the importance of maintaining predictable routines in the lives of young children. Following the development of promising assessment tools measuring daily routines in school-aged children, such as the Child Routines Questionnaire (Sytsma, Kelley, & Wymer, 2001), a growing body of research has demonstrated the benefits of establishing routines in improving children's overall functioning and parental well-being. Yet, little research has focused on determining the role of routines for adolescents. This is likely due to the lack empirically derived instruments assessing adolescents' daily routines. As such, the aim of the present study was to develop a psychometrically sound measure of adolescents' daily routines, the Adolescent Routines Questionnaire: Parent and Self-Report (ARQ: P/S).

This study sought to develop parallel parent and self-reports of adolescents' daily routines to ensure uniformity when assessing the construct and assist in comparison between informants (Lovejoy et al., 1999; Shelton, Frick, & Wootton, 1996). Item generation consisted of surveying parents and their adolescent children regarding the adolescents' daily routines. Items were reviewed for content validation, resulting in an initial pool of 43 non-overlapping items. The initial version of the ARQ:P/S was administered to a moderately large heterogeneous sample of mother-adolescent dyads and empirically evaluated. Following item selection, a final scale consisting of 33 items was administered to a new sample to examine validity. Results indicate that the ARQ:P/S has good internal consistency, test-retest reliability, and inter-rater reliability, and moderate evidence of validity.

The ARQ total scores demonstrated very good reliability for both the parent and selfreports, with coefficient alphas of .86 and .85, respectively. Likewise, ARQ subscale scores demonstrated acceptable to very good estimates of reliability for the parent (alpha coefficients were .79, .84, .74, .81, and .67) and self-report (alpha coefficients were .73, .77, .72, .81, and .57). Overall, the ARQ:S was generally less reliable than the ARQ:P. Reliability estimates of the ARQ:P/S were higher than those reported for the FRI (Brody & Flor, 1997; Jensen et al., 1983). Temporal reliability estimates over a two week period were also good. The Pearson product-moment correlation coefficients between Time 1 and Time 2 for the Total score were .74 for parents and .67 for adolescents. The correlation coefficients for the subscales ranged from .69 to .84 for the parent report and from .62 to .73 for the self-report. Additionally, the ARQ demonstrated adequate inter-rater reliability between mothers and adolescents. Agreement between mothers and adolescents yielded a correlation coefficient of .65 for the Total Routines score, while agreement on subscales ranged from .41 to .81. These results were very promising considering the literature generally reflects much lower agreement between self-ratings and other informants (r = .22) (Achenbach, et al., 1987).

Validity estimates were established by correlating the ARQ:P/S with a measure of family routines as well as other measures of adolescent functioning. Regarding Hypothesis 1, both parent and self-report of adolescent daily routines were positively correlated with their respective reports of family routines as measured by the FRI. In general, validity estimates were somewhat lower than expected (.64 for parents, .55 for adolescents). This may be due to the fact that several items included on the FRI may not be relevant for adolescents. For example, items of the FRI include, parents and children play together sometime each day, parents read or tell stories to the children almost every day, and young children go to play-school the same days each week. Nevertheless, the validity estimates are promising and suggest that the FRI and ARQ:P/S are assessing similar constructs.

Hypothesis 2 was twofold, stating that the frequency of adolescent daily routines would be negatively related to the frequency of parent-reported externalizing problems as well as parent- and self-reported internalizing problems. Results partially supported this hypothesis. As expected, there was a significant negative correlation between parent report of adolescent externalizing problems as measured by the Externalizing Problems composite of the BASC:PRS and the ARQ:P total score, as well as the School & Discipline, Daily Living, and Household Routines subscales. Further analyses also showed that subscales comprising the Externalizing Problems composite score (Hyperactivity, Aggression, Conduct Problems) were also correlated with various subscales of the ARQ:P. Specifically, each of the externalizing problems subscales was significantly negatively correlated with the School & Discipline and Household Routines subscales. These results are consistent with the literature which demonstrates that daily routines are negatively correlated with child behavior problems (Jordan, 2003; Kliewer & Klung, 1998; NIH, 1996; Sytsma-Jordan & Kelley, 2004; Sytsma-Jordan, Kelley, & Henderson, 2002).

Despite these promising results, the notion that adolescent daily routines would be negatively correlated with adolescent internalizing problems was not supported. This is in contrast to previous research which suggests there is an inverse relationship between rituals and routines and adolescent psychopathology, including affective and anxiety disorders (Kiser et al., 2005; Loukas & Prelow, 2004). It is possible that these results may be replicated using the ARQ in clinical or at-risk samples, as previous research demonstrated these findings using such samples (Kiser et al., 2005; Loukas & Prelow, 2004).

As expected in Hypothesis 3, adolescent daily routines were positively correlated with adolescent adaptive skills and personal adjustment. Regarding parent report of adolescent adaptive skills, the ARQ:P total score and Household Routines subscale were positively correlated with the BASC:PRS-Adaptive Skills composite. The scales comprising the BASC:PRS-Adaptive Skills composite (Adaptability, Social Skills, Leadership, Activities of Daily Living, Functional Communication) capture skills which include daily-living, prosocial,

organizational, and study skills. Thus, it is not surprising that further exploratory analyses found that each of the ARQ:P subscales was correlated with various Adaptive Skills subscales.

Specifically, School & Discipline Routines, Daily Living Routines, and Household Routines were significantly correlated with Activities of Daily Living subscale. While Extracurricular Routines was positively correlated with the Adaptability, Social Skills, and Leadership subscales. Finally, Social Routines was significantly correlated with the Social Skills subscale. These findings are in line with past research showing that implementing homework routines is helpful in improving study skills and classroom preparedness (Meyer & Kelley, 2007), and that routines are positively related to overall child health and psychosocial adjustment (Fiese, 2006; Keltner, 1992; Kiser at al., 2005).

In the same way, the ARQ:S total score, as well as School & Discipline, Daily Living, and Household Routines subscales were positively correlated with the BASC: SRP-Personal Adjustment composite score. Additional exploratory analyses showed that the School & Discipline subscale was positively correlated with the Relationship with Parents and Self-Reliance subscales. Daily Living Routines was also positively correlated with the Relationship with Parents subscale. Furthermore, the Household and Social Routines subscales were positively correlated with the Self-Reliance subscale. These results are likely when considering the scales comprising the Personal Adjustment composite (Relationship with Parents, Interpersonal Relationships, Self-Esteem, Self-Reliance) measure adolescent adjustment, as well as interpersonal skills and self-acceptance. Furthermore, they coincide with past research which suggests routines facilitate constructive use of time, including engagement in academic related tasks, (Larson, Dworkin, & Gillman, 2001), and that frequent family meals were positively related to family relationships (Fulkerson et al., 2006).



Results partially supported Hypothesis 4, which stated that the frequency of adolescent daily routines would be negatively correlated with family conflict and parent-adolescent distress. The ARQ:P total score was negatively correlated with the parent-completed CBQ. In addition, the School & Discipline, Daily Living, and Household Routines subscales were also negatively correlated with the CBQ. Likewise, the ARQ:S total score and the School & Discipline, Daily Living, and Household Routines subscales were negatively correlated with the adolescentcompleted CBQ. Such findings are in line with literature that shows family mealtimes are associated with positive family communication (Fulkerson et al., 2006; Vuchinich, Emery, & Cassidy, 1988) and that implementing routine interventions in family therapy may result in improved family relationships (Fiese, 2006). Conversely, parent and adolescent report of parentadolescent distress as measured by the IC was not significantly related to adolescent daily routines. This discrepancy in findings may be due to the fact that the CBQ seems to be a more straight-forward measure of family conflict while the IC assesses the number of issues discussed between parents and their adolescent children, which may or may not result in high levels of distress.

Overall, the results of this study suggest initial support for the psychometric properties of the ARQ:P/S. Study hypotheses were largely supported. First, parent and self-report of adolescent routines were positively related to corresponding reports of family routines. Likewise, parent report of routines was negatively correlated with parent report of adolescent externalizing problems. However, parent and self-report of routines was not significantly related to corresponding reports of adolescent internalizing problems. The hypothesis that adolescent routines would be related to parent adolescent conflict was also partially supported.

While the initial results regarding the psychometric properties of the ARQ:P/S are promising, there are a number of limitations to consider. Although the participant samples were

relatively diverse with regard to race and income level, future studies may benefit from including more individuals from low-SES and minority backgrounds in order to increase the generalizability of the results. A related limitation is the small validation sample. The validation hypotheses of the study were often only moderately supported. It is likely that a larger sample would provide more sufficient power when examining the relationships between the ARQ:P/S and other measures of adolescent behavioral and emotional functioning. Another limitation involves the amount of variance accounted for by the five factors. The five factors accounted for 42.10% of the variance in the parent sample and 35.31% in the adolescent sample in Phase 2. Ideally, this figure should be higher and should be addressed in future studies with the ARQ:P/S. Furthermore, results from the exploratory analyses should be interpreted with caution as the high number of correlational tests conducted likely resulted in alpha inflation.

Future research involving the ARQ:P/S should focus on refining the measure utilizing a larger, more balanced validation sample. Additionally, the ARQ has a relatively high reading level (6.3) and thus difficult items can be reworded or eliminated. Future refinement of the scale may wish to address the items forming Factor 5 (Social Routines). Although the items included in this factor were strong, the factor demonstrated relatively low reliability on both parent (.67) and self-reports (.57). Furthermore, the ARQ:P/S should also be administered to clinical and non-clinical samples in order to establish discriminant validity of the measure. Likewise, identifying predictors of adolescent daily routines may also be valuable. Finally, the ARQ's sensitivity as a treatment outcome measure in studies involving adolescent behavior modification or parent-adolescent communication training could also be examined.



REFERENCES

- Achenbach, T.M., McConaughy, S.H., & Howell, C.T. (1987). Child/adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. *Psychological Bulletin*, 101, 213-232.
- Anesko, K. M., & O'Leary, S. (1982). The effectiveness of brief parent training for the management of children's homework problems. *Child & Family Behavior Therapy*, 4, 113-127.
- Bauman, K., Reiss, M., Rogers, R., & Bailey, J. (1983). Dining out with children: Effectiveness of a parent advice package on pre-meal inappropriate behavior. *Journal of Applied Behavior Analysis*, 16, 55-68.
- Bloomquist, M. L. (2005). Skills training for children with behavior problems: A parent and practitioner guidebook (Revised ed.). New York: Guilford.
- Boyce, W. T., Jensen, E. W., Cassel, J. C., Collier, A. M., Smith, A. H., & Ramey, C. T. (1977). Influence of life events and family routines on childhood respiratory tract illness. *Pediatrics*, 60, 609-615.
- Bradley, R. H., & Caldwell, B. M. (1984). The relation of infants' home environments to achievement test performance in first grade: A follow-up study. *Child Development*, *55*, 803-809.
- Brody, G. H., & Flor, D. L. (1997). Maternal psychological functioning, family processes, and child adjustment in rural, single-parent, African American families. *Developmental Psychology*, *33*, 1000-1011.
- Bush, E. G., & Pargament, K. I. (1997). Family coping with chronic pain. *Families, Systems, & Health*, 15, 147-160.
- Christodulu, K. V., & Durand, V. M. (2004). Reducing bedtme disturbance and night waking using positive bedtime routines and sleep restriction. *Focus on Autism and Other Developmental Disabilities*, 19, 130-139.
- Crouter, A. C., & Head, M. R. (2004). Family time and the psychosocial adjustment of adolescent siblings and their parents. *Journal of Marriage and Family*, 66, 147-162.
- Curtis, B. (2000, September/October). Why routines matter. Christian Parenting Today, p. 27.
- Dadds, M., Sanders, M., & Bor, B. (1984). Training children to eat independently: Evaluation of mealtime management training for parents. *Behavioural Psychotherapy*, 12, 356-366.
- Denham, S. A. (2003). Family health: A framework for nursing. Philadelphia: F.A. Davis Publishers.



- DeVellis, R.F. (2003). *Scale development: Theory and applications.* (2nd edition). London: Sage Publications.
- Eisenberg, M., Olson, R., Neumark-Sztainer, D., Story, M., & Bearinger, L. (2004). Correlations between family meals and psychosocial well-being among adolescents. *Archives of Pediatric and Adolescent Medicine*, *158*, 792-796.
- Evans, D.L., & Seligman, M.E.P. (2005). Introduction. In D.L. Evans, E.B. Foa, R.E. Gur, H. Hendin, C.P. O'Brien, M.E.P. Seligman, & B.T. Walsh (Eds.), *Treating and preventing adolescent mental health disorders: What we know and what we don't know* (pp. xxv-xl). Oxford: Oxford University Press.
- Fiese, B. (2006). Family Routines and Rituals. New Haven: Yale University Press.
- Fiese, B. H., & Kline, C. A. (1993). Development of the Family Ritual Questionnaire: Initial reliability and validation studies. *Journal of Family Psychology*, *6*, 290-299.
- Fiese, B. H., & Wamboldt, F. S. (2000). Family routines, rituals, and asthma management: A proposal for family-based strategies to increase treatment adherence. *18*, 405-418.
- Fiese, B. H., & Wamboldt, F. (2003). Tales of pediatric asthma management: Family-based strategies related to medical adherence and health care utilization. *Journal of Pediatric*, 143, 457-462.
- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology*, *16*, 381-390.
- Fiese, B. H., Wamboldt, F., & Anbar, R. (2005). Family asthma management routines: Connections to medical adherence and quality of life. *Journal of Pediatrics*, *146*, 171 176.
- Floyd, F.J., & Widaman, K.F. (1995). Factor analysis in the development and refinement of clinical assessment instruments. *Psychological Assessment*, 7, 286-299.
- Foster, S.L., Prinz, R.J., & O'Leary, K.D. (1983). Impact of problem solving communication training and generalization procedures on family conflict. *Child & Family Behavior Therapy*, *5*, 1-23.
- Frare, M., Axia, G., & Battistella, P. A. (2002). Quality of life, coping strategies, and family routines in children with headache. *Headache*, 42, 953-962.
- Fulkerson, J. A., Story, M., Mellin, A., Leffert, N., Neumark-Sztainer, D., & French, S. A. (2006). Family dinner meal frequency and adolescent development: Relationships with developmental assets and high-risk behaviors. *Journal of Adolescent Health*, *39*, 337-345.



- Greening, L., Stoppelbein, L., Konishi, C., Jordan, S. S., & Moll, G. (2007). Child routines and youths' adherence to treatment for Type I Diabetes. *Journal of Pediatric Psychology*, 32, 437-447.
- Guidubaldi, J., Cleminshaw, H. K., Perry, J. D., Nastasi, B. K., & Lightel, J. (1986). The role of selected family environment factors in children's post-divorce adjustment. *Family Relations*, 35, 141-151.
- Guidubaldi, J., Perry, J. D., & Nastasi, B. K. (1987). Growing up in a divorced family: Initial and long-term perspectives on children's adjustment. In S. O. (Ed.), *Family processes and problems: Social psychological aspects* (pp. 202-237). Newbury Park: Sage.
- Jensen, E. W., James, S. A., Boyce, T., & Hartnett, S. A. (1983). The Family Routines Inventory: Development and validation. *Social Science Medicine*, *17*, 201-211.
- Kahle, A. L., & Kelley, M. L. (1994). Children's homework problems: A comparison of goal setting and parent training. *Behavior Therapy*, 25, 275-290.
- Kase, L. M. (1999, February). Routines to the rescue. *Parents Magazine*, pp. 119-120.
- Keltner, B. (1989). Family characteristics of preschool social competence among black children in a Head Start program. *Child Psychiatry and Human Development*, 21, 95-108.
- Keltner, B. R. (1992). Family influences on child health status. *Pediatric Nursing*, 18, 128-131.
- Kiser, L. J., Bennett, L. H., & Paavola, M. (2005). Family ritual and routine: Comparison of clinical and non-clinical families. *Journal of Child and Family Studies*, 14, 357-372.
- Kliewer, W., & Kung, E. (1998). Family moderators of the relation between hassles and behavior problems in inner-city youth. *Journal of Clinical Child Psychology*, 27, 278-292.
- Kliewer, W., Fearnow, M. D., & Walton, M. N. (1998). Dispositional, environmental, and context-specific predictors of children's threat perceptions in everyday stressful situations. *Journal of Youth and Adolescence*, 27, 83-100.
- Knight, G. P., Tein, J. Y., Shell, R., & Roosa, M. (1992). The cross-ethnic equivalence of parenting and family interaction measures among Hispanic and Anglo-American families. *Child Development*, 63, 1392-1403.
- Kuhn, B. R., & Weidinger, D. (2000). Interventions for infant and toddler sleep disturbance: A review. *Child & Family Behavior Therapy*, 22, 33-50.
- Larson, R., Dworkin, J., & Gillman, S. (2001). Facilitating adolescents' constructive use of time in one-parent families. *Applied Developmental Science*, *5*, 143-157.



- Loukas, A., & Prelow, H. M. (2004). Externalizing and internalizing problems in low-income Latino early adolescents: Risk, resource, and protective factors. *Journal of Early Adolescence*, 24, 250-273.
- Markson, S., & Fiese, B. H. (2000). Family rituals as a protective factor for children with asthma. *Journal of Pediatric Psychology*, 25, 471-479.
- Mellin, A. E., Neumark-Sztainer, D., Patterson, J., & Sockalosky, J. (2004). Unhealthy weight management behavior among adolescent girls with type I Diabetes Mellitus: The role of familial eating patterns and weight-related concerns. *Journal of Adolescent Health*, 35, 278-289.
- Metzler, C. W., Biglan, A., Ary, D. V., & Li, F. (1998). The stability and validity of early adolescents' reports of parenting constructs. *Journal of Family Psychology, 12*, 600-619.
- Meyer, K., & Kelley, M.L. (2007). Improving homework in adolescents with Attention-Deficit/Hyperactivity Disorder: Self- vs. parent-monitoring of homework behavior and study skills. *Child & Family Behavior Therapy*, 29, 25-42.
- Milan, M. A., Mitchell, Z. P., Berger, M. I., & Pierson, D. F. (1981). Positive routines: A rapid alternative to extinction for elimination of bedtime tantrum behavior. *Child Behavior Therapy*, *3*, 13-25.
- Mindell, J. A. (1993). Sleep disorders in children: A review. Health Psychology, 12, 151-162.
- Murphy-Wittig, M. (2005). *Development and validation of the Child Routines Questionnaire: Preschool.* Unpublished doctoral dissertation, Louisiana State University.
- NIH. (1996). *Attention Deficit Hyperactivity Disorder (NIH Publication No. 3572)*. Washington, D.C.: National Institutes of Mental Health.
- NIH. (1997). Guidelines for the diagnosis and management of asthma (NIH Publication No. 97 4051). Washington, D.C.: National Institutes of Health.
- Offer, D., & Schonert-Reichl, K.A. (1992). Debunking the myths of adolesence: Findings from recent research. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 1003-1014.
- Porter, C. L., & Hsu, H.-C. (2003). First-time mothers' perceptions of efficacy during the transition to motherhood: Links to infant temperament. *Journal of Family Psychology*, 17, 54-64.
- Portes, P. R., Howell, S. C., Brown, J. H., Eichenberger, S., & Mas, C. A. (1992). Family functions and children's postdivorce adjustment. *American Journal of Orthopsychiatry*, 62, 613-617.



- Power, T. J., DuPaul, G. J., Shapiro, E. S., & Kazak, A. E. (2003). *Promoting children's health: Integrating school, family, and community*. New York: Guilford.
- Prinz, R.J., Foster, S.L., Kent, R.N., & O'Leary, K.D. (1979). Multivariate assessment of conflict in distressed and nondistressed mother-adolescent dyads. *Journal of Applied Behavior Analysis*, 12, 691-700.
- Reynolds, C.R., & Kamphaus, R.W. (2004). *Behavior Assessment System for Children* (2nd *edition*). Circle Pines: AGS Publishing.
- Robin, A. L. (1998). ADHD in Adolescents: Diagnosis and treatment. New York: Guilford.
- Robin, A.L., & Foster, S.L. (1989). *Negotiating parent-adolescent conflict: A behavioral-family systems approach*. New York: Guilford.
- Robin, A.L., & Weiss, J.G. (1980). Criterion-related validity of behavioral and self-report measures of problem solving communication skills in distressed and nondistressed parent-adolescent dyads. *Behavioral Assessment*, 2, 339-352.
- Seaton, E. K., & Taylor, R. D. (2003). Exploring familial process in urban, low income African American families. *Journal of Family Issues*, 24, 627-644.
- Serpell, R., Sonnenschein, S., Baker, L., & Ganapathy, H. (2002). Intimate culture of families in the early socialization of literacy. *Journal of Family Psychology*, *16*, 391-405.
- Silverstein, J., Klingensmith, G., Copeland, K., Plotnick, L., Kaufman, F., & Laffel, L. E. (2005). Care of children and adolescents with type 1 diabetes: A statement of the American Diabetes Association. *Diabetes Care*, 28, 186-212.
- Sprunger, L. W., Boyce, W. T., & Gaines, J. A. (1985). Family-infant congruence: Routines and rhythmicity in family adaptations to a young infant. *Child Development*, *56*, 564-572.
- Sytsma, S. E., Kelley, M. L., & Wymer, J. H. (2001). Development and initial validation of the Child Routines Inventory. *Journal of Psychopathology and Behavioral Assessment*, 23, 241-251.
- Sytsma-Jordan, S., Arnau, R.C., Stoppelbein, L., Greening, L., & Henderson, J. (2006, November). Confirmatory factor analysis of the Child Routines Questionnaire. A poster presented at the 40th annual meeting of the Association for Behavioral and Cognitive Therapies, Chicago, IL.
- Sytsma-Jordan, S., & Kelley, M.L. (2004, November). The role of child routines in relation to maternal distress and parenting practices in the prevention of child externalizing behavior problems. A poster presented at the 38th annual meeting of the Association for the Advancement of Behavior Therapy, New Orleans, LA.



- Sytsma-Jordan, S., Kelley, M.L., & Henderson, M. (2002, November). Children's routines, parenting stress, and maternal depression in parent-child dyads referred to a multidisciplinary ADHD clinic and nonreferred controls. A poster presented at the 26th annual meeting of the Association for the Advancement of Behavior Therapy, Reno, NV.
- Sytsma-Jordan, S., Stoppelbein, L., Hilker, K., Jensen, S., & Elkin, T. D. (2006, April). Child routines and adherence in pediatric sickle cell disease. A poster presented at the Society for Pediatric Psychology National Conference on Child Health Psychology. Gainesville, FL.
- Toney, L. P., Kelley, M. L., & Lanclos, N. F. (2003). Self- and parent-monitoring of homework in adolescents: Comparative effects on parents' perceptions of homework behavior problems. *Child & Family Behavior Therapy*, 25, 35-51.
- Vuchinich, S., Emery, R.E., Cassidy, J. (1988). Family members as third parties in dyadic family conflict: Strategies, alliances, and outcomes. *Child Development*, *59*, 1293-1302.
- Wolin, S. J., & Bennett, L. A. (1984). Family rituals. Family Process, 23, 401-420.
- Worthington, R.L., & Whittaker, T.A. (2006). Scale development research: A content analysis and recommendations for best practices. *The Counseling Psychologist*, *34*, 806-838.
- Wysocki, T., Greco, P., & Buckloh, L. (2003). Childhood diabetes in the psychological context. In M. Roberts (Ed.), *Handbook of pediatric psychology* (3rd ed., pp. 304-320). New York: Guilford.



APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

These forms are for mothers or fathers with children between the ages of 12 and 17 years.

ABOUT YOU AND YOUR FAMILY

Please fill out the following background information about yourself and your family. Read each item carefully.

Your age: years	
Race: White Black Hispanic Asian Native American Pacific Islander	Marital Status: Never Married Married Separated Divorced Widowed
Other	
Education: What is the highest level of educ	eation completed by:
Yourself6th grade or lessJunior high school (7th, 8th, 9th grade)Partial high school (10th, 11th grade)High school graduatePartial college (at least 1 year) or	Your Spouse 6th grade or less Junior high school (7th, 8th, 9th grade) Partial high school (10th, 11th grade) High school graduate Partial college (at least 1 year) or specialized training Standard college or university graduate Graduate professional degree (Master's, Doctorate)
Income: What is the total annual income of y all the people living in your house right now.	
\$0 \$ 4,999	

For example, if you are a teacher at Lee High School, please state "high school teacher". If you are retired, please state "retired" as well as your prior occupation. If you do not work outside the home, state "unemployed". What is your occupation? (please be specific) What is your spouse's occupation?_____ (please be specific) **Family:** How many adults live in your household (including yourself) _____ How many children live in your household ABOUT YOU AND YOUR CHILD THINK OF JUST ONE OF YOUR CHILDREN THAT IS BETWEEN THE AGES OF 12 AND 17 WHILE COMPLETING THE REST OF THE QUESTIONS. Child's Age _____ What is your child's sex? ____ Girl ____ Boy Child's Initials _____ Is Your Child in School: _____ Yes _____ No Health: Have you been diagnosed with a chronic health condition (i.e., high blood pressure, diabetes, etc.)? If so, please list Has your child been diagnosed with a chronic health condition (i.e., asthma, diabetes)?

Occupation: Please provide your job title or position, NOT the name of your employer.



If so, please list _____

APPENDIX B

SURVEY OF ADOLESCENT ROUTINES: PARENT-REPORT

To parent or caregiver:

We are developing a questionnaire about regular routines for adolescents. We are asking you to help generate items that may be included in this questionnaire.

A <u>ROUTINE</u> consists of things children do regularly in the same way. Most routines are scheduled to occur daily (such as every day after school) or weekly (such as every Sunday morning). Routines may consist of things that occur at the same time each day, in the same place, in the same order, or with the same adult. Routines include activities that are often monitored by parents, but not always.

Ex: homework routine

Time: 8:00 pm

Typical sequence of homework routine may include:

- 1) begins homework at specific time
- 2) completes homework in specific location
- 3) completes all homework
- 4) checks work
- 5) reviews for class each night
- 6) organizes materials for next day

Sample items related to this routine:

- My child completes homework about the same time each night.
- My child checks homework each night.
- My child reviews for class each night.
- My child organizes class materials each night.



Please list routines your adolescent has during each of the following time periods. Think about the activities adolescents age 12 to 17 complete during these times. *List* activities that occur in at a regular time, with a regular adult, or in the same order each time. Please note how much time the caregiver spends monitoring these behaviors or note if there is no caregiver present.

MORNING Ex: Adolescent wakes up at the same time each day; Dresses, Fixes Breakfast
Time parent spends monitoring these behaviors MEALTIME Ex: Eats dinner with family at table; sets table or washes dishes
Time parent spends monitoring these behaviors EXTRACURRICULAR Ex: Adolescent volunteers, works, participates in clubs or organizations, or is a member of a school or community sports team.
Time parent spends monitoring these behaviors HOMEWORK AND STUDYING Ex: Adolescent completes homework and or studies for class; organizes materials
Time parent spends monitoring these behaviors EVENING

Ex: Adolescent does the same activities each night such as watches television, uses computer, etc.



Time parent spends monitoring these behaviors
SOCIAL OR PEER Ex: Talks on the phone, emails with friends each night; has regular interactions with peers
Time parent spends monitoring these behaviors
LEAVING AND ARRIVING Ex: Parent informs adolescent when it is time to go; Adolescent tells parent where he is going
Time parent spends monitoring these behaviors
WEEKEND Ex: Adolescent goes to visit Grandma every Saturday; Adolescent participates in sporting or social activities
Time parent spends monitoring these behaviors
ACTIVITIES WITH FAMILY Ex: Adolescent goes shopping with Mom every Wednesday; Discusses day with parents
Time parent spends monitoring these behaviors
DISCIPLINE ROUTINES Ex: Child grounded or has privileges removed every time he does not follow parent instruction



Time parent spends monitoring these behaviors
RELIGIOUS ROUTINES Ex: Says prayers before meals; Attends church every Sunday
Time parent spends monitoring these behaviors
HYGIENE ROUTINES
Ex: Showers each night before bed or in morning; Other behaviors such as brushing teeth, washing hands and face
Time parent spends monitoring these behaviors
MEDICAL ROUTINES:
Please specify if your child has a chronic illness (asthma, diabetes, etc.). If so, please specify the illness and typical routines for taking medications prescribed to manage the illness.
Time parent spends monitoring these behaviors
Time parent spends monitoring these behaviors
OTHER ROUTINES Please specify in this section any noteworthy activities that are a part of your child's regular

Please specify in this section any noteworthy activities that are a part of your child's regular schedule (if not done so in previous sections)



APPENDIX C

SURVEY OF ADOLESCENT ROUTINES: SELF-REPORT

To adolescent:

We are developing a questionnaire about regular routines for adolescents. We are asking you to help generate items that may be included in this questionnaire.

A <u>ROUTINE</u> consists of things you do regularly in the same way. Most routines are scheduled to occur daily (such as every day after school) or weekly (such as every Sunday morning). Routines may consist of things that occur at the same time each day, in the same place, or in the same order. Routines include activities that are often monitored by parents, but not always.

Ex: homework routine

Time: 8:00 pm

Typical sequence of homework routine may include:

- 1) begins homework at specific time
- 2) completes homework in specific location
- 3) completes all homework
- 4) checks work
- 5) reviews for class each night
- 6) organizes materials for next day

Sample items related to this routine:

- I complete homework about the same time each night.
- I check homework each night.
- I review for class each night.
- I organize class materials each night.



Please list routines you have during each of the following time periods. Think about the activities young people your age complete during these times. *List* activities that occur in at a regular time, with a regular adult, or in the same order each time.

MORNING Ex: I wake up at the same time each day; Dress, Fix Breakfast
Time parent spends monitoring these behaviors
MEALTIME Ex: I eat dinner with my family at table; set table or wash dishes
Time parent spends monitoring these behaviors
EXTRACURRICULAR, SOCIAL & PEER Ex: I volunteer, work, participate in clubs or organizations, or am a member of a sports team. Talk on the phone, email (MySpace, Instant Message, Face Book) with friends each night; have regular interactions with peers
Time parent spends monitoring these behaviors
HOMEWORK AND STUDYING Ex: I complete homework and or study for class; organize materials
Time parent spends monitoring these behaviors
EVENING Ex: I do the same activities each night such as watch television, use computer, etc.
Time parent spends monitoring these behaviors
WEEKEND Ex: I go to visit Grandma every Saturday; I go to church



Time parent spends monitoring these behaviors
ACTIVITIES WITH FAMILY Ex: I go shopping with Mom every Wednesday; Discuss day with my parents
Time parent spends monitoring these behaviors
DISCIPLINE ROUTINES Ex: I get grounded or have privileges removed every time I do not follow parent instruction; I have to ask permission before going somewhere; I have a curfew.
Time parent spends monitoring these behaviors
HYGIENE ROUTINES Ex: Shower each night before bed or in morning; Other behaviors such as brushing teeth, washing hands and face
Time parent spends monitoring these behaviors
MEDICAL ROUTINES: Please specify if your have a chronic illness (asthma, diabetes, etc.). If so, please specify the illness and typical routines for taking medications prescribed to manage the illness.
Time parent spends monitoring these behaviors
OTHER ROUTINES Please specify in this section any noteworthy activities that are a part of your regular schedule

Please specify in this section any noteworthy activities that are a part of your regular schedule (if not done so in previous sections). This can include activities your parents may or may not monitor.



APPENDIX D

CONSENT FORM

- 1. Study Title: Development and Validation of the Adolescent Routines Questionnaire.
- 2. **Performance Sites**: Sites of data collection include private physician clinic waiting rooms, and local public and private school in southern Louisiana
- **3.** Names and Telephone Numbers of Investigators: The following investigators are available for questions about this study, M-F, 8:00 a.m.-4:30 p.m: Mary Lou Kelley, Ph.D. at 225.578.4113 and Kara Meyer, M.A. at 225.246.9510.
- **4. Purpose of the Study**: The purpose of this study is to develop a reliable and valid the parent- and self-report versions of the Adolescent Routines Questionnaire.
- **5. Who is Involved**: This study will involve 450 mothers/fathers/caregivers and their adolescent children in ages 13-17.
- **6.** What is Involved: Mothers/fathers/caregivers of adolescents aged 13-17 years will be asked if they are interested in participating in the study. Once you have agreed and signed consent forms, you will be asked to participate. Your adolescent child will then be asked to sign assent forms. If you both agree, you will be asked to complete a demographic questionnaire and a survey asking you to detail your adolescent's current daily routines. The examiner will provide assistance to those who have difficulty reading the forms. This information will be used to generate a list of possible items that will be contained in the Adolescent Routines Questionnaire.
- **7. Benefits**: Completion of the project will help us to understand adolescent's routines better. Routines are often related to behavior problems and parenting stress. Such information may assist professionals in providing quality health care and preventive services to adolescents and their families.
- **8. Risks to Subjects**: There are no known risks to participating. Should you experience distress during participation in the study; the investigators can provide community health care resources to you.
- **9. Participation is Voluntary**: This study is designed to gather research information and is not mandatory. Your participation is completely voluntary. In addition, should you decide to participate, you are not obligate to complete questions that make you feel uncomfortable.
- 10. Right to Privacy: All information gathered is strictly for research purposes. The privacy and confidentiality of all subjects will be protected. Only the researchers involved in this study will have access to participant's information. Furthermore, the information collected will be coded by number, not name. No one will be identified in any way. The phone number and mailing address that you provide on the consent form will be destroyed once all packets are received. There is no other identifying information on any of the forms. The results of this study may be published, released to a funding agency, or presented in scholarly fashion, but the privacy of the participants will be protected and names will not be used in any manner.
- **11. Financial Information:** There is no cost for participation in this study.



- **12. Withdrawal:** You may choose to refuse to participate or withdraw from the study at any time. Refusal or withdrawal will not jeopardize your standing with LSU or performance site.
- **13. Removal:** Those subjects who fail to fully complete the questionnaire packet will be removed from the study.

This study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about participants' rights or other concerns, I can contact Robert C. Matthews, Chairman, LSU Institutional Review Board, (225) 578-8692. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this consent form if signed by me.

provide me with a copy of this consent	of the signed by the.
Signature of Participant	Date
	that he/she is unable to read. I certify that I have read this ined that by completing the signature line above, the participant
Signature of Reader	Date



APPENDIX E

ASSENT FORM

- 1. Study Title: Development and Validation of the Adolescent Routines Questionnaire.
- 2. **Performance Sites**: Sites of data collection include private physician clinic waiting rooms, and local public and private school in southern Louisiana
- **3.** Names and Telephone Numbers of Investigators: The following investigators are available for questions about this study, M-F, 8:00 a.m.-4:30 p.m: Mary Lou Kelley, Ph.D. at 225.578.4113 and Kara Meyer, M.A. at 225.246.9510.
- **4. Purpose of the Study**: The purpose of this study is to develop a reliable and valid the parent- and self-report versions of the Adolescent Routines Questionnaire.
- **5. Who is Involved**: This study will involve 450 mothers/fathers/caregivers and their adolescent children in ages 13-17.
- **6.** What is Involved: Mothers/fathers/caregivers of adolescents aged 13-17 years will be asked if they are interested in participating in the study. Once they have agreed and signed consent forms, you will be asked to participate. You will then be asked to sign assent forms. If you both agree, you will be asked to complete a demographic questionnaire and a survey asking you to detail your current daily routines. The examiner will provide assistance to those who have difficulty reading the forms. This information will be used to generate a list of possible items that will be contained in the Adolescent Routines Questionnaire.
- **7. Benefits**: Completion of the project will help us to understand adolescent's routines better. Routines are often related to behavior problems and parenting stress. Such information may assist professionals in providing quality health care and preventive services to adolescents and their families.
- **8. Risks to Subjects**: There are no known risks to participating. Should you experience distress during participation in the study; the investigators can provide community health care resources to you.
- **9. Participation is Voluntary**: This study is designed to gather research information and is not mandatory. Your participation is completely voluntary. In addition, should you decide to participate, you are not obligate to complete questions that make you feel uncomfortable.
- 10. Right to Privacy: All information gathered is strictly for research purposes. The privacy and confidentiality of all subjects will be protected. Only the researchers involved in this study will have access to participant's information. Furthermore, the information collected will be coded by number, not name. No one will be identified in any way. The phone number and mailing address that you provide on the consent form will be destroyed once all packets are received. There is no other identifying information on any of the forms. The results of this study may be published, released to a funding agency, or presented in scholarly fashion, but the privacy of the participants will be protected and names will not be used in any manner.
- **11. Financial Information:** There is no cost for participation in this study.



12. Withdrawal: You may choose to refuse to participate or withdraw from the study at any time. Refusal or withdrawal will not jeopardize your standing with LSU or performance site.

This study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about participants' rights or other concerns, I can contact Robert C. Matthews, Chairman, LSU Institutional Review Board, (225) 578-8692. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this consent form if signed by me.

Child Participant's Name	Child Participant's Signature
Date	Witness
· · · · · · · · · · · · · · · · · · ·	e that he/she is unable to read. I certify that I have read this ained that by completing the signature line above, the participant
Signature of Reader	 Date



APPENDIX F

ITEM REVIEW LETTER

Dear Colleague,

We are currently in the process of developing the Adolescent Routines Questionnaire – Parent and Self-Report forms to address regular routines of adolescents ages 12 to 17 years old. In the present study, a routine is an observable sequence of behaviors a child completes with regularity. Most routines are scheduled to occur daily (e.g., every morning) or weekly (e.g., every Sunday). Routines may consist of events that occur regularly or at the same time, in the same place, in the same order, or with the same adult. A routine may or may not be monitored by an adult.

For example, a typical homework routine may begin when arriving home from school. The adolescent may complete their homework in the same place each day, then review for class or prepare for a test, and then organize their materials. Adolescents may or may not be monitored or receive help from their parents during certain activities.

Caregivers and adolescents will rate the items using a Likert-type scale as follows:

How often does it occur at about How often does the child complete

the same time or in the same way? complete the routine?

0 = Never 0 = Never 1 = Rarely 1 = Rarely 2 = Sometimes 3 = Often 3 = Often

4 = Nearly Always 4 = Nearly Always

N/A= Not Applicable to my child N/A= Not Applicable to my child

In order to evaluate each item, please read each item and:

- 1. Indicate if the item is clear/understandable and concise/short as possible by circling yes or no.
- 2. If the item is unclear or too long, please revise the item on the line provided underneath the item. Please revise the item so that they are readable by mothers of all education levels.
- 3. Indicate if the item is relevant to the domain of the adolescent's daily routines by circling either Yes or No. In other words, do you feel this is a routine adolescents engage in?
- 4. If there are any duplicated items, please cross off the lease clear item, retaining the most understandable.
- 5. If there are any additional routines not included in the list, please list them at the end. Following the revision of these items, a representative sample of adolescents age 12 to 17 years old and their mothers will rate the frequency of each item.

Thank you so much for your help in the development in this measure. Please return your revisions by the due date below.

Sincerely,	
Kara Meyer, M.A.	DUE DATE:



My Adolescent/I		Relevant?
wakes up to an alarm at the same time each weekday morning	Yes No	Yes No
gets dressed before school	Yes No	Yes No
eats breakfast	Yes No	Yes No
goes to the bus stop	Yes No	Yes No
fixes his/her plate for meals	Yes No	Yes No
takes plate to sink after eating	Yes No	Yes No
washes dishes	Yes No	Yes No
participates in band (i.e., marching or symphonic band)	Yes No	Yes No
participates in ROTC	Yes No	Yes No
volunteers	Yes No	Yes No
completes homework	Yes No	Yes No
completes homework in same place such as kitchen table	Yes No	Yes No
reviews for tests	Yes No	Yes No
uses the computer	Yes No	Yes No
watches T.V.	Yes No	Yes No

plays video games has outside time goes to bed at same time plays with friends after school reads	Yes Yes Yes Yes Yes Yes		Yes Yes Yes Yes Yes	No No No No
goes to bed at same timeplays with friends after school	Yes Yes Yes	No No	Yes	No No
plays with friends after school	Yes	No	Yes	No
	Yes			
reads		No	Yes	No
	Yes		1	140
participates in sports (swimming, football, etc.)		No	Yes	No
plays sports with friends	Yes	No	Yes	No
plays games with friends	Yes	No	Yes	No
asks to go somewhere	Yes	No	Yes	No
calls before leaving home	Yes	No	Yes	No
plays with friends on weekends	Yes	No	Yes	No
spends night at friends house on weekends	Yes	No	Yes	No
has friend over on weekends	Yes	No	Yes	No
goes to church	Yes	No	Yes	No
talks about his/her day after school or outside activities with fami	ily Yes	No	Yes	No
goes to health club with parent	Yes	No	Yes	No



plays in swimming pool with family	Yes	No	Yes	No
attends church with family	Yes	No	Yes	No
watches T.V. with family	Yes	No	Yes	No
receives consequences for misbehavior (e.g., remove computer, grounded, etc.)	Yes	No	Yes	No
says blessing before meals	Yes	No	Yes	No
reads the Bible	Yes	No	Yes	No
showers each morning	Yes	No	Yes	No
brushes teeth	Yes	No	Yes	No
washes face	Yes	No	Yes	No
fixes hair	Yes	No	Yes	No
eats dinner with family at dinner table	Yes	No	Yes	No
participates in church youth group	Yes	No	Yes	No
takes a nap after school	Yes	No	Yes	No
eats a snack after school	Yes	No	Yes	No
packs materials in backpack	Yes	No	Yes	No



organizes school materials	Yes	No	Yes	No
gets help from parents for when completing homework	Yes	No	Yes	No
listens to music	Yes	No	Yes	No
talks to friends on instant messenger, Facebook	Yes	No	Yes	No
talks with friends on phone	Yes	No	Yes	No
interacts with peers at school	Yes	No	Yes	No
reminds parents when leaving home for school or other activities	Yes	No	Yes	No
goes to movies or dinner with friends	Yes	No	Yes	No
goes shopping with parent	Yes	No	Yes	No
goes out to dinner with family	Yes	No	Yes	No
checks & returns emails	Yes	No	Yes	No
attends school sporting events	Yes	No	Yes	No
visits grandparents on weekends	Yes	No	Yes	No
uses manners	Yes	No	Yes	No
fishes on hunts on the weekends	Yes	No	Yes	No



APPENDIX G

ADOLESCENT ROUTINES QUESTIONNAIRE (INITIAL): PARENT-REPORT

Routines are events that occur regularly: at about the same time, in the same order, or in the same way every time. Please rate how often your adolescent engages in each routine by circling a rating ranging from 0 (never) to 4 (nearly always) of how often your adolescent engaged in this routine in the last month. If an item does not apply to you, please mark "0".

My Adolescent	How often does it occ 0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Nearly Always				
wakes at the same time	0	1	2	3	4
makes his/her bed	0	1	2	3	4
gets dressed in a timely manner	0	1	2	3	4
washes his/her face	0	1	2	3	4
brushes his/her teeth	0	1	2	3	4
brushes/fixes his/her hair	0	1	2	3	4
showers/bathes daily	0	1	2	3	4
uses deodorant	0	1	2	3	4
eats breakfast	0	1	2	3	4
leaves for school at the same time	0	1	2	3	4
eats a snack after school	0	1	2	3	4
takes a nap after school	0	1	2	3	4
spends time with friends on weekdays (i.e., at or after school)	0	1	2	3	4
completes homework at the same time & in the same place (e.g., at dinner table)	0	1	2	3	4
gets help from parents when completing homework	0	1	2	3	4
studies/reviews for tests	0	1	2	3	4
organizes things for the next day	0	1	2	3	4



	1				
uses the computer	0	1	2	3	4
watches T.V.	0	1	2	3	4
plays video games	0	1	2	3	4
spends time outside	0	1	2	3	4
helps fix/prepare meals	0	1	2	3	4
prays/says blessing before meals	0	1	2	3	4
eats at dinner table with family	0	1	2.	3	4
completes chores regularly (e.g., wash dishes, clean room, mow the		1	2		4
lawn)		1	<i>_</i>	3	7
talks with family about his/her day	0	1	2	3	4
goes to bed at the same time	0	1	2	3	4
talks to friends on the phone	0	1	2	3	4
talks to friends on the Internet (MySpace, Facebook, IM, etc)	0	1	2	3	4
completes volunteer work	0	1	2	3	4
participates in sports	0	1	2	3	4
participates in extracurricular activities	0	1	2	3	4
attends after school activities (e.g., sporting events, dances, etc)	0	1	2	3	4
spends time with friends on the weekend	0	1	2	3	4
spends time doing fun things with family	0	1	2	3	4
visits grandparents on the weekend	0	1	2	3	4
exercises regularly	0	1	2	3	4
attends church	0	1	2	3	4
asks for permission before going somewhere	0	1	2	3	4
2 Language Language 2000 2000 1000		-	_	-	-



gets told by parents what time to be home	0	1	2	3	4
reminds parents before leaving home for school or other activities	0	1	2	3	4
uses good manners	0	1	2	3	4
has specific consequences for misbehavior (e.g., remove computer, grounded)	0	1	2	3	4



APPENDIX H

ADOLESCENT ROUTINES QUESTIONNAIRE (INITIAL): SELF-REPORT

Routines are events that occur regularly: at about the same time, in the same order, or in the same way every time. Please rate how often you engage in each routine by circling a rating ranging from 0 (never) to 4 (nearly always) of how often you engaged in this routine in the last month. If an item does not apply to you, please mark "0".

I	0 = 1 = 2 = 3 = 3	How often does it of 0 = Never 1 = Rarely 2 = Sometimes 3 = Often 4 = Nearly Always			
wake at the same time	0	1	2	3	4
make my bed	0	1	2	3	4
get dressed in a timely manner	0	1	2	3	4
wash my face	0	1	2	3	4
brush my teeth	0	1	2	3	4
brush/fix my hair	0	1	2	3	4
shower/bathe daily	0	1	2	3	4
use deodorant	0	1	2	3	4
eat breakfast	0	1	2	3	4
leave for school at the same time	0	1	2	3	4
eat a snack after school	0	1	2	3	4
take a nap after school	0	1	2	3	4
spend time with friends on weekdays (i.e., at or after school)	0	1	2	3	4
complete homework at the same time & in the same place (e.g., at dinner table)	0	1	2	3	4
get help from parents when completing my homework	0	1	2	3	4
study/review for tests	0	1	2	3	4



organize my things for the next day	0	1	2	3	4
use the computer	0	1	2	3	4
watch T.V.	0	1	2	3	4
play video games	0	1	2	3	4
spend time outside	0	1	2	3	4
help fix/prepare meals	0	1	2	3	4
pray/say blessing before meals	0	1	2	3	4
eat at dinner table with family	0	1	2	3	4
complete chores regularly (e.g., wash dishes, clean room, mow the lawn)	0	1	2	3	4
talk with my family about my day	0	1	2	3	4
go to bed at the same time	0	1	2	3	4
talk to my friends on the phone	0	1	2	3	4
talk to my friends on the Internet (MySpace, Facebook, IM, etc)	0	1	2	3	4
complete volunteer work	0	1	2	3	4
participate in sports	0	1	2	3	4
participate in extracurricular activities	0	1	2	3	4
attend after school activities (e.g., sporting events, dances, etc)	0	1	2	3	4
spend time with friends on the weekend	0	1	2	3	4
spend time doing fun things with family	0	1	2	3	4
visit my grandparents on the weekend	0	1	2	3	4
exercise regularly	0	1	2	3	4
attend church	0	1	2	3	4
ask for permission before going somewhere	0	1	2	3	4



get told by my parents what time to be home	0	1	2	3	4
remind my parents before I leave home for school or other activities	0	1	2	3	4
use good manners	0	1	2	3	4
have specific consequences for misbehavior (e.g., remove computer, grounded)	0	1	2	3	4



APPENDIX I

ITEM FREQUENCIES: PARENT-REPORT

Items	Response I				
	Never	Rarely	Sometimes	Often	Nearly Always
My adolescent wakes up at the same time	3.3	2.7	13.1	10.2	40.8
My adolescent makes his/her bed	21.4	30.1	25.3	11.6	11.6
My adolescent gets dressed in a timely manner	4.2	6.3	15.5	40.5	33.6
My adolescent washes his/her face	2.1	7.1	11.0	17.6	62.2
My adolescent brushes his/her teeth	0	.9	4.5	10.7	83.9
My adolescent brushes/fixes his/her hair	4.5	3.3	10.1	15.2	67.0
My adolescent showers/bathes daily	0	0	4.5	14.3	81.3
My adolescent uses deodorant	2.1	3.9	4.5	10.7	78.9
My adolescent eats breakfast	3.9	11.9	15.8	23.5	44.9
My adolescent leaves for school at the same time	3.9	.9	8.0	29.8	57.4
My adolescent eats a snack after school	2.7	1.5	16.4	28.0	51.5
My adolescent takes a nap after school	34.5	22.9	21.1	11.9	9.5
My adol spends time with friends on weekdays	6.3	6.3	22.3	25.6	39.6
My adolescent completes homework	6.5	7.4	28.0	27.7	30.4
My adolescent gets help from my parents when	16.4	24.4	28.3	19.9	11.0
completing homework					
My adolescent studies/reviews for tests	3.3	5.4	18.2	32.1	41.1
My adolescent organizes things for the next day	11.0	14.3	26.8	27.1	20.5
My adolescent uses the computer	2.4	2.4	8.6	21.4	65.2
My adolescent watches T.V.	.6	3.9	14.6	24.1	56.8
My adolescent plays video games	17.0	17.3	19.0	22.6	24.1
My adolescent spends time outside	3.0	8.6	27.7	38.7	22.0
My adolescent helps fix/prepare meals	21.1	24.7	28.6	15.8	9.8
My adolescent prays/says blessing at meals	12.5	19.6	19.9	23.2	24.7
My adolescent eats dinner with family	3.3	7.4	33.3	33.0	22.9
My adolescent completes chores regularly	6.5	21.7	28.9	26.5	16.4
My adolescent talks with family about day	4.5	8.9	24.4	35.7	26.5
My adolescent goes to bed at the same time	5.4	10.4	25.0	37.2	22.0
My adolescent talks to friends on the phone	3.3	12.2	17.3	19.9	47.3
My adolescent talks to friends on the Internet	14.0	11.0	12.5	22.6	39.9
My adolescent completes volunteer work	22.3	29.2	23.2	14.9	10.4
My adolescent participates in sports	11.3	16.1	14.3	19.3	39.0
My adolescent participates in extracurriculars	6.8	8.9	19.9	26.2	38.1
My adolescent attends after school activities	6.5	5.4	24.4	25.9	37.8
My adolescent spends time with friends on	2.1	4.2	14.3	27.7	51.8
weekends	2.1	1.4	11.5	21.1	21.0
My adolescent spends time doing fun things with	2.7	11.3	28.0	34.2	23.8
family My adolescent visits grandparents on the weekend	19.0	21.1	27.7	17.0	15.2



My adolescent exercises regularly	1.8	14.3	26.2	28.0	29.8
My adolescent attends church	8.0	11.6	13.7	19.6	47.0
My adolescent asks for permission	3.3	4.2	10.1	20.2	62.2
My adolescent get told by parents what time to	5.4	3.6	7.1	24.4	29.5
be home					
My adolescent reminds parents before leaving	5.4	3.6	16.7	25.0	49.4
My adolescent uses good manners	2.1	.9	11.0	38.4	47.6
My adolescent has specific consequences	3.9	8.6	17.3	29.5	40.8



APPENDIX J

ITEM FREQUENCIES: SELF-REPORT

Items	Response Percentage				
	Never	Rarely	Sometimes	Often	Nearly Always
I wake up at the same time	2.4	2.7	19.0	42.9	33.0
I make my bed	21.4	29.2	22.9	10.1	16.4
I get dressed in a timely manner	1.5	6.8	19.3	31.8	40.5
I wash my face	1.5	7.1	12.8	19.3	59.2
I brush my teeth	0	1.5	2.7	15.2	80.7
I brush/fix my hair	5.1	3.3	8.6	16.1	67.0
I shower/bather daily	0	0	1.2	12.2	86.6
I use deodorant	3.6	.9	7.4	10.7	77.4
I eat breakfast	3.9	12.2	16.4	19.3	48.2
I leave for school at the same time	3.3	3.0	15.2	31.0	47.6
I eat a snack after school	5.7	4.8	15.5	25.3	48.8
I take a nap after school	36.3	20.2	25.0	11.6	6.8
I spend time with friends on weekdays	6.0	9.2	23.5	19.6	41.7
I complete my homework at the same time & in	8.9	10.1	30.7	27.4	22.9
the same place					
I get help from my parents when completing	22.3	33.3	21.4	11.9	11.0
homework					
I study/review for tests	4.5	4.2	18.2	39.9	33.3
I organize my things for the next day	9.8	18.8	25.9	23.5	22.0
I use the computer	1.2	.6	11.3	24.1	62.8
I watch T.V.	0	4.8	17.0	33.0	45.2
I play video games	18.5	20.8	21.1	19.6	19.9
I spend time outside	1.5	5.7	30.4	36.6	25.9
I help fix/prepare meals	14.3	24.4	27.7	23.2	10.4
I pray/say blessing at meals	14.6	17.0	15.5	19.0	33.9
I eat dinner with my family at the table	6.3	8.9	24.4	30.1	30.4
I complete chores regularly	7.4	16.7	28.3	28.9	18.8
I talk with my family about my day	7.7	14.3	27.4	27.4	23.2
I go to bed at the same time	5.7	12.2	32.1	30.7	19.3
I talk to my friends on the phone	3.3	13.7	14.6	31.5	36.9
I talk to my friends on the Internet	12.8	12.2	11.3	25.9	37.8
I complete volunteer work	27.1	28.6	26.2	11.9	6.3
I participate in sports	13.7	8.9	19.3	19.6	38.4
I participate in extracurricular activities	6.8	9.2	26.2	24.4	33.3
I attend after school activities	10.4	60.	21.1	26.5	36.0
I spend time with friends on weekends	.9	7.4	15.2	21.4	55.1
I spend time doing fun things with my family	2.1	14.0	36.0	30.1	17.9
I visit my grandparents on the weekend	23.5	21.7	25.3	18.2	11.3
I exercise regularly	4.2	13.1	30.1	23.8	28.9
I attend church	9.5	10.1	13.4	15.5	51.5

I ask for permission before going somewhere	7.1	3.0	11.3	23.5	55.1
I get told by my parents what tie to be home	8.6	6.0	7.1	37.1	50.6
I remind my parents before I leave for school or	6.3	6.8	14.6	26.8	45.5
other activities					
I use good manners	0	2.1	14.6	35.7	47.6
I have specific consequences for misbehavior	9.5	10.4	20.8	22.9	36.3



APPENDIX K

ITEM CHARACTERISTICS PRIOR TO PAF: PARENT-REPORT

Items	Means	Standard Deviations	Item-Total Correlations
1) My adolescent wakes at the same time	3.12	.97	.42
2) My adolescent makes his/her bed	1.62	1.26	.36
3) My adolescent gets dressed in a timely manner	2.93	1.06	.39
4) My adolescent washes his/her face	3.31	1.06	.36
5) My adolescent brushes his/her teeth	3.78	.56	.44
6) My adolescent brushes/fixes his/her hair	3.37	1.08	.43
7) My adolescent showers/bathes daily	3.77	.52	.42
8) My adolescent uses deodorant	3.60	.90	.36
9) My adolescent eats breakfast	2.94	1.19	.30
10) My adolescent leaves for school at the same time	3.36	.96	.45
11) My adolescent eats a snack after school	3.24	.96	.37
12) My adolescent takes a nap after school	1.39	1.32	.11
13) adolescent spends time with friends on weekdays (i.e., at or after school)	2.86	1.19	.29
14) My adolescent completes homework at the same time & in the same place (e.g., at dinner table)	2.68	1.17	.49
15) My adolescent gets help from parents when completing homework	1.85	1.23	.44
16) My adolescent studies/reviews for tests	3.02	1.05	.49
17) My adolescent organizes things for the next day	2.32	1.26	.41
18) My adolescent uses the computer	3.45	.92	.26

19) My adolescent watches T.V.	3.33	.90	.11
20) My adolescent plays video games	2.20	1.42	.02
21) My adolescent spends time outside	2.68	1.01	.42
22) My adolescent helps fix/prepare meals	1.68	1.24	.31
23) My adolescent prays/says blessing before meals	2.28	1.36	.35
24) My adolescent eats at dinner table with family	2.65	1.02	.45
25) My adolescent completes chores regularly (e.g., wash dishes, clean room, mow the lawn)	2.24	1.16	.46
26) My adolescent talks with family about his/her	2.71	1.09	.55
day 27) My adolescent goes to bed at the same time	2.60	1.10	.48
28) My adolescent talks to friends on the phone	2.96	1.19	.21
29) My adolescent talks to friends on the Internet (MySpace, Facebook, IM, etc)	2.63	1.45	.01
30) My adolescent completes volunteer work	1.62	1.27	.34
31) My adolescent participates in sports	2.59	1.42	.39
32) My adolescent participates in extracurricular activities	2.80	1.23	.43
33) My adolescent attends after school activities (e.g., sporting events, dances, etc)	2.83	1.18	.53
34) My adolescent spends time with friends on the weekend	3.23	.98	.20
35) My adolescent spends time doing fun things with family	2.65	1.05	.65
36) My adolescent visits grandparents on the weekend	1.88	1.32	.32
37) My adolescent exercises regularly	2.70	1.09	.32



38) My adolescent attends church	2.86	1.33	.34
39) My adolescent asks for permission before going somewhere	3.34	1.04	.49
40) My adolescent gets told by parents what time to be home	3.29	1.10	.30
41) My adolescent reminds parents before leaving home for school or other activities	3.10	1.13	.43
42) My adolescent uses good manners	3.29	.85	.43
43) My adolescent has specific consequences for misbehavior (e.g., remove computer, grounded)	2.95	1.13	.39



APPENDIX L

ITEM CHARACTERISTICS PRIOR TO PAF: SELF-REPORT

Item Mean	Standard Deviation	Item-Total Correlation
3.01	.92	.24
1.71	1.35	.15
3.03	1.00	.39
3.28	1.03	.25
3.75	.58	.29
3.37	1.10	.43
3.85	.39	.23
3.57	.94	.34
2.96	1.22	.15
3.17	1.01	.39
3.07	1.16	.30
1.32	1.26	.18
2.82	1.24	.29
2.45	1.20	.29
1.56	1.26	.41
2.93	1.04	.46
2.29	1.27	.39
3.47	.81	.25
3.19	.88	01
	3.01 1.71 3.03 3.28 3.75 3.37 3.85 3.57 2.96 3.17 3.07 1.32 2.82 2.45 1.56 2.93 2.29 3.47	Deviation 3.01 .92 1.71 1.35 3.03 1.00 3.28 1.03 3.75 .58 3.37 1.10 3.85 .39 3.57 .94 2.96 1.22 3.17 1.01 3.07 1.16 1.32 1.26 2.82 1.24 2.45 1.20 1.56 1.26 2.93 1.04 2.29 1.27 3.47 .81

20) I play video games	2.02	1.39	05
21) I spend time outside	2.80	.94	.29
22) I help fix/prepare meals	1.91	1.21	.28
23) I pray/say blessing before meals	2.41	1.46	.39
24) I eat at dinner table with family	2.69	1.17	.39
25) I complete chores regularly (e.g., wash dishes, clean room, mow the lawn)	2.35	1.18	.39
26) I talk with my family about my day	2.44	1.21	.49
27) I go to bed at the same time	2.46	1.11	.42
28) I talk to my friends on the phone	2.85	1.16	.21
29) I talk to my friends on the Internet (MySpace, Facebook, IM, etc)	2.64	1.42	.04
30) I complete volunteer work	1.42	1.18	.03
31) I participate in sports	2.60	1.42	.26
32) I participate in extracurricular activities	2.68	1.22	.42
33) I attend after school activities (e.g., sporting events, dances, etc)	2.72	1.29	.42
34) I spend time with friends on the weekend	3.22	1.02	.17
35) I spend time doing fun things with family	2.48	1.01	.55
36) I visit my grandparents on the weekend	1.72	1.31	.26
37) I exercise regularly	2.60	1.16	.24
38) I attend church	2.89	1.38	.35
39) I ask for permission before going somewhere	3.16	1.18	.44
40) I get told by my parents what time to be home	3.09	1.34	.39
41) I remind my parents before I leave home for school or other activities	2.99	1.20	.43



42) I use good manners	3.29	.79	.42
43) I have specific consequences for misbehavior (e.g., remove computer, grounded)	2.66	1.32	.35



APPENDIX M

ELIMINATED ITEMS

Items with Low Frequencies

I make my bed

I take a nap after school

I get help from my parents when completing my homework

I help fix/prepare meals

I complete volunteer work

I visit my grandparents on the weekends

I play video games

Items with Low Means

I make my bed

I take a nap after school

I get help from my parents when completing my homework

I help fix/prepare meals

I complete volunteer work

I visit my grandparents on the weekends

Items with Low Item-Total Correlations

I make my bed

I eat breakfast

I take a nap after school

I get help from my parents when completing my homework

I watch T.V.

I play video games

I help fix/prepare meals

I talk to my friends on the Internet

I complete volunteer work

I visit my grandparents on the weekends

I spend time with friends on the weekends



APPENDIX N
FACTORS & FACTOR LOADINGS: PARENT-REPORT

Items			Factor	a	
	1	2	3	4	5
My adolescent washes his/her face	.65	01	02	.09	.06
My adolescent brushes his/her teeth	.63	.06	.08	.11	.12
My adolescent showers/bathes daily	.62	.10	.06	.09	.05
My adolescent brushes/fixes his/her hair	.61	.06	.06	.00	.14
My adolescent gets dressed in a timely manner	.59	.23	.12	03	12
My adolescent organizes his/her things	.50	.15	.08	14	.15
My adolescent wakes up at the same time	.50	.24	.21	03	20
My adolescent uses good manners	.45	.18	.09	.06	.23
My adolescent goes to bed at the same time	.43	.29	.17	04	01
My adolescent uses deodorant	.40	.04	.08	.30	.10
My adolescent asks for permission	.22	.71	.02	09	.17
My adolescent is told what time to be home	06	.60	03	.04	.11
My adol reminds me before leaving home	.16	.59	.02	08	.17
My adolescent has specific consequences	.01	.54	.09	.12	.25
My adolescent completes homework	.23	.51	.12	10	.01
My adolescent leaves for school at the same time	.22	.52	.06	.17	28
My adolescent studies/reviews for tests	.25	.43	.17	02	.05
My adolescent eats a snack after school	08	.40	.14	.26	02
My adolescent participates in sports	.04	.08	.80	.05	.05
My adolescent attends after school activities	.09	.23	.68	.29	01
My adolescent participates in extracurricular act.	.01	.14	.67	.25	.06
My adolescent exercises regularly	.23	07	.58	01	.00
My adolescent spends time outside	.14	.04	.42	.21	.22
My adolescent prays/says blessing before meals	.09	.05	.07	.66	.06
My adolescent attends church	.14	.12	01	.55	.02
My adolescent completes chores regularly	.23	.24	.03	.41	07
My adolescent talks with family about his/her day	.28	.21	.17	.41	.17
My adolescent does fun things with family	.26	.25	.23	.40	.14
My adolescent eat dinner with family at table	.19	.26	.24	.40	.12
My adol spends time with friends on the weekend	06	14	.21	09	.71
My adolescent talks to friends on the phone	.11	04	14	15	.63
My adol spends time with friends on week days	.03	.05	.16	.20	.50
My adolescent uses the computer	.06	01	01	.07	.47
Eigenvalue % Variance	4.18 12.66	3.14 9.50	2.60 7.87	2.00 6.06	1.98 6.01

^a Factor 1 = Daily Living (α = .80), Factor 2= School & Discipline (α = .80), Factor 3 = Extracurricular Activities (α = .80), Factor 4 = Household Activities (α = .76), Factor 5 = Social Routines (α = .67)



APPENDIX O
FACTORS & FACTOR LOADINGS: SELF-REPORT

Items			Factor	a	
	1	2	3	4	5
I wash my face	.58	.01	.09	02	.01
I brush my teeth	.57	.06	.16	07	.05
I brush/fix my hair	.50	.15	.28	.06	15
I wake up at the same time	.42	.10	.11	.09	.11
I use deodorant	.42	.08	.16	.25	.13
I organize my things for the next day	.42	.18	.23	.14	11
I use good manners	.41	.10	.25	.09	05
I shower/bathe daily	.40	01	08	.07	02
I go to bed at the same time	.40	.03	09	.21	.10
I get dressed in a timely manner	.39	.18	.19	01	12
I ask for permission before going somewhere	.12	.77	.02	.11	13
I get told by my parents what time to be home	.08	.67	.06	.07	.08
I remind my parent before I leave home	.19	.67	.05	.09	.03
I leave for school at the same time each day	.08	.54	.20	.03	03
I study/review for tests	.21	.54	.09	.08	.03
I complete homework at the same time/place	.25	.41	09	.03	13
I eat a snack after school	.11	.40	15	.06	.28
I have specific consequences for misbehavior	.24	.40	.00	.01	.29
I participate in sports	.14	.03	.71	09	07
I participate in after school activities	.20	06	.61	.17	.17
I participate in extracurricular activities	.20	.15	.58	.06	.13
I exercise regularly	03	05	.56	.21	.04
I spend time outside	09	.19	.55	12	.16
I complete chores regularly	.02	.15	06	.64	05
I spend time doing fun things with my family	.12	.17	.18	.64	.12
I talk with my family about my day	.17	.24	.08	.58	.21
I eat dinner with family at dinner table	.21	08	.08	.54	.01
I pray/say blessing before meals	.14	.04	.00	.52	.03
I attend church	.20	.02	01	.39	01
I spend time with friends on the weekend	01	11	.16	.27	.53
I talk to my friends on the phone	.03	09	.10	.21	.42
I use the computer	07	.14	.28	00	.40
I spend time with friends on weekdays	.02	.19	.07	.19	.40
Eigenvalue %Variance	2.99 9.07	2.91 8.81	2.22 6.71	2.16 6.56	1.38 4.17

^a Factor 1 = Daily Living (α = .71), Factor 2= School & Discipline (α = .79), Factor 3 = Household Activities (α = .78), Factor 4 = Extracurricular Activities (α = .76), Factor 5 = Social Routines (α = .55)



APPENDIX P

ADOLESCENT ROUTINES QUESTIONNAIRE: PARENT REPORT

Routines are events that occur regularly: at about the same time, in the same order, or in the same way every time. Please rate how often your adolescent engages in each routine by circling a rating ranging from 0 (never) to 4 (nearly always) of how often your adolescent engaged in this routine in the last month. If an item does not apply to your adolescent, please mark "0".

My Adolescent	occ 0 = 1 = 2 = 3 =	cur? Nev Rare Som Ofte	ever arely metimes				
1. Wakes up at the same time	0	1	2	3	4		
2. Gets dressed in a timely manner	0	1	2	3	4		
3. Washes his/her face	0	1	2	3	4		
4. Brushes his/her teeth	0	1	2	3	4		
5. Brushes/fixes his/her hair	0	1	2	3	4		
6. Showers, bathes, and/or washes hands and face daily	0	1	2	3	4		
7. Uses deodorant	0	1	2	3	4		
8. Leaves for school at the same time	0	1	2	3	4		
9. Eats a snack after school	0	1	2	3	4		
10. Spends time with friends on weekdays (i.e., at or after school)	0	1	2	3	4		
11. Completes homework in the same place (such as the dinner table) & time	0	1	2	3	4		
12. Studies/reviews for tests	0	1	2	3	4		
13. Organizes things for the next day	0	1	2	3	4		
14. Uses the computer	0	1	2	3	4		
15. Spends time outside	0	1	2	3	4		
16. Prays/says blessing before meals	0	1	2	3	4		



	T				
17. Eats dinner with family at dinner table	0	1	2	3	4
18. Completes chores regularly (e.g. washes dishes, cleans room, mows the lawn)	0	1	2	3	4
19. Talks with family about his/her day	0	1	2	3	4
20. Goes to bed at the same time	0	1	2	3	4
21. Talks to friends on the phone	0	1	2	3	4
22. Participates in sports	0	1	2	3	4
23. Participates in extracurricular activities	0	1	2	3	4
24. Attends after school activities (e.g., sporting events, dances, etc.)	0	1	2	3	4
25. Spends time with friends on the weekend (e.g., hanging out, going to movies, etc.)	0	1	2	3	4
26. Spends time doing fun activities with family	0	1	2	3	4
27. Exercises regularly	0	1	2	3	4
28. Attends church	0	1	2	3	4
29. Asks for permission before going somewhere	0	1	2	3	4
30. Is told what time to be home	0	1	2	3	4
31. Reminds parents before leaving home for school or other activities	0	1	2	3	4
32. Uses good manners	0	1	2	3	4
33. Has specific and consistent consequences for misbehavior (e.g., remove computer, grounded)	0	1	2	3	4



APPENDIX Q

ADOLESCENT ROUTINES QUESTIONNAIRE: SELF-REPORT

Routines are events that occur regularly: at about the same time, in the same order, or in the same way every time. Please rate how often you engage in each routine by circling a rating ranging from 0 (never) to 4 (nearly always) of how often you engaged in this routine in the last month. If an item does not apply to you, please mark "0".

I	occ 0 = 1 = 2 = 3 =	cur? Nev Rare Som	ely netim	es	
1. Wake up at the same time	0	1	2	3	4
2. Get dressed in a timely manner	0	1	2	3	4
3. Wash my face	0	1	2	3	4
4. Brush my teeth	0	1	2	3	4
5. Brush/fix my hair	0	1	2	3	4
6. Shower, bathe, and/or wash my hands and face daily	0	1	2	3	4
7. Use deodorant	0	1	2	3	4
9. Leave for school at the same time	0	1	2	3	4
9. Eat a snack after school	0	1	2	3	4
10. Spend time with friends on week days (i.e., at or after school)	0	1	2	3	4
11. Complete homework in the same place (such as the dinner table) & time	0	1	2	3	4
12. Study/review for tests	0	1	2	3	4
13. Organize my things for the next day	0	1	2	3	4
14. Use the computer	0	1	2	3	4
15. Spend time outside	0	1	2	3	4
16. Pray/say blessing before meals	0	1	2	3	4

17. Eat dinner with family at dinner table	0	1	2	3	4
18. Complete chores regularly (e.g. wash dishes, clean my room, mow the lawn)	0	1	2	3	4
19. Talk with my family about my day	0	1	2	3	4
20. Go to bed at the same time	0	1	2	3	4
21. Talk to my friends on the phone	0	1	2	3	4
22. Participate in sports	0	1	2	3	4
23. Participate in extracurricular activities	0	1	2	3	4
24. Attend after school activities (e.g., sporting events, dances, etc.)	0	1	2	3	4
25. Spend time with friends on the weekend (e.g., hang out, go to movies, etc.)	0	1	2	3	4
26 .Spend time doing fun activities with my family	0	1	2	3	4
27. Exercise regularly	0	1	2	3	4
28. Attend church	0	1	2	3	4
29. Ask for permission before going somewhere	0	1	2	3	4
30. Get told by my parents what time to be home	0	1	2	3	4
31. Remind my parents before I leave home for school or other activities	0	1	2	3	4
32. Use good manners	0	1	2	3	4
33. Have specific and consistent consequences for misbehavior (e.g., remove computer, grounded)	0	1	2	3	4



APPENDIX R

ITEM CHARACTERISTICS: SELF-REPORT

Items	Item Mean	Standard Deviation	Item-Total Correlation
1.) I wake up at the same time	3.18	.87	.29
2) I get dressed in a timely manner	3.08	.94	.33
3) I wash my face	3.48	.86	.26
4) I brush my teeth	3.77	.54	.21
5) I brush/fix my hair	3.49	1.01	.28
6) I shower/bathe daily	3.90	.32	.16
7) I use deodorant	3.68	.83	.32
8) I leave for school at the same time	3.29	.98	.43
9) I eat a snack after school	3.14	1.13	.37
10) I spend time with friends on weekdays (i.e., at or after school)	2.93	1.18	.33
11) I complete homework at the same time & in the same place (e.g., at dinner table)	2.38	1.17	.32
12) I study/review for tests	2.74	1.06	.39
13) I organize my things for the next day	2.16	1.23	.26
14) I use the computer	3.59	.69	.20
15) I spend time outside	2.89	.93	.38
16) I pray/say blessing before meals	2.43	1.51	.40
17) I eat at dinner table with family	2.79	1.08	.32
18) I complete chores regularly (e.g., wash dishes, clean room, mow the lawn)	2.47	1.09	.27
19) I talk with my family about my day	2.49	1.15	.50

20) I go to bed at the same time	2.46	1.03	.36
21) I talk to my friends on the phone	3.02	1.05	.13
22) I participate in sports	2.64	1.55	.31
23) I participate in extracurricular activities	2.83	1.26	.59
24) I attend after school activities (e.g., sporting events, dances, etc)	2.86	1.27	.58
25) I spend time with friends on the weekend	3.26	.92	.20
26) I spend time doing fun things with family	2.48	.99	.47
27) I exercise regularly	2.61	1.16	.30
28) I attend church	2.98	1.35	.37
29) I ask for permission before going somewhere	3.40	1.01	.45
30) I get told by my parents what time to be home	3.35	1.15	.43
31) I remind my parents before I leave home for school or other activities	3.11	1.19	.55
32) I use good manners	3.32	.75	.45
33) I have specific consequences for misbehavior (e.g., remove computer, grounded)	2.76	1.22	.36



APPENDIX S

ITEM CHARACTERISTICS: PARENT-REPORT

Items	Means	Standard Deviations	Item-Total Correlations
1) My adolescent wakes at the same time	3.21	.84	.43
2) My adolescent gets dressed in a timely manner	2.97	1.01	.41
3) My adolescent washes his/her face	3.41	.95	.37
4) My adolescent brushes his/her teeth	3.81	.49	.45
5) My adolescent brushes/fixes his/her hair	3.52	.96	.41
6) My adolescent showers/bathes daily	3.80	.58	.42
7) My adolescent uses deodorant	3.71	.75	.44
8) My adolescent leaves for school at the same time	3.57	.88	.49
9) My adolescent eats a snack after school	3.34	.94	.29
10) adolescent spends time with friends on weekdays (i.e., at or after school)	2.88	1.12	.26
11) My adolescent completes homework at the same time & in the same place (e.g., at dinner table)	2.79	1.09	.53
12) My adolescent studies/reviews for tests	3.07	.97	.52
13) My adolescent organizes things for the next day	2.22	1.20	.30
14) My adolescent uses the computer	3.58	.76	.23
15) My adolescent spends time outside	2.71	.91	.31
16) My adolescent prays/says blessing before meals	2.21	1.37	.36
17) My adolescent eats at dinner table with family	2.65	1.09	.47
18) My adolescent completes chores regularly	2.28	1.05	.39

(e.g., wash dishes, clean room, mow the lawn)			
19) My adolescent talks with family about his/her day	2.85	.97	.54
20) My adolescent goes to bed at the same time	2.66	1.02	.38
21) My adolescent talks to friends on the phone	3.08	1.08	.10
22) My adolescent participates in sports	2.68	1.39	.46
23) My adolescent participates in extracurricular activities	2.85	1.18	.44
24) My adolescent attends after school activities (e.g., sporting events, dances, etc)	2.97	1.09	.53
25) My adolescent spends time with friends on the weekend	3.26	.95	.04
26) My adolescent spends time doing fun things with family	2.70	1.00	.61
27) My adolescent exercises regularly	2.70	1.09	.30
28) My adolescent attends church	2.97	1.29	.35
29) My adolescent asks for permission before going somewhere	3.42	1.01	.55
30) My adolescent gets told by parents what time to be home	3.47	1.00	.43
31) My adolescent reminds parents before leaving home for school or other activities	3.33	.97	.44
32) My adolescent uses good manners	3.30	.81	.49
33) My adolescent has specific consequences for misbehavior (e.g., remove computer, grounded)	3.07	1.05	.50



APPENDIX T VALIDATION CORRELATION MATRIX: PARENT-REPORT

Subscales	ARQ:P Daily Living	ARQ:P School & Discipline	ARQ:P Household	ARQ:P Extracurricular	ARQ:P Social	ARQP: Total
Family Routines Inventory		.56**	.38**	.63**		.64**
BASC: Externalizing	58**	39**	36**			32*
Hyperactivity	59**	43**				29*
Aggression	54**	36**				30*
Conduct Problems	54**	33*				
BASC: Internalizing						20
BASC: Adaptive Skills			.37**			32*
Adaptability				.43**		
Social Skills				.37**	.30*	
Leadership				.42**		
Activities of Daily Living	.54**	.52**	.62**			.60*
Functional Communication						
Issues Checklist						
Number of Issues						18
Anger Intensity						32
Weighted Conflict Score						23
Conflict Behavior Questionnaire	53**	54**	.42**			52**

Note: * Correlation significant at the p<.05 level ** Correlation significant at the p<.01 level



APPENDIX U VALIDATION CORRELATION MATRIX: SELF-REPORT

Subscales	ARQ:S Daily	ARQ:S School &	ARQ:S Household	ARQ:S Extracurricular	ARQ:S Social	ARQ:S Total
	Living	Discipline				
Family Routines Inventory		.29*	.35*	.57**		.55**
BASC: Internalizing						03
BASC: Personal Adjustment	.34**	.40**	.31*			43**
Relationship with Parents	.44**	.33*				
Interpersonal Relationships						
Self-Esteem						
Self-Reliance		.30*	.49**		.62**	.60*
Issues Checklist						
Number of Issues						23
Anger Intensity						04
Weighted Conflict Score						11
Conflict Behavior Questionnaire	25*	57**	.48**			49**

Note: * Correlation significant at the p<.05 level ** Correlation significant at the p<.01 level



VITA

Kara Meyer earned her Bachelor of Arts degree in psychology from the University of Northern Colorado in May 2003. She later earned her Master of Arts degree in the Department of Psychology at Louisiana State University and Agricultural and Mechanical College in Baton Rouge, Louisiana, in December 2005. Her area of specialization is clinical child psychology under the guidance of Mary Lou Kelley, Ph.D., with a minor in school psychology. Her research interests include adolescent daily routines and family factors affecting adjustment and adherence to medical regimens in children with chronic illness. Ms. Meyer completed her pre-doctoral internship at the University of Florida Health Science Center in Gainesville, Florida. She is currently pursuing a post-doctoral fellowship in pediatric psychology in the Department of Psychiatry at the University of Florida.

