**Supplemental Material 1.**

Items included in the Perceived Stress Scale (PSS):

In the last month, how often have you…

1. been upset because of something that happened unexpectedly?
2. felt that you were unable to control the important things in your life?
3. felt nervous and “stressed”?
4. felt confident about your ability to handle your personal problems?
5. found that you could not cope with all the things that you had to do?
6. been able to control irritations in your life?
7. felt that you were on top of things?
8. been angered because of things that were outside of your control?
9. felt difficulties were piling up so high that you could not overcome them?

**Supplemental Material 2.**

Items included in the Parenting Stress Index:

Additive index of 7 items (0: Strongly agree-5: Strongly disagree):

1. When it comes to raising kids, I have a lot of confidence in my abilities

2. I feel good about my parenting abilities

3. I can admit my flaws as a parent, and still think I am a pretty good one

4. I think my kids will grow up to say I was a wonderful parent

5. I find myself giving up more of my life to meet my child(ren)’s needs than I ever expected (reverse coded)

6. I feel trapped by my responsibilities as a parent (reverse coded)

7. Since having children I have been unable to do new and different things (reverse coded)

**Supplemental Material 3.**

Items included in the Economic Stress Index:

1. How often do you worry about being able to meet your monthly living expenses? Would you say you worry:
	1. all the time
	2. very frequently
	3. occasionally
	4. rarely
	5. very rarely
	6. never
2. In the past 12 months, would you say that your household has spent more, less or about as much as all of the above sources of income combined?
	1. More than combined income
	2. The same as combined income
	3. Less than combined income
3. In the past 12 months have you ever missed a rent or mortgage payment?
	1. Yes
	2. No
4. Have you set aside emergency or rainy-day funds that would cover your expenses for 1 month in case of sickness, job loss, economic downturn, or other emergencies?
	1. Yes
	2. No
5. If you were to lose your main source of income for example, your job or government benefits, could you cover your expenses for 1 month by borrowing money, using savings, selling assets, or borrowing from friends/family?
	1. Yes
	2. No
6. In the past 12 months, did you ever miss a payment for oil, gas, water, or electricity?
	1. Yes
	2. No
	3. Not applicable, does not pay or does not have these utilities
7. In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?
	1. Yes
	2. No
8. Since [CHILD NAME]’s birth, have you ever been forced to leave or were evicted from your home?
	1. Yes
	2. No
9. There are many reasons people do not get medical care. During the past 12 months, was there any time when you or your child(ren) needed medical or dental care but did not get it?
	1. Yes
	2. No